

# **Ryan White Title I Case Management Record Review 2001**

**Prepared for the Miami-Dade County  
Office of Management and Budget  
Ryan White Title I Program**

**September 2001**



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Funded entirely by Ryan White Title I funds from the Health Resources and Services Administration through Miami-Dade County

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# **Ryan White Title I Case Management Record Review**

## **Report of Findings**

### **September 2001**

#### **Introduction**

Case management is an integral part of the Ryan White Title I program of care and treatment for people living with HIV and AIDS. Case management services were received by 83 percent of the more than 10,000 people served by Ryan White Title I in Miami-Dade County during the fiscal year beginning March 1, 2000 and ending February 29, 2001. Approximately 14 percent of Ryan White Title I funds in the current year is allocated to case management. Seventeen organizations currently provide case management services under Title I.

The U.S. Congress has emphasized accountability for service delivery, quality and outcome effectiveness in its 2000 re-authorization of the Ryan White CARE Act. In turn, the federal administering agency for Ryan White, the Health Resources and Services Administration (HRSA), has increased its emphasis on the measurement and assurance of service quality. HRSA also expects that clients will be able to receive care of equal quality and appropriateness regardless of where it is received, with zero disparities and equal access. HRSA has announced new requirements for Title I programs to develop, implement and monitor quality management programs.

This review, the first conducted with case management providers under Title I, is considered preliminary and will be used as baseline information for future reviews. Subsequent reviews can be used to measure the extent to which improvements are made.

The record review reported in this document provides a first look at the content and quality of service rendered by case management providers. The case management chart review is the second step in the development of a quality assessment and improvement program for the Ryan White Title I program; the first was the initiation, in 1997, of medical care reviews.

The 2001 case management record review is one of several efforts undertaken by the Title I program to assess and improve quality. Related activities include:

- Monthly case manager training sessions are held on supplemental topics of importance or interest to case managers.
- A proficiency test was developed, and Williams, Stern & Associates (WSA) staff met with supervisors to review it; the test was approved. The test was given in April, 2000 as a pilot, and scores were informally shared with case managers. Future tests will be formally graded and reported.
- A basic case management curriculum is in the early stages of development. This will be

offered periodically to train new case managers as they enter the system. This will fill an identified need.

## **How the Report is Organized**

The report contains five major sections:

- A description of case management functions as required by the Ryan White Title I program
- The review process
- General findings, conclusions, and recommendations
- Provider-specific summaries (Appendix 2)
- Tables for each provider (Appendix 3)

## **Ryan White Title I Case Management**

Case management functions include assessment and identification of needs, and collaborating with clients to plan for services to meet those needs. It is the case manager's duty to initially assess eligibility for other services and to help the client obtain those services as appropriate. Case managers are also responsible for developing a service plan, providing follow-up, monitoring the client's progress and reassessing needs as situation change. They are in a position to ensure continuity of care regardless of the funding source for other services and to help the client utilize funding sources in the most cost efficient and effective way.

A review of the Systemwide Standards of Care, the Case Management Standards of Care, and the Title 1 case management service description provides a complete roadmap of what Ryan White Title I case management is and what is expected of those providing the service. All of the standard elements of case management are spelled out:

- Implement a comprehensive needs assessment using a standard tool
- Develop an individualized care plan
- Coordinate services across funding streams
- Assist clients with obtaining services
- Use available funds and services in the most efficient and effective manner
- Help with adherence to the care plan (e.g., medication regimen) through counseling

- Empower the client to remain as independent as possible
- Improve service outcomes

## **The Review Process**

In 1998 WSA created a draft chart review tool with instructions for its use as an internal peer review tool by case management providers to assess quality. We recommended that providers implement the peer review process using this or some other comparable instrument. Each provider was urged to perform a quarterly review, with a designated person meeting with the case managers to discuss the findings. Supervisors could then work with case managers to identify training needs and corrective measures needed to remove deficiencies and improve quality. External reviews would be conducted only for the purpose of verifying that internal reviews were being done and to identify the types of issues that emerged from the peer reviews. This procedure was not widely adopted.

In the fall of 2000 Miami-Dade County's Office of Management and Budget, the Title I grantee, agreed to conduct a preliminary external chart review of case management providers. Since the providers had not previously reported the status of internal reviews, the current review was conducted as a first-time external review. The reviews took place between January and July 2001.

Two meetings were held with the providers, in November, 2000 and January, 2001, to obtain feedback on the new instrument and to secure their agreement on the reviews and the process for conducting them. WSA staff reviewed the proposed process with the providers and made revisions based on their suggestions. All providers who attended the meetings received copies of the instrument. Copies were later sent to providers who did not attend the planning meeting.

The review process was detailed in the February 9, 2001, letter from the Title I grantee (see Appendix 1). The following procedure was used:

- Following the general provider notification, individual providers were contacted by telephone to make arrangements for the visit and review. Every effort was made to accommodate provider schedules.
- The reviewer presented the list of charts to be reviewed at the time of the review.
- The review was conducted on site, usually over a period of two days. As this was the first review, the reviewer took care to review the records in depth.
- Following the review, the reviewer met with the supervisor to provide a detailed debriefing on the findings.
- The instrument was used uniformly at all Title I case management providers.

- The record evaluation covered the time period from the client's initial intake to the most current visit.

The reviews were designed to record documented information, assess the quality of care being rendered and provide teaching for quality improvement as needed.

### ***The Chart Review Instrument***

The 2001 review instrument was based on the Ryan White Title I Systemwide Standards of Care and the Case Management Standards of Care. Items on the 1998 review tool developed by WSA were also used as a basis. The final instrument included eight categories to measure the client's situation and how needs are addressed:

- Client intake information
- Assessment of medical and health care issues
- Psycho social, emotional and substance abuse issues
- Financial assessment
- Service planning
- Coordination of services
- Monitoring of service care plans
- Case closing

Many case management providers who receive funds from other sources have external reviews conducted by those other funding sources. The results of these reviews are not known. Standards may vary across funding sources as far as record keeping and case management activities are concerned; however, samples of record review protocols were obtained from some local organizations.

- The Miami-Dade County Department of Health tool used with all Title II-funded providers.
- The internal review tool used by SFAN, who said they do semi-annual chart reviews.
- The internal review tool used by CHI, who said each case manager reviews one chart each month.

All sample instruments examined were quite detailed and were consistent with the Title I standards of care and good case management practice.

**Who was reviewed?**

Case management records were reviewed at 16 organizations: America Helping America, Borinquen Health Care Center, CARE Resources, Center for Haitian Studies, Community Case Management, Community Health of South Dade (CHI), Douglas Gardens Community Mental Health Center, Economic Opportunity Family Health Center (EOFHC), Liberty City Health Service Center, Mercy Hospital, M.O.V.E.R.S., North Dade Health Center, the PET Center, South Florida AIDS Network (SFAN), South Shore Hospital, and Stanley Myers Community Health Center. Children’s Home Society was not reviewed because the case management services provided there are qualitatively different from those provided elsewhere. HIVUS was not reviewed since they no longer receive Title 1 funds.

**Sample selection**

Table 1 shows the number of records reviewed for each provider compared with the number of Ryan White clients they served. The review sample was selected from a pool of 8,717 clients who had at least one unit of case management billed in the Ryan White Title I Service Delivery Information System (SDIS) in Year 10. The total number of clients in Table 1 exceeds 8,717 because more than one-fourth of all clients had seen more than one Title 1 case manager during the year. No client was reviewed at more than one provider site.

| <b>Table 1. Review Sample and Title I Case Management Clients by Provider</b> |                      |         |                                 |         |
|---|----------------------|---------|---------------------------------|---------|
|   | Record Review Sample |         | Title I Case Management Year 10 |         |
|   | Number               | Percent | Number                          | Percent |
| America Helping America   | 11                   | 4%      | 59                              | 1%      |
| Borinquen Health Care   | 13                   | 5%      | 261                             | 2%      |
| CARE Resource   | 21                   | 8%      | 650                             | 6%      |
| Center for Haitian Studies  | 12                   | 5%      | 417                             | 4%      |
| Children's Home Society   | Not Reviewed         |         | 61                              | 1%      |
| Community Case Management   | 13                   | 5%      | 75                              | 1%      |
| Community Health of South Dade (CHI)  | 14                   | 6%      | 447                             | 4%      |
| Douglas Gardens Community Mental Health                                       | 11                   | 4%      | 27                              | 0%      |
| Economic Opportunity Family Health  | 12                   | 5%      | 416                             | 4%      |
| HIVUS   | Not Reviewed         |         | 271                             | 2%      |
| Liberty City Health Services  | 15                   | 6%      | 214                             | 2%      |
| M.O.V.E.R.S.  | 17                   | 7%      | 539                             | 5%      |
| Mercy Hospital  | 21                   | 8%      | 2,584                           | 22%     |
| North Dade Health Center  | 15                   | 6%      | 399                             | 3%      |
| PET Center  | 19                   | 8%      | 558                             | 5%      |
| South Shore Hospital  | 15                   | 6%      | 334                             | 3%      |
| Stanley Myers Community Health Center   | 20                   | 8%      | 648                             | 6%      |
| SFAN  | 19                   | 8%      | 3,746                           | 32%     |

|       |     |      |        |      |
|-------|-----|------|--------|------|
| Total | 248 | 100% | 11,706 | 100% |
|-------|-----|------|--------|------|

A stratified random sample was selected for the case management record review. The number of records reviewed at each provider ranged from 11 to 21 with fewer records being reviewed at providers who had fewer clients and more records at those who had more clients. After the number of records to be reviewed at each provider site was determined, clients were randomly selected. Samples were adjusted to ensure representation for clients with many units of service, since there were many with very few units. This was done to obtain a more balanced sample to review. WSA provided the reviewer with lists of identification numbers for clients to be reviewed at each provider. Two lists were used to accommodate for records that could not be located or other issues as they arose.

The final sample size was 248. This relatively small sample was drawn from the total population receiving Title I case management. Since this was the first review of case management it might appropriately be considered a pilot. The results should therefore be taken as suggestive rather than definitive. Still, a sample of this size provides a confidence interval of plus or minus six percent with a 95 percent level of certainty. This level of significance is sufficient to make credible generalizations about the data.

### *Characteristics of the Sample Population*

Table 2 compares the review sample with the Ryan White Title I population receiving case management, the Ryan White Title I population as a whole, and the prevalence of HIV/AIDS in Miami-Dade County. (Not all columns sum to the total cases because of missing or incomplete data.)

One-sample Chi-square tests were used to test for differences. There were no significant differences between the review sample and the Ryan White Title I case management clients in terms of race/ethnicity, gender, and HIV status (all p values > .18).

## **General Findings**

### *Scoring of the Questions*

Table 3 shows a question by question breakdown of review items for all Ryan White Title I case management providers combined. Tabular results for individual providers are presented in Appendix 3.

Not all questions are applicable to all clients. We used several numbers, depending on the question. These are the definitions:

- **Number in Sample** is the number of client records reviewed
- **Applicable Cases** is the number of persons to whom the question applies. For example, “If client has a caregiver or guardian is their involvement evident in documentation?” applies only to clients who have a caregiver or guardian, not to all clients reviewed.

| Table 2. Demographic Characteristics of Ryan White Title I Case Management Clients |                      |         |                         |         |                      |         |                   |         |
|--|----------------------|---------|-------------------------|---------|----------------------|---------|-------------------|---------|
|  | Record Review Sample |         | Title I Case Management |         | Ryan White - Overall |         | Miami-Dade County |         |
|  | Number               | Percent | Number                  | Percent | Number               | Percent | Number            | Percent |
| <b>Total Cases</b>   | 248                  | 100     | 8,717                   | 100%    | 10,561               | 100%    | 21,179            | 100%    |
| <b>Race/Ethnicity</b>  |                      |         |                         |         |                      |         |                   |         |
| White, not Hispanic  | 34                   | 17%     | 1,123                   | 13%     | 1,363                | 13%     | 3,332             | 16%     |
| Black, not Hispanic  | 87                   | 43%     | 3,441                   | 40%     | 4,267                | 40%     | 12,125            | 57%     |
| Haitian  | 17                   | 8%      | 836                     | 10%     | 1,083                | 10%     | 5,658             | 27%     |
| Hispanic   | 62                   | 31%     | 3,153                   | 36%     | 3,766                | 35%     |                   |         |
| <b>Gender</b>  |                      |         |                         |         |                      |         |                   |         |
| Male   | 135                  | 67%     | 6,071                   | 70%     | 7,258                | 68%     | 14,929            | 70%     |
| Female   | 68                   | 33%     | 2,610                   | 30%     | 3,392                | 32%     | 6,250             | 30%     |
| <b>Age</b>   |                      |         |                         |         |                      |         |                   |         |
| < 13 years   | 0                    | 0%      | 141                     | 2%      | 308                  | 3%      | 304               | 1%      |
| 13 - 19 years  | 3                    | 1%      | 86                      | 1%      | 121                  | 1%      |                   |         |
| 20 - 29 years  | 22                   | 11%     | 866                     | 10%     | 924                  | 9%      | 17,150            | 81%     |
| 30 - 39 years  | 82                   | 40%     | 3,374                   | 39%     | 3,743                | 35%     |                   |         |
| 40 -49 years   | 67                   | 33%     | 2,954                   | 34%     | 3,773                | 35%     |                   |         |
| 50+ years  | 29                   | 14%     | 1,270                   | 15%     | 1,799                | 17%     | 3,725             | 18%     |
| <b>HIV Status</b>  |                      |         |                         |         |                      |         |                   |         |
| HIV Asymptomatic   | 54                   | 27%     | 2,870                   | 33%     | 3,596                | 34%     | 10,929            | 52%     |
| HIV Symptomatic  | 25                   | 12%     | 856                     | 10%     | 997                  | 9%      | 10,250            | 48%     |
| AIDS   | 124                  | 61%     | 4,807                   | 55%     | 5,220                | 49%     |                   |         |

- **Yes** is the number of positive responses to a question.
- **Percent** is the percentage of applicable cases for whom the answer to the question was “Yes”. For example, if the question applies to 191 of the 248 clients whose records were reviewed and for 114 out of 191 the answer was “Yes”, then the percent is 60 (114 divided by 191 times 100).

When interpreting the findings, it is important to remember that when the number of applicable cases is small, one or two cases will have a large effect on the percentage. If there were no applicable cases, the percent cell is blank.

Several questions were directly applicable to documentation that should have been in all case management charts. These questions are marked with an asterisk in the table. An overall score for documentation was computed by summing the number of items that were answered “Yes” and computing an average.

| <b>Table 3. Findings For All Providers of Ryan White Title I Case Management</b>                |        |            |     |         |
|---|--------|------------|-----|---------|
|   | Number | Applicable | Yes | Percent |
| <b>CLIENT INTAKE</b>  |        |            |     |         |
| Verification and documentation of client's HIV status in client's chart.*                       | 248    | 248        | 216 | 87%     |
| Available HIV services explained to client?*  | 248    | 248        | 168 | 68%     |
| Available funding explored with client?*  | 248    | 248        | 177 | 71%     |
| Grievance procedures, client's rights and responsibilities explained and documented.*           | 248    | 248        | 205 | 83%     |
| Confidentiality statement signed?*  | 248    | 248        | 207 | 83%     |
| <b>ASSESSMENT OF CLIENT'S NEED:<br/>MEDICAL AND HEALTH CARE</b>                                 |        |            |     |         |
| Does client have a doctor?  | 248    | 248        | 195 | 79%     |
| Date of last doctor's visit (visited in past 3 months?)   | 248    | 195        | 141 | 72%     |
| Is patient symptomatic? Is symptom documented in chart?   | 248    | 248        | 103 | 42%     |
| Is the client taking antiretroviral medication?   | 248    | 248        | 169 | 68%     |
| Was adherence to treatment and medications discussed?*  | 248    | 248        | 152 | 61%     |
| Were client risk related behaviors assessed and education provided on safe sex and condom use?* | 248    | 248        | 138 | 56%     |
| <b>ASSESSMENT OF CLIENT'S NEED:<br/>PSYCHOSOCIAL/EMOTIONAL/SUBSTANCE<br/>ABUSE</b>              |        |            |     |         |
| Does client have identified support system? (Spouse, partner, children, caregiver, guardian)    | 248    | 248        | 142 | 57%     |
| Is client receiving individual or group support?  | 248    | 248        | 39  | 16%     |
| Is there a history of substance abuse?  | 248    | 248        | 54  | 22%     |
| Is client in documented substance abuse program?  | 248    | 248        | 8   | 3%      |

| <b>Table 3. Findings For All Providers of Ryan White Title I Case Management</b>                                   |        |            |     |         |
|--|--------|------------|-----|---------|
|  | Number | Applicable | Yes | Percent |
| <b>ASSESSMENT OF CLIENT'S NEED:<br/>FINANCIAL</b>  |        |            |     |         |
| Assessment of client entitlement eligibility completed?*   | 248    | 248        | 166 | 67%     |
| Is client eligible for Medicaid?   | 248    | 248        | 75  | 30%     |
| Is client on Medicaid if eligible?   | 248    | 75         | 70  | 93%     |
| If client did not apply for Medicaid is reason documented?*  | 248    | 161        | 40  | 25%     |
| Is client working?   | 248    | 248        | 65  | 26%     |
| Does client have a monthly income?   | 248    | 248        | 163 | 66%     |
| Is evidence of client's total income and support documented in the chart?*   | 248    | 248        | 146 | 59%     |
| <b>SERVICE PLANS</b>   |        |            |     |         |
| Are individualized Service Plans signed and dated in client's chart?*  | 248    | 248        | 159 | 64%     |
| Does plan reflect identified needs and documented goals to address those needs?*                                   | 248    | 248        | 113 | 46%     |
| Was provider and frequency of service specified in each service plan?*   | 248    | 248        | 75  | 30%     |
| Is specific follow-up noted in care plan?*   | 248    | 248        | 59  | 24%     |
| <b>COORDINATION OF SERVICES</b>  |        |            |     |         |
| Is follow-up on services on behalf of client evident in chart?*  | 248    | 248        | 155 | 63%     |
| Were appointments/referrals and other services provided to client documented and dated in client's chart?*         | 248    | 248        | 170 | 69%     |
| Was client assessed for any special need (substance abuse, mental health etc.) and was appropriate referral made?* | 248    | 248        | 89  | 36%     |
| If client has a caregiver or guardian is their involvement evident in documentation?                               | 248    | 52         | 22  | 42%     |

| <b>Table 3. Findings For All Providers of Ryan White Title I Case Management</b>                                    |        |            |       |         |
|---|--------|------------|-------|---------|
|   | Number | Applicable | Yes   | Percent |
| <b>MONITORING OF SERVICE CARE PLANS</b>   |        |            |       |         |
| Was reassessment of client's need documented on or before six months of the last service plan date?*                | 248    | 189        | 71    | 38%     |
| Was care plan modified to reflect change in client's need or situation?   | 248    | 248        | 75    | 30%     |
| Was client informed and provided information on other service agencies that may be able to better meet their need?* | 248    | 248        | 153   | 62%     |
| <b>CASE CLOSING</b>   |        |            |       |         |
| Reason for closing case documented?   | 248    | 31         | 24    | 77%     |
| Client referred or transferred to another treatment agency?   | 248    | 30         | 11    | 37%     |
| Final contact completed and dated in chart?   | 248    | 29         | 17    | 59%     |
| If not, is reason documented?   | 248    | 8          | 2     | 25%     |
| <b>OVERALL SCORE</b>  | 248    | 248        | 144.5 | 58%     |
| * Used to compute the overall score.  |        |            |       |         |

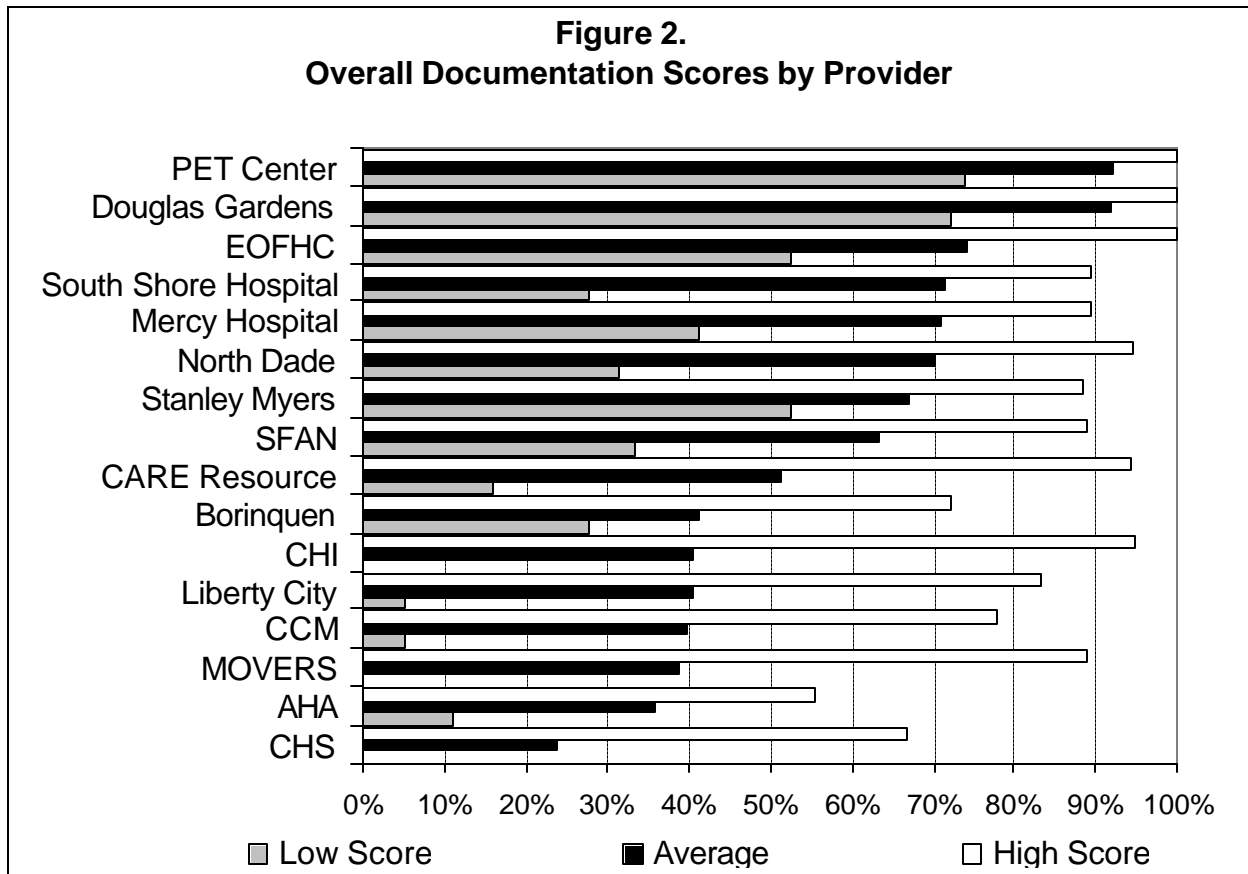
### ***Overall Documentation***

The overall score for an individual client's record could range from zero to 100 percent with zero meaning that none of the documentation items were present in the client's record and 100 percent meaning that all were present. The average score for all providers combined was 58 percent; average scores for individual providers ranged from 24 to 92 percent.

**Provider Differences.** Figure 1 presents providers' overall documentation scores ranked from the highest average score to the lowest. The black bars on the chart represent providers' average score. There were significant differences among providers ( $F = 16.5, p < .001$ ). The statistical program CHAID was used to categorize providers that significantly differed from each other. Six groups emerged: (1) the PET Center and Douglas Gardens, (2) EOFHC, South Shore, Mercy, and North Dade, (3) Stanley Myers and SFAN, (4) CARE Resource, (5) Borinquen, CHI, Liberty City, Community Case Management, MOVERS, and America Helping America, and (6) the Center for Haitian Studies. The groups that are identified differ from one another statistically, but the providers within a group do not differ from each other. For example, Stanley Myers and SFAN differ statistically

from all other providers, that is, their overall scores were higher or lower, but the overall scores of Stanley Myers and SFAN do not significantly differ from each other.

Figure 1 also displays the providers' lowest and highest documentation scores among the records reviewed. Each provider should have three bars. The black bars show the average score. The white bars represent the high score. The gray bars represents the low score; if no gray bar is showing, then



the low score was zero.

**Demographic Differences.** Differences in the overall score were reviewed by client characteristics. There were significant differences by race/ethnicity and gender. However, both the race/ethnicity and gender differences are likely to be attributable to the provider differences in scores. More non-Hispanic Whites and Hispanics (71%) get their case management from providers with above average documentation scores and more Blacks and Haitians (60%) get their case management from providers with below average documentation scores. If a provider's score was low, the quality of service to their clients may be lower. Overall, the review shows a lower quality of documentation (and therefore potentially the quality of service) in charts of Blacks and Haitians and a higher quality for charts of non-Hispanic Whites and Hispanics.

Documentation scores for males were higher than for females. Gender differences disappear when

race/ethnicity is taken into consideration; 66 percent of females were either Black or Haitian. There were no age differences in documentation.

**Discussion.** Across providers and patient characteristics, there appears to be opportunity for improvement in documentation of case management. It is possible that activities occur during a visit that are not recorded in the client's file. However, the only way to measure whether something was done is if it was documented. Documentation as an index of quality is commonly used by health care quality review bodies and other organizations. Documentation also affects quality, coordination and continuity of service in that, missing information can mean lost opportunities for follow-up.

Good case management that meets the standards of care can be done and documented. Several providers had nearly perfect documentation scores. In addition, as can be seen in Figure 1, most providers had at least one record that contained good documentation. However, the general lack of documentation makes it difficult to assess the quality of service provided. The necessary conclusion is that the care was not rendered.

### *Category Scores*

In addition to the overall score, which summed across all items, categories of similar items were examined. These included:

- Client Intake
- Assessment of Client's Need: Medical and Health Care
- Assessment of Client's Need: Psychosocial/Emotional/Substance Abuse
- Assessment of Client's Need: Financial
- Service Plans
- Coordination of Services
- Monitoring of Services Care Plans
- Case Closing

**Client Intake.** Activities involved with getting the client enrolled in the system or registered at a provider site were the best documented of all items examined for this record review. However, there was still wide variation among providers and to a lesser degree, within the individual agency. The average score across all providers and the range of scores among providers are shown in Table 4; providers' scores for each item are in the provider tables in Appendix 3.

| <b>Table 4: Client Intake</b>  |                       |               |
|--|-----------------------|---------------|
| Question   | Range among Providers | Average Score |
| Verification and documentation of client's HIV status in client's chart? | 36% to 100%           | 87%           |
| Available HIV services explained to client?                              | 0% to 100%            | 68%           |
| Available funding explored with client?                                  | 18% to 100%           | 71%           |
| Grievance procedures, client's rights explained and documented?          | 23% to 100%           | 83%           |
| Confidentiality statement signed?  | 42% to 100%           | 83%           |

Although documentation for items in this category was better than most other items reviewed, the fact that this information was missing from any client's record is surprising. For example, client eligibility for services cannot be determined if HIV status has not been verified and documented.

**Assessment of Client Need: Medical and Health Care.** In this section we looked at how well case managers were doing in regard to obtaining, documenting, and providing information about their clients' medical and health care. Table 5 shows the average score across all providers and the range of scores among providers. As with other items reviewed, there is wide variation among providers. Providers' scores for each item are in the provider tables in Appendix 3.

| <b>Table 5: Assessment of Client Need: Medical and Health Care</b>                             |                       |               |
|--|-----------------------|---------------|
| Question   | Range among Providers | Average Score |
| Does client have a doctor?   | 50% to 100%           | 79%           |
| Date of last doctor's visit (visited in past 3 months?)  | 100%                  | 72%           |
| Is patient symptomatic? Is symptom documented in chart?  | 0% to 100%            | 42%           |
| Is the client taking antiretroviral medication?  | 15% to 72%            | 68%           |
| Was adherence to treatment and medications discussed?  | 24% to 95%            | 61%           |
| Were client risk related behaviors assessed and education provided on safe sex and condom use? | 8% to 100%            | 56%           |
|  | 15% to 100%           |               |

The average scores for discussing risk related behaviors and adherence are low, only 56 and 61 percent respectively. The Title I Case Management Standards of Care and the service descriptions require these activities. Case managers are responsible for addressing treatment adherence and coordinating care and services for their clients. It is difficult to do this without knowledge of client's medical status.

Information on whether clients have a doctor or are on antiretroviral medication is lacking in many charts. The documented number of people on antiretroviral medication is much lower than what WSA found in client satisfaction surveys and medical record reviews. This suggests that case managers are

not asking clients these questions. According to the Ryan White CARE Act, receipt of good medical care is the primary focus for Ryan White Title I and all other services are to be aimed at ensuring that this occurs. If a client's health status, whether he or she has a physician, and whether antiretroviral medication has been prescribed are unknown, it is impossible to help with adherence or to know what ancillary services are needed.

**Assessment of Client Need: Psychosocial/Emotional/Substance Abuse.** Table 6 shows the average score across all providers and the range of scores among providers for items related to social support and substance abuse. Individual providers' scores are in Appendix 3.

The positive response rate for these items is surprisingly low. As reported in this year's needs assessment, more than half of all Miami-Dade County residents living with HIV/AIDS have substance abuse problems. Only 22 percent of case management clients are reported to have a history of substance abuse, and only 3 percent are in treatment.

| <b>Table 6: Assessment of Client Need: Psychosocial/Emotional/Substance Abuse</b>                  |                       |               |
|--|-----------------------|---------------|
| Question   | Range among Providers | Average Score |
| Does client have identified support system? (Spouse, partner, children, caregiver, guardian, etc.) | 24% to 95%            | 57%           |
| Is client receiving individual or group support?   | 0% to 100%            | 16%           |
| Is there a history of substance abuse?   | 5% to 55%             | 22%           |
| Is client in documented substance abuse program?   | 0% to 10%             | 3%            |

Given the incompleteness and lack of thoroughness of the assessment information in charts, it seems clear that case managers are not addressing the issue of substance abuse. The consequence may be not referring clients who are in need of substance abuse treatment. As has been stated before, if clients' needs are not known or documented the case manager cannot help clients with the services they need.

Psychosocial and pastoral counseling also are not fully documented in the case management records. According to billings in the SDIS, some providers, whose case management records were reviewed for this study, provide counseling services to more than half of their clients, but this is not documented by case managers.

**Assessment of Client Need: Financial.** Financial assessment is another area of wide variation in documentation among providers. The average scores across all providers and the range of scores among providers are shown in Table 7. Providers' scores for each item are in the provider tables in Appendix 3.

|  |
|--|
| <b>Table 7: Assessment of Client Need: Financial</b> |
|--|

| Question  | Range among Providers | Average Score |
|---|-----------------------|---------------|
| Assessment of client entitlement eligibility completed?                   | 17% to 100%           | 67%           |
| Is client eligible for Medicaid?  | 10% to 67%            | 30%           |
| Is client on Medicaid if eligible?  | 60% to 100%           | 93%           |
| If client did not apply for Medicaid is reason documented?                | 23% to 100%           | 25%           |
| Is client working?  | 8% to 58%             | 26%           |
| Does client have a monthly income?  | 17% to 82%            | 66%           |
| Is evidence of client's total income and support documented in the chart? | 0% to 100%            | 59%           |

Assessment of eligibility for Medicaid, Food Stamps and other programs, were complete for only two-thirds of all clients in the review. This raises a question of whether clients are receiving benefits for which they may be eligible. If this is so, the Ryan White rules are not being followed. Ryan White Title I is by law the payer of last resort. Case managers have documented, in the client's file, income for only 59 percent of their clients, meaning they have no information as to whether many of their clients are eligible for even Title I services.

**Service Plans.** The service plan (care plan) is the road map for access to and coordination of client services. Only 67 percent of clients have individualized care plans and even fewer have plans that reflect follow up activity. There is huge variation in whether or not providers are using service plans. A few providers have service plans for all or nearly all of their clients; however, most providers are inconsistent, while others do not meet any of the goals. The average score across all providers and the range of scores among providers are shown in Table 8. Providers' scores for each item are in the provider tables in Appendix 3.

| Table 8: Service Plans  |                       |               |
|---|-----------------------|---------------|
| Question  | Range among Providers | Average Score |
| Are individualized Service Plans signed and dated in client's chart?            | 0% to 100%            | 67%           |
| Does plan reflect identified needs and documented goals to address those needs? | 0% to 95%             | 46%           |
| Was provider and frequency of service specified in each service plan?           | 0% to 100%            | 30%           |
| Is specific follow-up noted in care plan?                                       | 0% to 95%             | 24%           |

**Coordination of Services.** As with service plans, the average scores for coordination of services were low. There was wide variation among providers as to whether or not the activities are being accomplished and documented. Again, a few providers do document all the activities, but most do not, particularly in the area of substance abuse. The average score across all providers and the range of scores among providers are shown in Table 9. Providers' scores for each item are in the provider tables in Appendix 3.

| <b>Table 9: Coordination of Services</b>  |                       |               |
|---|-----------------------|---------------|
| Question  | Range among Providers | Average Score |
| Is follow-up on services on behalf of client evident in chart?  | 25% to 100%           | 63%           |
| Were appointments, referrals and other services provided to client? documented and dated in client's chart?       | 29% to 100%           | 69%           |
| Was client assessed for any special need (substance abuse, mental health etc.) and was appropriate referral made? | 0% to 100%            | 36%           |
| If client has a caregiver or guardian is their involvement evident in documentation?                              | 0% to 100%            | 42%           |

**Monitoring of Services.** The average scores for monitoring of service plans, as with the other items related to care plans, coordination of services, and follow up, were low. Also, there was variation among providers. Service plans are updated every six months and as needed only by a few providers. In addition, many clients are not informed of services available at other locations. The average score across all providers and the range of scores among providers are shown in Table 10. Providers' scores for each item are in Appendix 3.

| <b>Table 10: Monitoring of Services</b>  |                       |               |
|--|-----------------------|---------------|
| Question   | Range among Providers | Average Score |
| Was reassessment of client's need documented on or before six months of the last service plan date?                | 0% to 100%            | 38%           |
| Was care plan modified to reflect change in client's need or situation?  | 0% to 95%             | 30%           |
| Was client informed and provided information on other service agencies that may be able to better meet their need? | 0% to 100%            | 62%           |

**Case Closing.** There was little indication that cases were being closed when they should be. Of the 248 records reviewed only 31 (12.5%) had been closed. This percentage seems low. The SDIS shows that more than a quarter of clients received case management at more than one provider during the year. These clients should have been closed by one provider before receiving services from another provider. Whether the low number of documented case closings is due to lack of coordination between case management agencies or lack of documentation, or both, is not clear. In addition to cases closed because the client is transferred to another Ryan White Title I provider, some clients would have closed because they got a Medicaid or Title II case manager, moved, passed away, or simply never returned to the case management agency. Whatever the reasons, the percentage of closed cases is lower than one would expect. This may contribute to the large number of cases per case manager found in the SDIS.

For those cases that were closed, documentation regarding the closing (e.g. reason) is often missing. The average score across all providers and the range of scores among providers are shown in Table

11. Providers' scores for each item are in the provider tables in Appendix 3.

| <b>Table 11: Case Closing</b>                               |                       |               |
|---|-----------------------|---------------|
| Question  | Range among Providers | Average Score |
| Reason for closing case documented?                         | 0% to 100%            | 77%           |
| Client referred or transferred to another treatment agency? | 0% to 100%            | 37%           |
| Final contact completed and dated in chart?                 | 0% to 100%            | 59%           |
| If not, is reason documented?                               | 0% to 100%            | 25%           |

## Conclusions

Case management under Ryan White Title I is a challenge. Clients bring a myriad of problems and needs to case managers. These include complex issues associated with HIV in the inner city: substance abuse, secondary medical conditions, mental illness, homelessness, illiteracy and unemployment. Most of the charts reviewed showed clients with multiple needs. Other factors creating pressures on case managers include language barriers, the reluctance of clients to provide information on their finances, and other concerns. Many case managers report having high caseloads, saying this precludes the comprehensive assessment and assistance clients need. Instead, case managers frequently can do little more than distribute grocery or transportation vouchers and meet situational needs.

Some Title I providers appear to do nearly exemplary case management, including documentation, assessment, care coordination and extensive efforts to meet clients' medical and other needs. They appear to accomplish this in spite of relatively large caseloads.

In most agencies the case management model outlined above and in Ryan White documentation and standards is not being adhered to. It appears that many case managers' knowledge of the Title I requirements for case management are lacking. In some cases there was an apparent lack of knowledge of basic case management elements. The result is a lack of understanding of the job responsibilities and duties of a case manager. The reasons for this are not altogether clear. There are some exceptions, agencies that exemplify a standard of case management as required by contract and practice.

Generally speaking, assessments and care plans are not done, there is missing or inadequate documentation of eligibility, and clients are not being referred for needed services. Few providers had up-to-date and complete information on the clients' financial situation. This means there was insufficient information on which to base eligibility determinations.

Agencies often do not refer clients to other organizations for needed services, even when the agency does not provide the service itself. This may be due to lack of knowledge of other services and resources in the community, a problem the agencies should correct through training and dissemination of information. Or, it could be the case manager focuses on other issues and simply doesn't address issues identified in an assessment. Finally, it may be the result of fear of losing the client.

Client records often missed critical items, such as proof of HIV status or income, an assessment, a care plan, or signed documents. The integrity of client records was sometimes compromised, because of poor storage conditions or other factors. The client record is a legal document and must contain certain items. Documentation of care is critically important to the quality of care rendered and to the continuity of care. All tasks that are performed should be documented within the record as it forms the basis for communication; quality improvement practice says that if something was not documented it was not done. Although the SDIS is increasingly used as a tool, some documents should be transferred to the hard copy records, or a note should be placed in the record to indicate the documents are in the SDIS. This would enable a new case manager to pick up the record and locate its pieces.

## **General Recommendations**

- Support from top level management is essential to the improvement of case management.
- All case management providers should understand and carefully adhere to the Ryan White Title I Case Management Standards of Care and service descriptions.
- Case management providers can use this review as a guide to improving practices. Many opportunities for improvement exist. One way might be to copy the findings for the agency from Appendices 2 and 3 and distributing to staff, using them as a teaching tool.
- Supervisors and agency directors can provide the tools and the environment for successful case management. They must also ensure that case managers know the rules, requirements and standards for case management, and that they have the tools to be successful case managers.
- Providers should organize quality assessment and improvement activities such as peer review of charts and a commitment to correct them.
- Training is needed in documentation, assessments and care plans, and adherence issues. Staff and clients would benefit from specific clinical and programmatic training including interview techniques to assess needs and identify unmet needs during the assessment process, setting goals, identifying reasonable objectives, care plan development and the importance of timely follow-up to ensure coordination of planned care.
- Case managers must attend training or otherwise acquire the tools to serve their clients.
- Vouchers should be completely separate from case management. Currently the provision of vouchers is a main function of case management, and adds greatly to the pressures on case managers.

Additional recommendations are included in the summaries for each provider.