

MEDICAL CASE MANAGEMENT (General HIV/AIDS Population & MAI)
(Year 20 Service Priority #3)

The Ryan White Program Medical Case Management service category has two (2) distinct components: **Medical Case Management and the Peer Education and Support Network (PESN)**. *Providers are required to offer both types of services.*

Medical case management is a client-centered collaborative process that meets an individual's health and support service needs by assessing, planning, implementing, coordinating, monitoring, and evaluating available options and services. Medical case management addresses situational needs and promotes continuity of care for the client. Medical case management is predicated upon client empowerment, realized through the identification of client needs and subsequent facilitation of access to appropriate services. Medical case management addresses the needs of both individual and family entities, including both adults and children.

The purpose and goals of medical case management are: 1) to maintain the client in on-going medical care and treatment; 2) to coordinate services across funding streams; 3) to reduce service duplication across providers; 4) to assist the client with accessing needed services; 5) to use available funds and services in the most efficient and effective manner; 6) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 7) to empower clients to remain as independent as possible; 8) to improve service and client health outcomes; and 9) to control costs while ensuring that client needs are properly addressed.

MEDICAL CASE MANAGEMENT COMPONENTS

- I. Medical Case Management:** Medical case managers must be knowledgeable about the diversity of programs and be able to develop service plans from various funding streams. They are responsible for helping clients access needed services, not just Ryan White Program-funded services.

Medical case managers are responsible for performing the following functions: 1) conducting a full assessment of the client's medical, financial, social, and other needs (initial intake); 2) developing care plans including coordination and follow-up of medical treatment; 3) managing and coordinating services (referrals, assisting with initial appointments, and coordinating services identified in the care plan, etc.); 4) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 5) evaluating services provided to the client by all funding sources to determine consistency with the established care plan; 6) reassessing and revising the care plan every six months for active clients, unless otherwise specified; 7) conducting secondary prevention; and 8) closing cases and documenting the reason for case closure for clients that have not been seen in over 12 months.

- II. Peer Education and Support Network (PESN):** At the option of the client, the medical case management agency will assign an HIV+ "Peer" (i.e., PESN, Case Aide, Peer Educator, Peer Navigator) to provide "peer support," including client orientation and education about health and social service delivery systems. The HIV+ Peer may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process of accessing core and support services, as well as accompanying clients to initial appointments for medical care and other services. The HIV+ Peer may also make phone calls to clients for the purpose of reminding them of medical appointments, in order to improve the client's attendance and reduce no-shows.

The Peer will have basic knowledge of HIV/AIDS services and receive necessary training on HIV funding streams.

As incentives for productivity, providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits.

If the client decides not to access the PESN services, then the medical case manager will also be responsible for providing the following services: 1) presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Medical Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

- A. Program Operation Requirements:** Providers must ensure that medical case management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire system of health and support services, and facilitation and coordination of services from one service provider to another. Providers of medical case management services are expected to educate clients on the importance of complying with their medication regimen.

Medical case managers must maintain frequent contact with other providers (the client's physician, nutritionist, pharmacist, counselor, HOPWA housing specialist, etc.) and with the client in order to assure the client adheres to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence, attendance at medical care appointments, picking up prescriptions and re-fills, and assistance in overcoming barriers to meeting treatment objectives.

Medical case management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available for clients who miss their prescription refills and/or who experience difficulties with adherence or medical visit attendance. Medical case management providers must

ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors or barriers affecting treatment adherence; and understands his/her treatment regimen to the best of the client's ability.

1. Medical Case Manager Qualifications:

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Program System-wide Standards of Care* and the *Ryan White Program Case Management Standards of Service* (see Section III of this book).

2. Provider Requirements:

a) **Contractual.** Providers will be expected to report to Miami-Dade County the following:

- An explanation of the training that will be offered to case management staff, including "peers," and that should include cultural sensitivity issues.
- An explanation of how client's adherence to treatment will be monitored and how adherence problems will be identified and resolved;
- An explanation of how the provider will serve clients who speak English, Spanish, and Creole or who have limited language proficiency. **Medical case management providers must budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, foreign language interpreter, Braille, and other materials to accommodate clients with disabilities, limited English language proficiency, and/or low literacy levels.**
- A description of linkage agreements in place with other HIV/AIDS service providers.

b) **Required Forms.** Medical case management staff will utilize Ryan White Program standardized forms, as developed by the Miami-Dade HIV/AIDS Partnership and the County, for all medical case management functions.

c) **Referrals.** All referrals made by Part A or MAI-funded medical case managers to Ryan White Program services must be made utilizing the Ryan White Program Certified Referral process,

which is available through the Service Delivery Information System (SDIS). Referrals cannot be made for services not documented in the client's plan. However, in the case of emergency, care plans may be amended within two (2) business days to allow for the referral. Referrals for non-Part A or non-MAI services and by non-Part A or non-MAI funded case managers will use the Out-of-Network (OON) general certified referral form available from the County's Office of Grants Coordination – Ryan White Program. The OON referral must be accompanied by appropriate supporting documentation and signed consents.

- d) **Caseload.** Medical case managers should have a caseload of no more than 70 active clients. Clients limited to only "situational needs" should not be included in the "active" caseload count.
- e) **Peer schedules.** Providers are reminded that some "peer" workers may be eligible for disability income and/or other supplemental income. Consequently, a part-time work schedule should be well-planned to meet the needs and benefits of the peer employee.

B. Additional Service Delivery Standards: Providers of this service will adhere to the *Ryan White Program Case Management Standards of Service*. (Please refer to Section III of this book for details.)

C. Rules for Reimbursement: The units of service used for medical case management and PESN reimbursements are as follows.

1. *Medical Case Management Services:*

- *Face-to-Face encounter (FFE):* quarter-hour units (15 minutes), at rates not to exceed \$14.00 per unit, defined as any time the medical case manager has direct contact with the client in person. In consultations with a child and one or more adults, encounters are billed for one family member only who must be HIV+ and eligible for Ryan White Program-funded services.
- *Other encounter:* quarter-hour units (15 minutes), at rates not to exceed \$14.00 per unit, defined as any non-face-to-face contact with (or on behalf of) the client, including telephone (TEL) contacts with the client and/or his/her representatives; development of a care plan or progress note documentation (DOC); travel time (with documentation in the client chart of the reason for travel), follow-up contacts with the client or other providers to ensure adherence to a prescribed treatment plan; collateral (COL) contacts with other providers or representatives on behalf of the client, referral activities (setting up appointments,

arranging transportation, etc.), or treatment planning or consultation meetings held on behalf of a client; encounters with or on behalf of the client for the purpose of enrolling or re-certifying the client in the AIDS Drug Assistance Program (ADAP); and for time spent attending authorized Ryan White Program trainings (TRN), such as monthly case management and case management supervisor trainings, Service Delivery Information System trainings, and quarterly Ryan White Program Provider Forums. (NOTE: The TRN code may not be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, or other employer-required training.) Travel time is not included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may not use the TRN code.

- *Case Manager Supervisor encounters: (may only be billed by documented Case Manager Supervisors)* quarter-hour units (15 minutes), at rates not to exceed \$14.00 per unit, defined as services associated with chart review (REV) processes to ensure that case management staff are in compliance with the *Ryan White Program Case Management Standards of Service* or quarter hour units (15 minutes) consulting with case management staff (CON) on client, supervisory, or quality management issues. Case Manager Supervisors may also use the TRN code, using the guidelines specified above.

2. *Peer Education and Support Network (PESN) Services:*

- *Face-to-Face encounter (FFE):* quarter-hour units (15 minutes), at rates not to exceed \$7.50 per unit, defined as any time the "Peer" has direct contact with the client in person.
- *Other encounter:* quarter-hour units (15 minutes), at rates not to exceed \$7.50 per unit, defined as any non-face-to-face contact with (or on behalf of) the client, including telephone contacts (TEL) with the client and/or his/her representatives; progress note documentation (DOC), travel time (with documentation in the client chart of the reason for travel), follow-up contacts with the client or other providers to ensure adherence to a prescribed treatment plan; or collateral contacts (COL) with other providers or representatives on behalf of the client. Peer Educators may also use the ADAP and TRN codes where applicable, using the guidelines specified above.

3. Providers are required to document in the client's chart each unit of service performed (including the type of encounter and length of time spent) as face-to-face encounters or on behalf of a client. Units of service must be documented and reported separately for PESN and medical case management services.
 4. Client eligibility screening for voucherable services is billable as a unit of service depending on the amount of time spent with the client. Costs related to the distribution of voucher services should be covered under the dispensing charge allowed for handling of vouchers under the voucherable service category (i.e., transportation EASY Tickets).
- D. Additional Rules for Reporting:** Providers of PESN and medical case management services must report, separately, their monthly activities according to quarter-hour (15 minutes) "Face-to-Face" encounters and quarter-hour (15 minutes) "Other" encounters. In addition, providers must report the number of unduplicated clients served.