

2004-2005 Ryan White Title I Case Management Record Review

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Introduction

Case management is a central component of the Ryan White Title I program of care and treatment for people living with HIV and AIDS. The primary purpose of the case management record review was to consistently evaluate adherence to established local Title I case management and system-wide standards of care and program requirements. This report presents the overall results of the review. Providers can use the results to identify and operationalize opportunities for improvement.

Graphs showing individual providers' scores are at the end of the main body of this report. These results are presented as scores for each major section of the review.

Williams, Stern & Associates thanks all of the providers for their cooperation and participation in the review process. The staff at each provider helped facilitate access to records and in many cases guided the reviewers through a sample chart.

Ryan White Title I Case Management

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

The System-wide Standards of Care, Case Management Standards of Care and Title I case management service description provide a complete overview of Ryan White Title I case management and the expectations of those providing the service. The standard elements of case management are made clear:

- Implement a comprehensive needs assessment of health, financial eligibility, and needs for support services, using a standard tool
- Develop and document 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 through counseling
- Empower the client to remain as independent as possible
- Improve the service outcomes

The Review Process

Williams, Stern & Associates conducted the record review utilizing the services of external independent consultants. The 2004 review tool was an enhancement of the 2003 instrument and was developed with collaboration from the Performance Improvement Advisory Team. The following procedure was used:

- Reviewers were selected and trained in use of the review instrument. All reviewers were skilled record reviewers and knew case management theory and practice.
- Following general provider notification, individual providers were contacted by telephone to make arrangements for the visit and review. Effort was made to accommodate provider schedules.
- The list of charts to be reviewed was sent to the provider agency approximately five days prior to the scheduled review date, so that charts would be readily available for reviewers upon arrival.
- The review was conducted on site, usually over a period of two days. The reviewers initially asked the provider to orient them to the charts and go through one to help locate the required material.
- The review instrument was used uniformly at all Title I case management providers.
- The review covered the services provided and documented form intake to the last date of service
- Once the review was completed, reviewers provided key agency personnel with an exit debriefing. During this debriefing reviewers provided an overview of what they had found specific to the provider agency and what changes needed to be addressed right away. This gave providers the opportunity to address problems with out having to wait for the final report or results to be published.

Review Sample

Case management records were reviewed at the following 22 provider organizations:

Borinquen Care Resource Center for Haitian Studies Community Health of South Dade (CHI) Christ Crusaders Children’s Home Society Community Case Management Douglas Gardens Community Mental Health Center Empower U Economic Opportunity Family Health Center Helen B. Bentley Family Health Center	Liberty City Health Service Center Little Havana Activities and Nutrition Center Mercy Hospital Special Immunology Service Miami Beach Community Health Center M.O.V.E.R.S. North Dade Health Center P.E.T. Center South Florida AIDS Network (SFAN) South Shore Hospital Village South Union Positiva
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A total of 517 records were reviewed, a random sample of those who had at least one unit of case management billed in the Ryan White Title I Service Delivery System (SDIS) in Year 14. The number of records reviewed at each provider ranged from 18 to 30 with fewer records being reviewed at providers with fewer case management units of service billed and more records reviewed at providers with more units of service billed. 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 for review. WSA provided the reviewers with lists of identification numbers for clients to be reviewed at each provider.

Scoring of the Questions

Table 1 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 following the results for all providers.

Not all questions are applicable to all clients. “Valid Records” is the number of charts to which that question or category applies. For example, the question “Is there a current (not > 6 months) financial assessment?” only applies to those clients who have been receiving services for more than six months.

“Percent” refers to the percentage of applicable, valid records in which the answer to the question is “Yes”.

General categories include Required Documents, Health Assessment, Financial Assessment, Other Assessments, Plan of Care, and Coordination and Monitoring of Services, Case Notes and Case Closures

2004- 2005 Case Management Record Review All Providers

Required Documents:				Valid Records	Records with Item
1	Is there proof that the client is HIV+?			513	94%
1a	Note on physician's letterhead stating HIV+ status and signed by doctor			513	28%
1b	Diagnosis by a physician in the medical record			513	40%
1c	Positive HIV viral culture or HIV lab results			513	59%
1d	Detectable HIV viral load lab results			513	63%
1e	Viral resistance test			513	10%
2	Is there proof that the client is a Miami-Dade County resident?			513	81%
3	Is there a social security number?			507	74%
4	Is there a picture ID?			513	82%
5	Is there a composite consent for enrollment?			513	73%
	# of days between intake and composite consent:	Max: 6,792	Min: 0	Avg: 474	
5a	% of charts with consents older than 1 year			369	47%
6	Is there a signed, dated SDIS Consent to Release and Exchange Information form			513	93%
7	Are there copies of CD4 results?			513	79%
	# of days between review date recent CD4 result:	3,262 Max:	3 Min:	373 Avg:	
8	Are there copies of viral load (VL) results?			513	78%
	# of days between review date recent VL result:	3,262 Max:	3 Min:	372 Avg:	
				Score:	82%

Health Assessment:

					Valid Records	Records with Item			
1	Is there an initial health assessment? # of days between intake and health assessment	6,792	Max:	0	Min:	327	Avg:	513	87%
2a	A list of medications? An assessment of adherence to							445	65%
2b	prescription medications? Primary care physician information?							445	80%
2c	Does the initial health assessment include:							445	88%
								Valid Records	Records with Item
2c2	If no, is there a CM referral to a PCP?							52	71%
	# of days between intake and referral to a PCP:		Max:	3,185	Min:	0	Avg:	165	
2d	Assessment of adherence to physician appointments?							445	92%
3	Are all parts of the initial health assessment complete?							445	77%
4	Is there a current (not > 6 months) health assessment?							389	49%
	# of days between last service and current assessment:		Max:	603	Min:	0	Avg:	54	
4a	Is the current health assessment a Title I Form?							191	100%
	Does the current health assessment include:								
5a	A list of current medications?							191	78%
5b	An assessment of adherence to prescription medications?							191	94%
5c	Primary care physician information?							191	99%
5c2	If no, is there a CM referral to a PCP?							6	83%
	# of days between last service and referral to a PCP:		Max:		Min:		Avg:		
5d	Assessment of adherence to physician appointments?							191	97%
								Score:	80%

Financial Assessment:

								Valid Records	Records with Item
1	Is there an initial financial assessment?							513	78%
	# of days between intake and the initial financial assessment:	6,792	Max:	6,792	Min:	0	Avg:	354	
2	Does the initial financial assessment include Proof / Documentation of financial eligibility							513	68%
2a	Proof of employment / pay stub or W2 Form?							513	28%
2b	Social Security (SSDI, OASDI)?							513	8%
2c	Supplemental Security Income (SSI)?							513	19%
2d	VA Benefits?							513	0%
2e	Retirement Benefits?							513	0%
2f	Interest income or other investment?							513	2%

2g	Family support (letter of support)?				513	19%
2h	Other?				513	15%
					Valid Records	Records with Item
3	Is there documentation / evidence in the chart regarding Health Insurance?				513	36%
3a	Medicaid?				188	66%
3b	Private / Commercial?				188	7%
3c	Medicare?				188	20%
3d	Medicaid Waiver?				188	6%
3e	Other?				188	4%
4	Is there documentation of # in household?				513	83%
5	Is there documentation of FPL?				513	63%
6	Is there evidence that client was assessed for 3rd party payers during the initial financial assessment?				513	64%
6a	Is there proof of Medicaid eligibility screening? Example: Medifax				513	35%
7	Are all sections of the initial financial assessment complete?				513	56%
8	Is there a current (not > 6 months) financial assessment? # of days between last service and the current financial assessment:	0Max:	0Min:	0Avg:	407	42%
8a	Is this a Title I Form?				174	81%
9	Does the current (not > 6 months) financial assessment include Proof / Documentation of financial eligibility?				175	85%
9a	Proof of employment / pay stub or W2 Form?				175	60%
9b	Social Security (SSDI, OASDI)?				175	7%
9c	Supplemental Security Income (SSI)?				175	22%
9d	VA Benefits?				175	0%
9e	Retirement Benefits?				175	0%
9f	Interest income or other investment?				175	1%
9g	Family support (letter of support)?				175	17%
9h	Other?				175	6%
					Valid Records	Records With Item
10	Is there documentation / evidence in the chart (not > 6 months) regarding Health Insurance?				175	30%
10a	Medicaid?				66	52%
10b	Private / Commercial?				66	1%
10c	Medicare?				66	23%
10d	Medicaid Waiver?				66	4%
10e	Other?				66	8%

11	Is there documentation of # in household?	175	96%
12	Is there documentation of FPL?	175	78%
13	Is there evidence that client was assessed for 3rd party payers during the current financial assessment?	175	74%
13a	Is there proof of Medicaid eligibility screening? Example: Medifax	175	39%
14	Are all sections of the current financial assessment complete?	175	68%
	Score:		61%

Other Assessments:

		Valid Records	Records with Item
1	Is there an initial assessment of:		
1a	Social Support System?	513	89%
1b	Housing situation?	513	90%
1c	Transmission / prevention knowledge?	513	85%
1d	Psychosocial status and needs?	513	86%
1e	Substance abuse?	513	85%
2	Is there a current (not > 6 months) assessment of:		
2a	Social Support System?	463	45%
2b	Housing situation?	463	46%
2c	Transmission / prevention knowledge?	463	45%
2d	Psychosocial status and needs?	463	45%
2e	Substance abuse?	463	45%
	Score:		66%

Plan of Care:

		Valid Records	Records with Item
1	Is there an initial Plan of Care (POC)?	513	86%
	# of days between intake date and the initial Plan of Care (POC):	6,792Max:	0Min: 315Avg:
2	Is it signed by the Client?	441	90%
3	Is it signed by the Case Manager?	441	93%
4	Is the initial POC dated?	441	94%
5	Is the initial POC based on needs identified in the assessments?	441	89%
6	Does the initial POC include clear goals/plans to address identified needs?	441	88%
7	Is there a current (not > 6 months) POC?	372	47%
	# of days between last service and the current Plan of Care (POC):	Max: 603	Min: 0 Avg: 43
8	Is the current POC signed by the Client?	174	89%
9	Is there a current POC signed by the Case Manager?	174	93%

10	Is the current POC dated?	174	99%
11	Does the current POC include clear goals/plans to address identified needs?	174	95%
	Score:	86%	

Coordination and Monitoring of Services - Progress Notes:

		Valid Records	Records with Item
1	Are there case management progress notes in the client record?	513	99%
2	Is there a progress note that documents the most current assessment?	509	72%
3	Is there a progress note that documents the most current POC?	509	63%
4	Is there a progress note within the last 6 months reflecting counseling on medication adherence?	509	57%
5	Select the most current face to face progress note.		
5a	# of days between review date and the most current face to face progress note:	Max: 1,096	Min: 0
	Is the progress note signed?	Avg: 23	
		509	83%

		Valid Records	Records with Item
5b	Is the progress note dated?	509	98%
5c	Is the progress note legible?	509	98%
5d	Is time spent with the client documented?	509	50%
5e	Are units documented?	509	59%
5f	Does time documented agree with units documented?	294	68%
6	Is there documentation of client signatures acknowledging receipt of services?	509	53%
	Score:	73%	

Coordination and Monitoring of Services - Referral of Services

		Valid Records	Records with Item
1	Are there referrals in the chart?	513	83%
	Referral #1		
1a	Is the service referred for included in the most recent POC?	424	72%
1b	Does the referral include the service?	424	98%
1c	Does the referral include the service provider?	424	97%
1d	Does the referral include the referral date?	424	99%
1e	Is date of follow up noted?	424	59%
1f	Is there documentation that follow up was done?	424	43%
	Referral #2		
2a	Is the service referred for included in the most recent POC?	364	71%
2b	Does the referral include the service?	364	98%

2c	Does the referral include the service provider?	364	97%
2d	Does the referral include the referral date?	364	99%
2e	Is date of follow up noted?	364	54%
2f	Is there documentation that follow up was done?	364	39%
		Score:	78%

Case Closing:

				Valid Records	Records with Item
1	Has the case been closed?			511	25%
	# of days between last service and the date the case was closed:	444 Max:	0 Min:	34 Avg:	
2	If the case is closed, is the reason for closing the case documented?			128	89%
2a	Noncompliance?			128	15%
2b	Lost contact?			128	13%
2c	Death?			128	6%
2d	Ineligible for services?			128	8%
2e	Incarcerated?			128	2%
2f	Transferred to another agency?			128	25%
2g	Other?			128	39%
3	Was patient contact information updated at case closing?			128	34%
4	Is there a final progress note that describes the disposition at the time of case closing			128	77%
				Score:	67%
	# of days between last service and the date the chart was reviewed:	1,137 Max:	0 Min:	108 Avg:	

Table II compares the results of the 2001, 2003 and 2004 case management record reviews overall, by provider, and by category of documents within the record. Borinquen Health Care Center and Douglas Gardens CMHC were not reviewed in 2003, as they did not deliver Ryan White Title I services during the review period, fiscal year 2002-2003. Therefore their 2001 results are noted but there are no results for 2003. Also, Christ Crusaders, Empower U and The Village South have 2003 results but none for 2001, as they did not deliver Ryan White Title I case management services in 2001.

Table II

	Section I: Required Documentation			Section II: Health Assessment			Section III: Financial Assessment			Section IV: Other Assessments			Section V: Plan of Care			Section VI: Case Note			Section VII: Referral for Services			Section VIII: Case Closures		
	2001	2003	2004	2001	2003	2004	2001	2003	2004	2001	2003	2004	2001	2003	2004	2001	2003	2004	2001	2003	2004	2001	2003	2004
North Dade Center	93%	80%	90%	93%	69%	98%	50%	73%	77%		78%	97%	48%	55%	99%			92%	73%	59%	100%			0%
PHT PET Center	94%	92%	90%	100%	54%	87%	86%	80%	80%		73%	78%	97%	82%	72%			66%	88%	81%	59%			0%
Center for Haitian S.	43%	60%	83%	25%	61%	88%	14%	88%	48%		68%	88%	4%	25%	74%			81%	20%	38%	99%			76%
Union Positiva			87%			87%			76%			67%			97%			89%			83%			45%
Empower U		82%	88%		71%	85%		68%	66%		100%	67%		91%	91%			63%		49%	84%			63%
SFAN	96%	76%	75%	47%	86%	91%	36%	88%	70%		95%	76%	45%	74%	96%			87%	65%	63%	98%			66%
CHI	70%	86%	78%	47%	71%	82%	34%	79%	53%		98%	63%	21%	85%	92%			78%	35%	67%	63%			63%
Community Case Management	68%	81%	85%	31%	97%	98%	31%	69%	71%		88%	94%	31%	78%	98%			98%	23%	79%	100%			70%
MBCHC	79%	93%	80%	80%	82%	82%	60%	90%	69%		100%	70%	40%	76%	82%			79%	73%	65%	82%			60%
Crist Crusaders		74%	66%		72%	84%		86%	36%		88%	75%		49%	83%			80%		58%	98%			61%
South Shore	96%	80%	80%	93%	97%	89%	69%	94%	52%		97%	74%	52%	66%	90%			72%	78%	68%	83%			56%
EOFHC	77%	81%	89%	96%	94%	93%	57%	76%	75%		100%	60%	85%	86%	82%			84%	60%	64%	68%			71%
Douglas Gardens	95%		89%	78%		89%	88%		72%			73%	89%		88%			79%	96%		98%			57%
CARE Resource	86%	94%	87%	62%	65%	70%	40%	85%	49%		93%	72%	30%	90%	88%			78%	34%	60%	59%			63%
The Village		87%	90%		61%	83%		72%	69%		87%	69%		78%	92%			80%		56%	78%			55%
Helen Bentley			70%			68%			52%			47%			86%			51%			69%			54%
Little Havana			79%			59%			64%			48%			89%			66%			69%			61%
Mercy	92%	86%	87%	60%	83%	87%	93%	86%	58%		100%	78%	42%	78%	82%			67%	61%	68%	69%			51%
Movers	71%	79%	83%	27%	47%	71%	22%	53%	42%		79%	54%	25%	87%	83%			50%	27%	87%	61%			41%
Liberty City	71%	77%	78%	24%	98%	79%	31%	60%	51%		100%	49%	25%	62%	83%			42%	28%	58%	63%			26%
Borinquen Clinic	54%		80%	12%		60%	78%		23%			37%	6%		59%			48%	51%		69%			0%
Children's Home Society			63%			29%			29%			19%			86%			44%			50%			2%
	79%	82%	82%	58%	76%	80%	53%	78%	58%		90%	66%	43%	73%	86%			72%	54%	64%	77%			47%

Conclusions and Recommendations

The first section of the record review focused on required documentation. In this section the overall scores from 2003 to 2004 stayed the same. Eight providers demonstrated slight to significant improvement in scores from one year to the next. The overall score for this section was 82%. This section assessed the presence of required documentation and information such as proof of residency, of financial eligibility, and documents such as grievance procedures, confidentiality notices and rights and responsibilities forms. Although the average score overall is over 80 percent, this category should be closer to 100 percent given that it represent compliance with legal, regulatory and program requirements.

The second section of the record review focused on whether or not the health assessment was completed in the client record. The health assessment portion of the chart contains all relevant questions pertaining to the client's overall health and past hospitalizations or medical issues. The overall score for this section improved four percentage points from 2003 to 2004. The overall score was 80 percent. This area continues to require further attention given the population served by the Ryan White Title I program. Their medical history and assessment are critical factors that a case manager must know and document. Thirteen providers improved their scores from one year to the next.

Overall scores for the financial assessment section of the record review dropped ten percentage points from 2003 to 2004. The overall score went from 78 percent in 2003 to 58 percent in 2004. This section focuses on the completion of all necessary information to determine whether the client is eligible to receive Ryan White Title I services. This year's score of 58 percent clearly demonstrates a compliance problem and an opportunity for improvement. Completing a financial assessment is a program requirement and part of the case management standards of care. Since Ryan White is legally the payer of last resort, this is an important aspect of the assessment. Only two providers improved their scores in the section from one year to the next.

The fourth section of the record review looked at other assessments completed in the client chart. This includes psychosocial assessments and housing assessments found in the comprehensive assessment. The score for this section dropped from 90 percent in 2003 to 66 percent in 2004, this represents a 24 percentage point drop from one year to the next. Four providers improved their scores in this section from one year to the next. This is of concern, since case managers must assess all areas of the clients' life and well being to determine what referrals are necessary and appropriate.

The fifth section of the record review focused on looking at plans of care. This section looked at the presence of a plan of care and the presence of all of the essential elements of an appropriate plan of care. The overall scores for this section improved from 2003 to 2004 by 13 percentage points. The overall score for 2004 was 86 percent. Eleven providers improved their scores from one year to the next in this section.

This is the first year that the case management record review audited case notes found in the client charts. The overall score for this section was 72 percent. The review tool helped reviewers determine whether the case notes had all the basic elements of a case note. This score is low and will need to be looked at more closely and addressed.

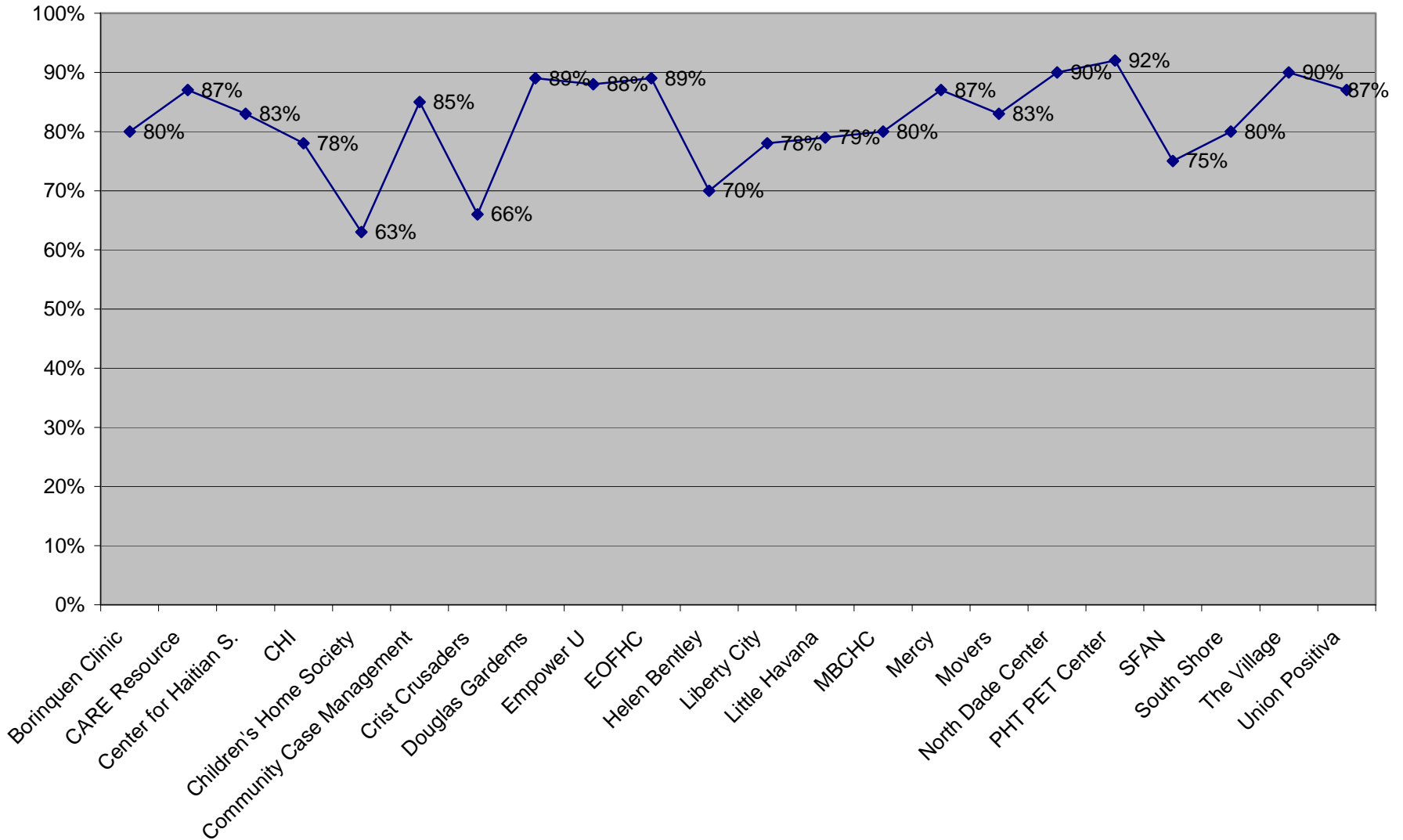
The seventh section of the record review looked at the referral for services. This section assessed how referrals are being documented and followed up. This section had a 13 percentage point increase from one year to the next. It went from 64 percent in 2003 to 77% percent in 2004. Although this is a significant improvement, the score continues to be low and further attention to should be given to how case managers are completing assessments and providing follow up to the referrals they provide clients.

The last section of the record review looked at case closures and discharge practices - are case managers closing cases appropriately and discharging patients in a timely manner? This is the first year that this has been audited. The overall score for all providers was 54 percent. This is score represents the number of cases that the reviewers found that had not received treatment for long periods of time but remained open. This is an area that will need attention by not just case managers but also supervisors and administration. Open cases of clients who have not been seen for long periods of time represent a legal liability to all involved.

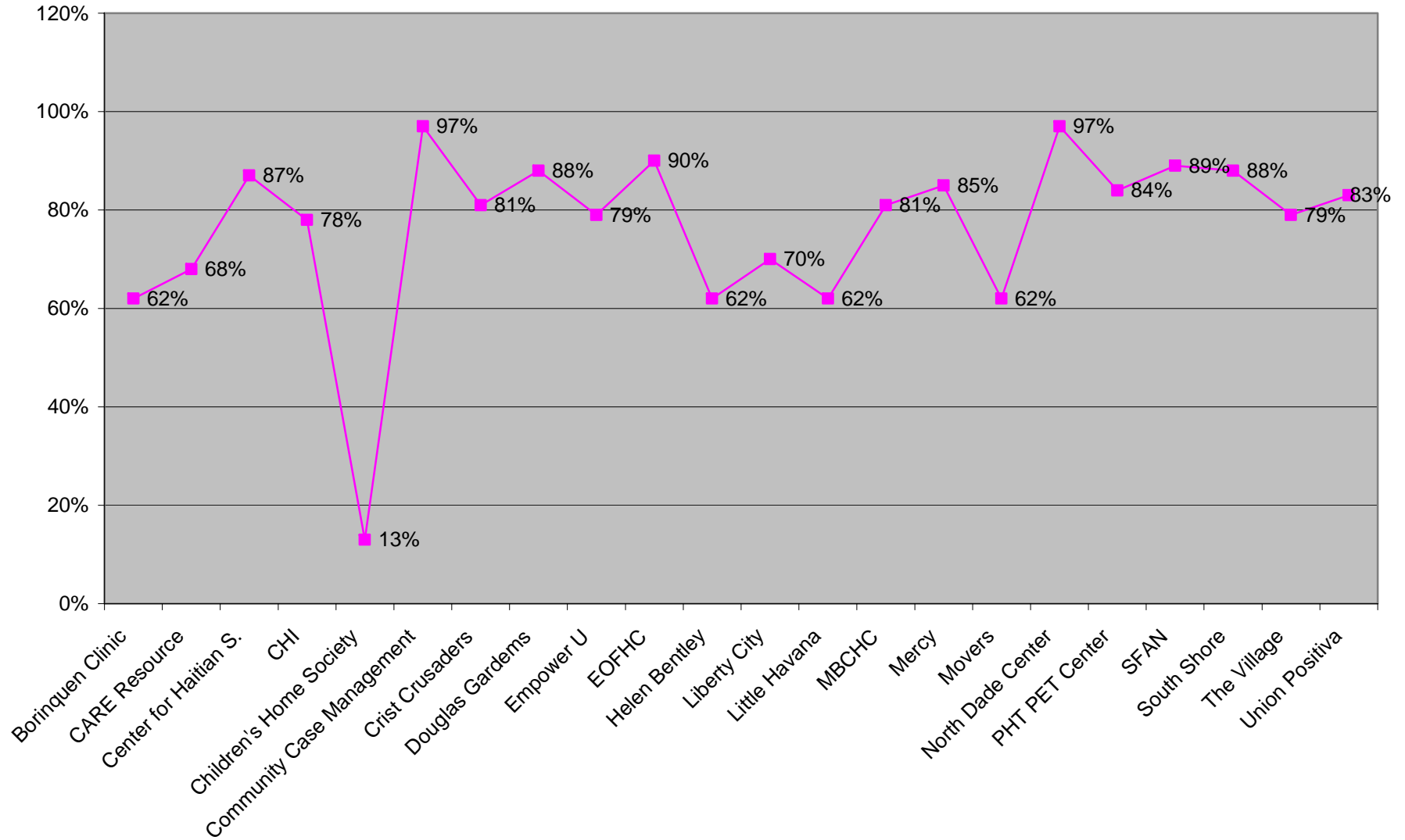
As outlined in the Miami-Dade County Ryan White Title I Performance Improvement Plan, the results of this review will be discussed with providers and the county in a meeting of the Performance Improvement Advisory Team. Recommendations will be made collaboratively for action plans to address system-wide or agency specific improvements. In addition, agencies will have the opportunity to request technical assistance. Future reviews will build upon these to continue tracking the progress of case management providers.

[The subject review is the third in the series of case management reports. While many providers have improved their performance, many areas remain in need of improvement. Case management training sessions and other training have focused on aspects of assessment, care planning and documentation. Only self-driven activities to improve performance will result in improved scores the next time. Peer reviews of records and supervisor review, as outlined in the Ryan White Title I Case Management Handbook, can be a helpful tool in identifying areas in need of improvement.](#)

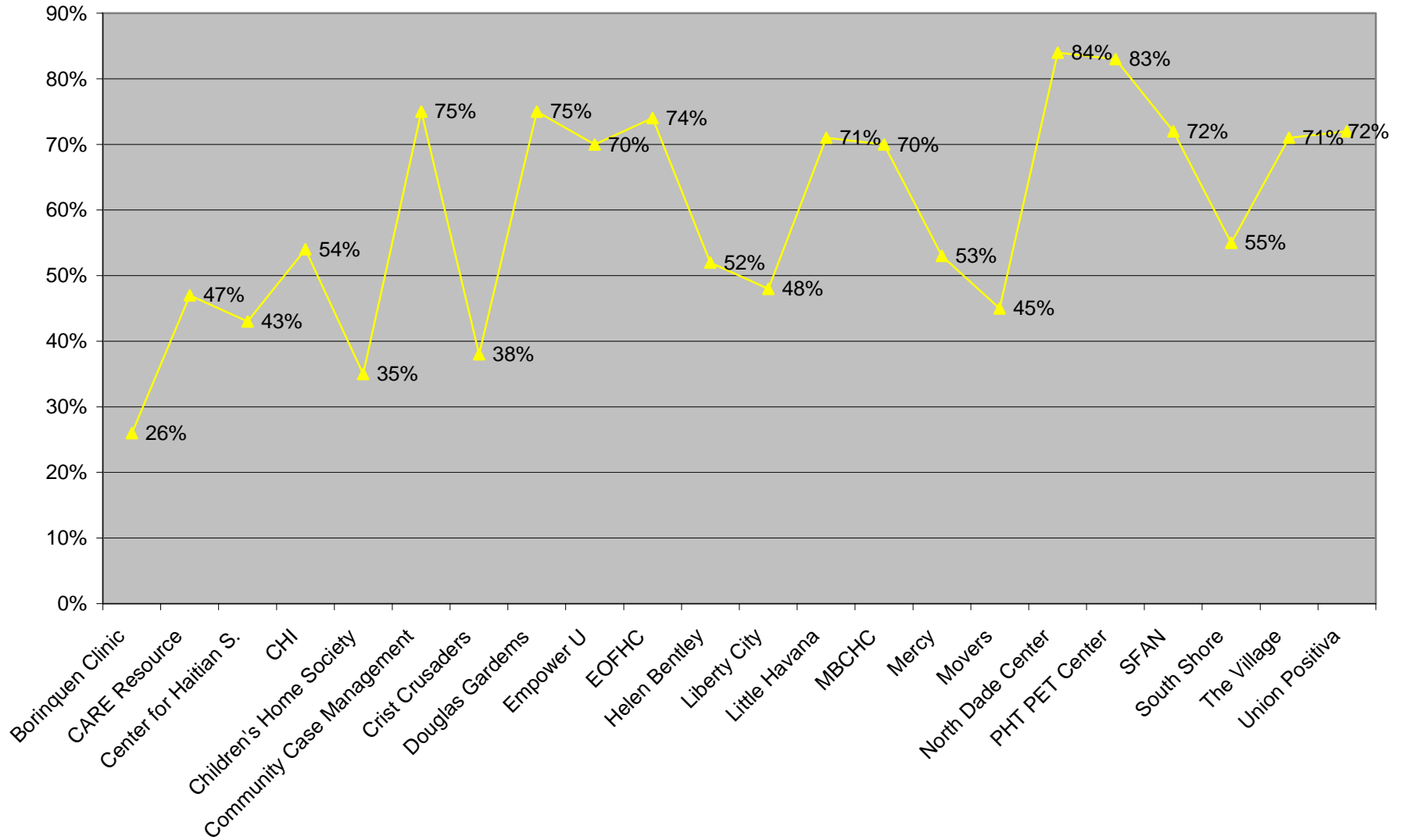
Section I: Required Documentation



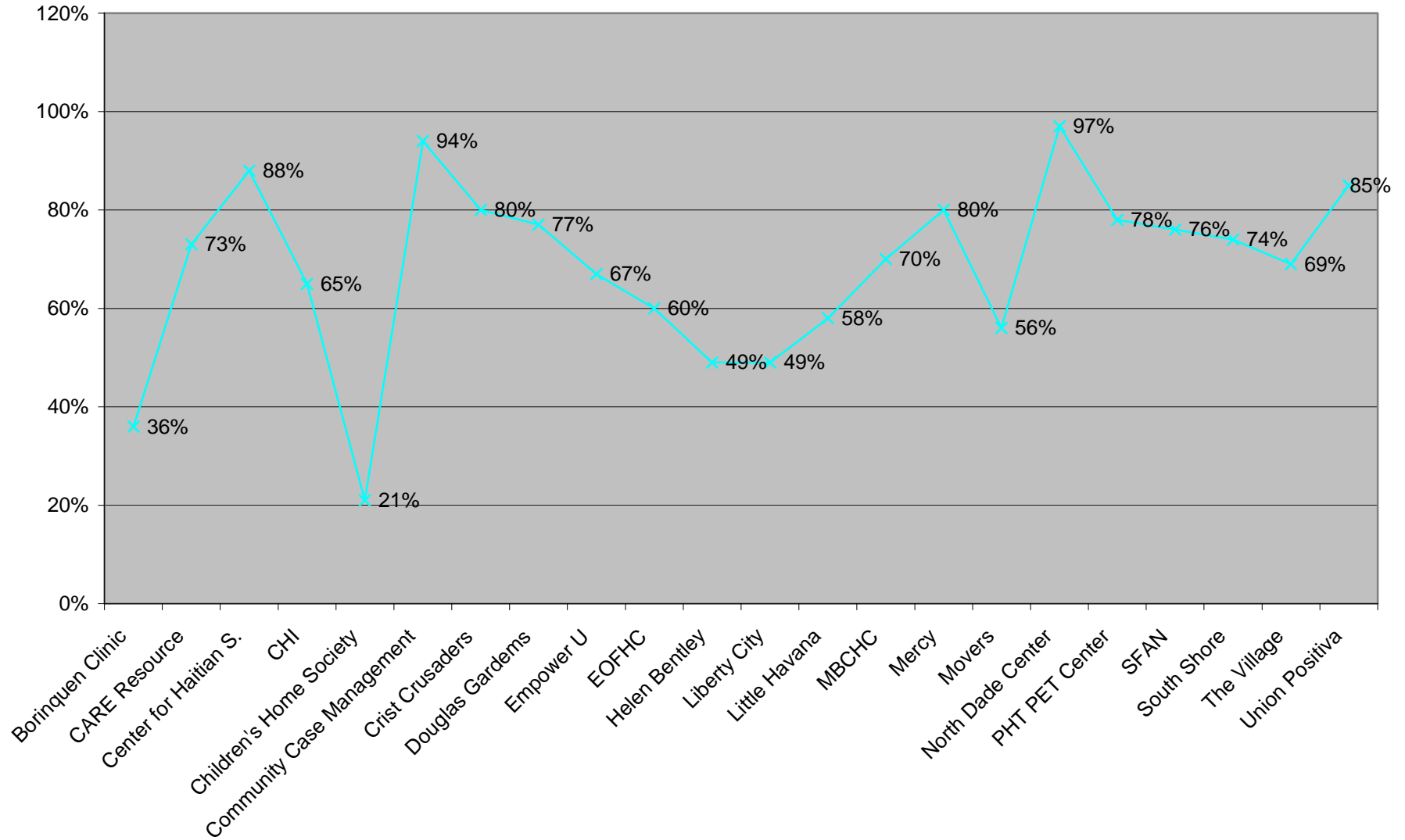
Section II: Health Assessment



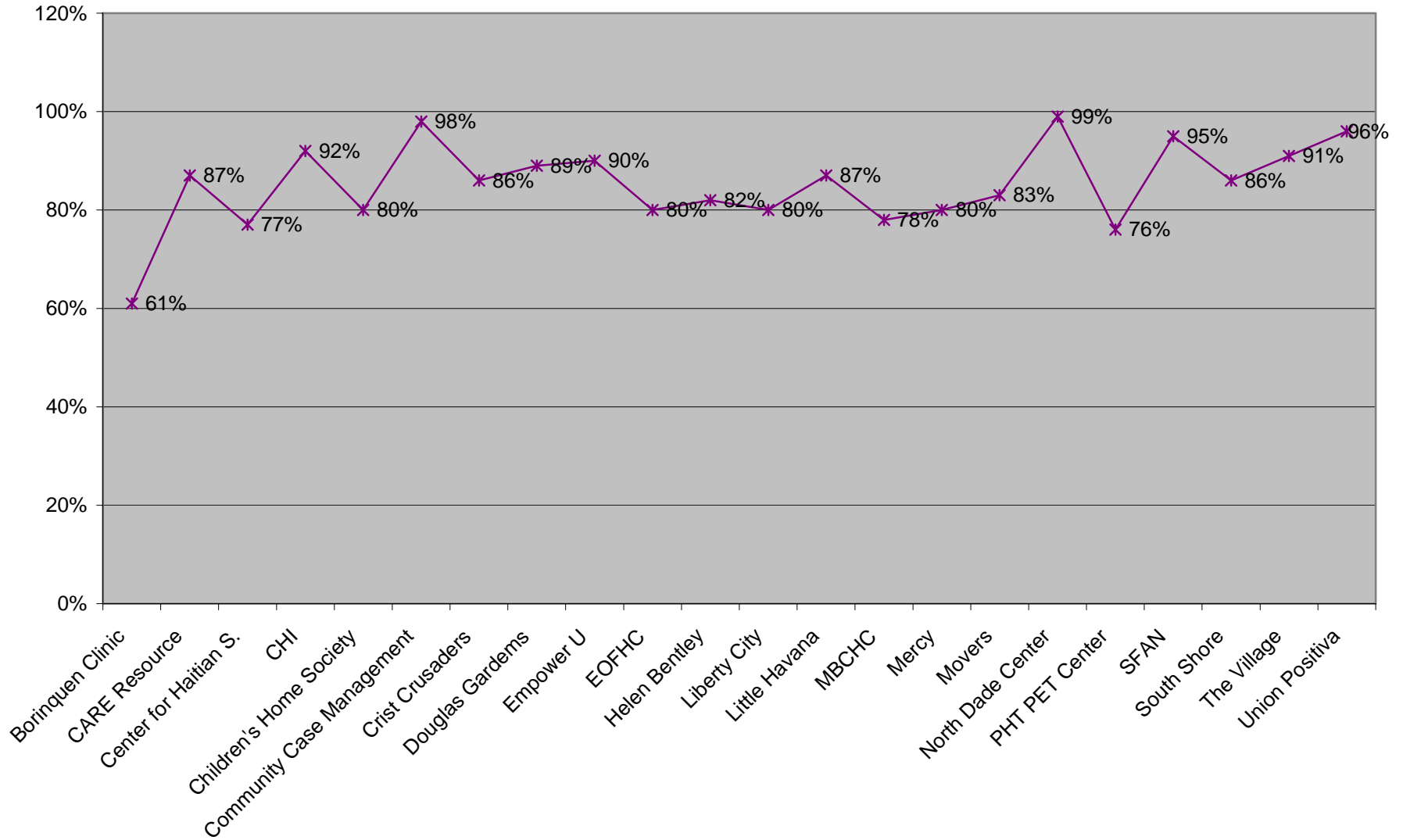
Section III: Financial Assessment



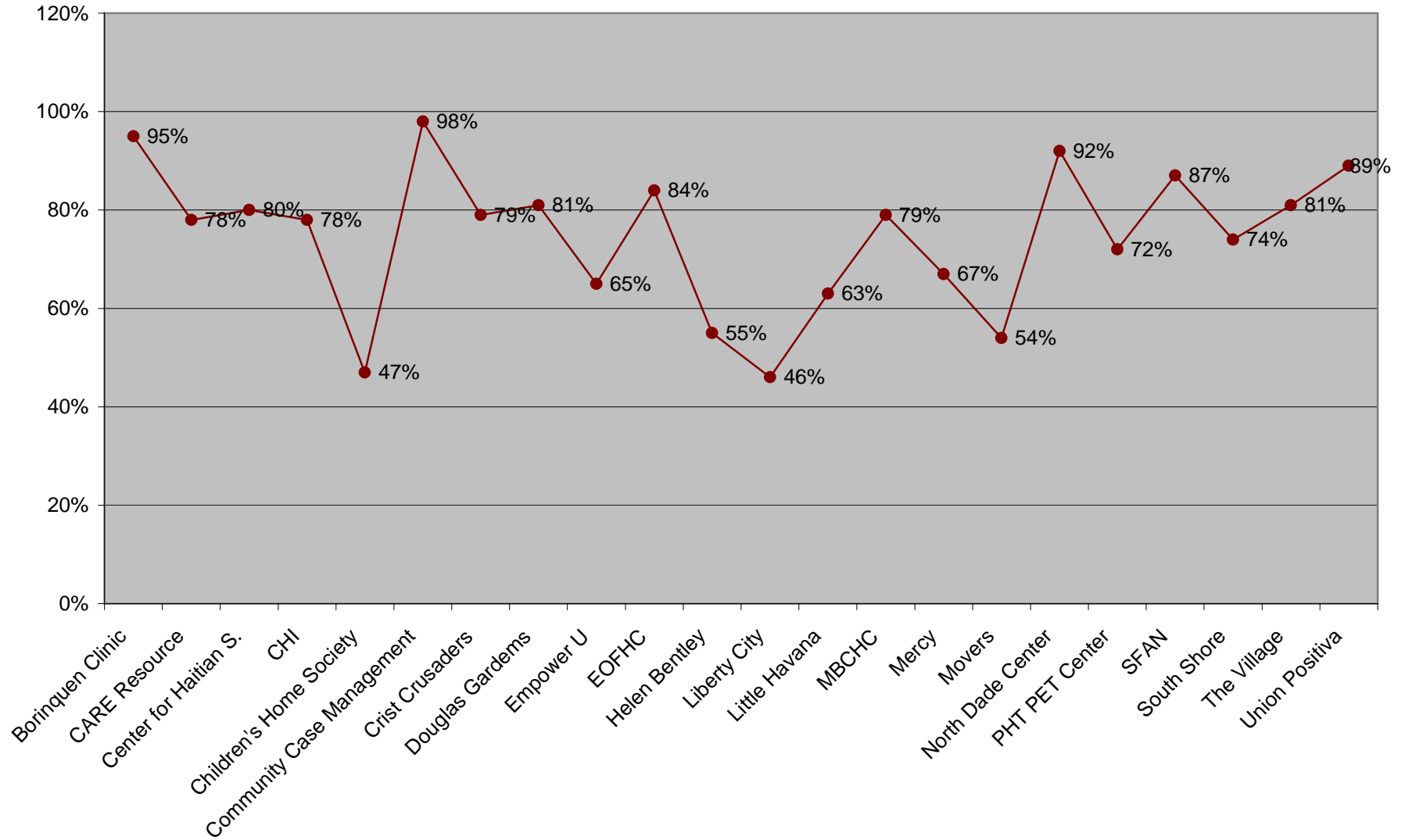
Section IV: Other Assessments



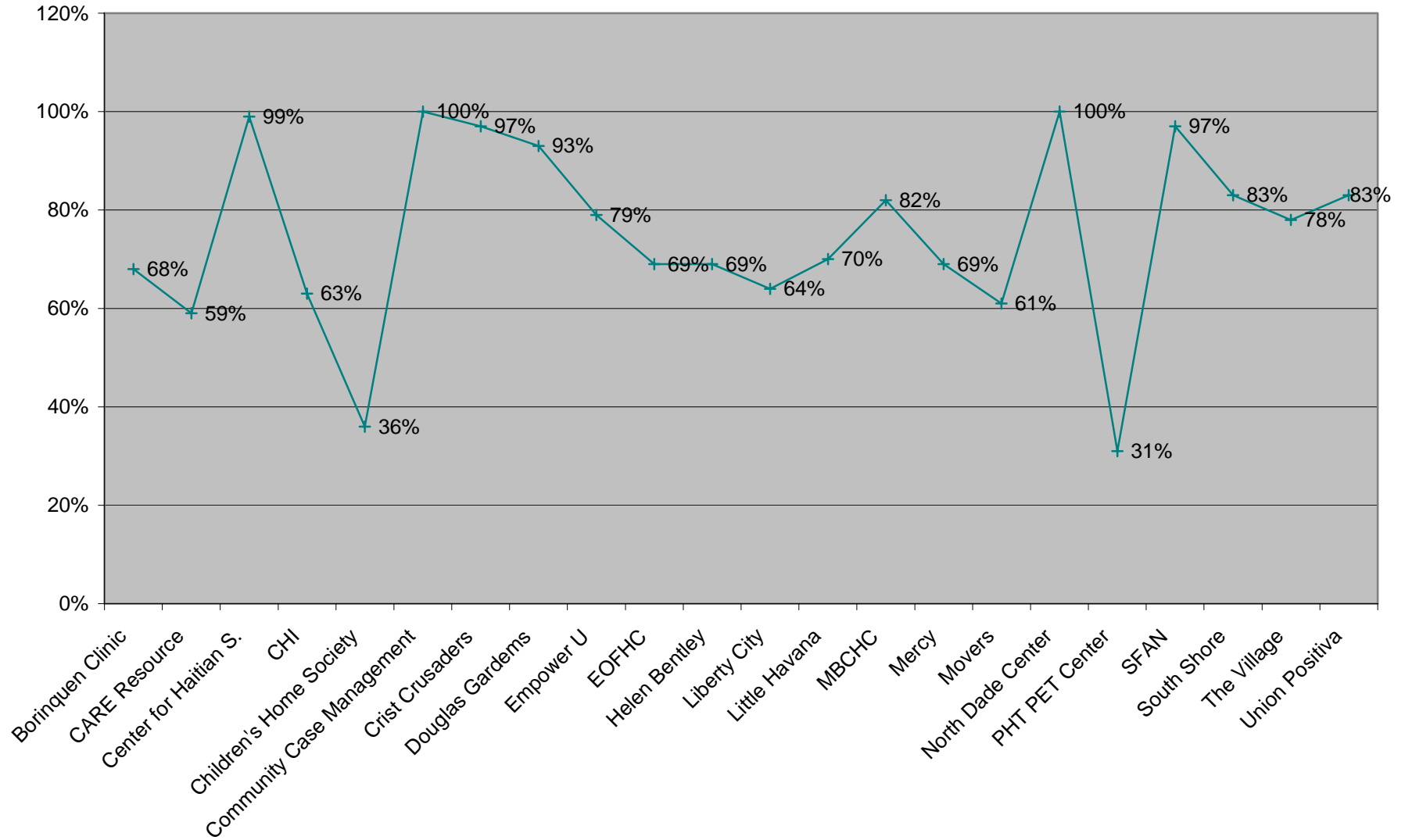
Section V: Plan of Care



Section VI: Case Note



Section VII: Referral for Services



Section VIII: Case Closures

