



Maricopa County
Ryan White Part A Program
Policies and Procedures
for Medical Case Management

PURPOSE:

To guide the administration of the Ryan White Part A Program's **Medical Case Management** (a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

DEFINITIONS:

Medical Case Management Services (including treatment adherence) are to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, linkage to core medical services such as primary care, substance abuse, mental health, oral health, psychosocial, and other support services.

POLICIES:

- The funds are intended to provide medical case management services to link eligible clients to primary medical care and to ensure readiness for, and adherence to, complex HIV/AIDS treatments available. These efforts will insure continuity of care and increase the likelihood of desired health outcomes.
- Medical case managers are part of the clinical care team and should provide clinical review and be in communication with client's medical and mental health providers.
- Key activities include, but are not limited to:
 - Initial assessment of service needs
 - Development of a comprehensive, individualized care plan
 - Coordination of services required to implement the plan
 - Client monitoring to assess the efficacy of the plan; and
 - Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary.
- Medical Case Managers will meet the educational and/or experience requirements outlined in the RWPA Planning Council Standards to include a Bachelor's Degree in a licensed field or 4 years of experience. Case Management Supervisors will have a Master's Degree in Social Work or comparable human service field and minimum 2 years of experience in direct service or case management OR a Bachelor's Degree in Social Work or comparable human service field and minimum of 4 years' experience in direct service or case management.
- All services reported in CAREWare for any client-level Medical Case Management service must include an identification of the Case Manager/staff member who provided the service.



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- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- Agencies receiving an expedited medical case management referral from the Central Eligibility Office must complete intake and assessment with the referred client within **2 business days**. **Expedited referrals will occur after a new or out of care client scores 16 - 24** or higher on the Psychosocial or Medical Case Management sections of the Initial HIV/Case Management Acuity/Risk Assessment and will be communicated to the Medical Case Management provider through direct, telephone contact with the Central Eligibility Office.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.
- Medical Case Managers are responsible for entering the date of their clients' first medical appointment and indicate if the visit was confirmed or client self-reported.

ALLOWABLE SERVICES

PERSONNEL QUALIFICATIONS AND TRAINING REQUIREMENTS

CLIENT CHARTING:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

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

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



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

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



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		focused on the coordination of the client's needs and the clinical requirements of care. May also include treatment adherence. This unit reflects contacts with the client, client's representatives and providers on behalf of the client.				
Time Unit	FAP CM	Financial Assistance Program (FAP) Case Management (CM) Units reflect time spent providing case management to eligible clients to evaluate financial assistance requests relating to Health Insurance Premiums, Housing or other financial assistance programs. Reported time may be spent ensuring clients	Entered into CAREWare under actual client name. ROI must be on file	Date service was delivered	1 unit = 15 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		meet the eligibility requirements for the specific program. This includes contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.				
Time Unit	MCM Retention	MCM Retention units include time spent relinking clients who were previously eligible for RWPA services. The purpose of this unit is to assist clients with renewing RWPA or ADAP eligibility. This unit reflects contacts with client, client's representatives and providers on behalf of the client.	Entered into CAREWare under actual client name. ROI must be on file.	Date service was delivered	1 unit = 15 minutes	\$0



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

CLIENT RIGHTS AND RESPONSIBILITIES

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY AND CONFIDENTIALITY

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's CAREWare record. Information on all clients receiving Ryan White Part B funded



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services must be entered in the HRSA sponsored CAREWare Database managed by the RWPA Program.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years following the completion of the grant year.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipients must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record.