

1. Standards Committee Meeting Agenda

Documents:

[2016-04-13 STANDARDS COMMITTEE MEETING AGENDA.PDF](#)

2. Standards Committee Meeting Material 3

Documents:

[2016-04-13 STANDARDS COMMITTEE MEETING MATERIAL 3.PDF](#)

3. Standards Committee Meeting Material 2

Documents:

[2016-04-13 STANDARDS COMMITTEE MEETING MATERIAL 2.PDF](#)

4. Standards Committee Meeting Material 1

Documents:

[2016-04-13 STANDARDS COMMITTEE MEETING MATERIAL 1.PDF](#)

Standards Committee



Eric Moore, Chair

Wednesday, April 13, 2016
3:00 pm to 3:30 pm
Public Health
4041 North Central Avenue, Phoenix
14th Floor, Training Room

301 West Jefferson Street
Suite 3200 • Phoenix, AZ 85003
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AGENDA

Welcome, introductions and declarations of conflicts-of-interest

Determination of quorum

Review of the minutes and action items from prior meetings

The committee chair will briefly summarize the activities previous meetings and the statuses of action items will be updated. Please inform the Chair of any revisions.

Administrative Agent update

A representative of the Administrative Agent's office will present the Part A program monthly report.

Chair update

The Chair will review the recent activity of the committee and provide comments.

Review of and revisions to standards of care

The committee will review the Medical and Non-Medical Case Management standard for a possible revision. Votes may occur to take action on discussion items.

Current event summaries

This is the time for Planning Council members to share a brief summary of current events. Members of the committee cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

Call to the public

This is the time for the public to comment. Members of the committee cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

Adjourn

This committee generally meets on the second Wednesday of each month.

Members and guests of the Planning Council may attend either in person or via telephone conference call.

All of the documents discussed are available from Planning Council Support.

Funding is provided by the United States Department of Health and Human Services, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Maricopa County Department of Public Health.

AGENDA continued

MEETING GROUND RULES

- The public is encouraged to take part in all of our discussions. However, due to time constraints, the Chair may choose to limit the number of people who may speak and/or the length of time allowed for discussion.
- Everyone is expected to respect the authority of the Chair.
- Anyone who wishes to comment should raise their hand to be recognized to talk.
- Please be courteous when others are talking. No sidebar conversations please.
- Please remain calm and focused on the topic at hand.
- Stay open-minded and flexible to allow for and honor individual difference and diversity.
- Many attendees are very sensitive to fragrances, so please refrain from using colognes and perfumes at Planning Council meetings or events.

NON-MEDICAL CASE MANAGEMENT SERVICES

A. DEFINITION:

Non-Medical Case Management includes the provision of advice and assistance in obtaining:

- medical
- social
- community
- legal
- financial
- other needed services

Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. NOTE: The provision of advice is to be based on the professional parameters of the non-medical case manager.

B. GOAL(S):

1. Clients will be provided Non-Medical Case Management services that support the clients' linkage to, and retention in medical care.

C. SERVICES:

Non-Medical Case Management services are designed to facilitate access to, and retention in medical care and other needed community services.

D. QUALITY MANAGEMENT:

Program Outcome:

- 90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.

Indicators:

- Number of client charts that have documentation of access to primary medical care and other needed community services

Service Unit(s):

- Number of clients accessing Non-Medical Case Management services

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
Central Eligibility: Central Eligibility Services will be provided to all individuals presenting for Ryan White Part A services, to determine eligibility and individual client referral needs.	New or returning to care clients: Client chart documents an intake assessment, with offered referrals to medical case management services.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.
	Renewing clients: Client chart documents that appropriate referrals were made based on identified client need.	Number of compliant client charts	Number of clients		
Client Contact, Identification of Resources and Referrals: Initial, client contact with the non-medical case manager will be initiated by client request or referral	Client chart documents that case managers contact with client occurred within 10 business days of client request or referral.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of clients contacted within 10 business days of client request or referral
	Client chart documents the circumstances regarding why the case manager's contact with the client did not occur.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts documents why contact did not occur
	Client chart documents the identification of applicable resources, that the client was informed of those resources, and the provision of appropriate referral/interventions	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts document the identification of applicable resources, client was informed of those resources and the provision of appropriate referral/interventions

	<p>Client chart contains documentation of:</p> <ul style="list-style-type: none"> • Date of each encounter • Type of encounter (e.g. fact to face, telephone etc.) • Duration of encounter • Client’s request and disposition of request • Key activities, including interventions and referral services. 	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts contain appropriate documentation.
Supervisor Review: Supervisor completes a monthly review of a sample of client charts to ensure all required record components are present.	The supervisor will sign and date each client record reviewed, and maintain a record of all charts reviewed. At a minimum, the sampling methodology will either comply with HIVQUAL standards or equal 20% of all client charts for each month.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of sampled client charts reviewed by supervisor
Case Closure: A client chart will be closed when deemed necessary by client circumstances, including but not limited to, verifiable notification of client’s death, moving out of the Phoenix EMA, lost to contact, or documented client-initiated withdrawal from the Ryan White Part A program. Any client who has no contact with the case management agency after a three	The client’s chart includes a closure note which documents criteria for closure within ten business days of notification of the status change.	Number of compliant charts	Number of clients	Client Files CAREWARE	90% of case closures have documentation of case closure and reason in client files.

year period may have their case closed and the client's file will be handled in accordance with the agency's record retention policy.					
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MEDICAL CASE MANAGEMENT SERVICES

A. DEFINITION:

Medical Case Management Services (including treatment adherence) are a range of client-centered services designed to ensure timely and coordinated access to medically appropriate levels of health and support services, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and other forms of communication and activities that include at least the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and adaptation of the plan as least every 6 months, during the enrollment of the client

B. GOAL(S):

1. All eligible new (or newly diagnosed) and returning to care (out-of-medical care for a minimum of six months and/or out of the Ryan White continuum of care for 1 year) clients will be referred to medical case management.
2. Improve clients' health by increasing access to primary medical care and the support services necessary to maintain retention in care and/or reduce barriers to care.

C. SERVICES:

Medical Case Management services are designed to facilitate access to primary medical care through a process of linkage to medical services and reduce barriers to care. Additionally, medical case management services are designed to facilitate access to community services as a process of enabling linkage to medical care and other needed services.

D. QUALITY MANAGEMENT:

Program Outcome:

- 90% of client charts have documentation of access to primary medical care within 3 months of initial assessment
- 80% of client charts have documentation that treatment adherence was discussed with the client

- 100% of client charts contain a comprehensive individualized care plan.

Indicators:

- Number of client charts that have documentation of access to primary medical care within 3 months of initial assessment
- Number of client charts that have documentation that treatment adherence was discussed with the client
- Number of client charts that contain a comprehensive individualized care plan

Service Unit(s):

- Number of clients accessing Medical Case Management services

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
Part A Eligibility: After the establishment of Part A eligibility, the following timelines for entry into services are adhered to: <ul style="list-style-type: none"> • Upon referral to Medical Case Management agency assignment to a case manager is completed within 3 business days • Initial contact with client, initial medical case management assessment and care plan completed within 10 business days of assignment to case manager 	Client chart documents case manager assignment, initial client contact, initial medical case management assessment and completion of care plan occurred in compliance with established timeframe. Clients chart documents circumstances regarding why case manager assignment, initial client contact, initial medical case management assessment and completion of care plan did not occur within established timeframe.	Number of compliant client charts Number of compliant client charts	Number of clients Number of clients	Client Files CAREWARE	90% of client charts have documentation of access to primary medical care within 3 months of initial assessment
Client Contact: Contact with client, initiated by the medical case manager, will occur at least quarterly, and will include at least one face-to-face annually.	Client chart documents that case manager initiated contact with client occurred in compliance with established timeframe. Clients chart documents circumstances regarding why	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts have documentation of at least quarterly contact with Medical Case Manager.

	case manager initiated contact with client did not occur within established timeframe.				
Medical Case Management Assessment & Service Needs: The client's medical case management assessment provides the foundation for the care plan.	<p>Each client's initial assessment will include a review of the following areas:</p> <ul style="list-style-type: none"> • Medical • Treatment adherence • Dental • Nutritional • Mental Health • Psychosocial • Substance abuse • Financial • Educational • Social Support • Legal needs • Transportation • Housing • Risk reduction • Cultural factors • Life Skills • Functional capabilities 	Number of compliant client initial assessments	Number of clients	Client Files CAREWARE	<p>90% of client charts have documentation that treatment adherence was discussed with the client</p> <p>90% of client charts will have a comprehensive assessment.</p>
Medical Case Management Comprehensive and Individualized Care Plan: At a minimum the medical case management comprehensive and individualized care plan.	Each client's comprehensive individualized initial and periodic (revised every six (6) months) care plan shall outline the range of services required to implement the plan with an identified goal and one or more interventions for each identified need and all appropriate referrals.	Number of compliant charts	Number of clients	Client Files CAREWARE	<p>100% of client charts contain a comprehensive individualized care plan.</p> <p>90% of client charts have documentation of access to primary medical care within 3 months of initial assessment.</p>

	<p>Client’s chart documents monitoring to assess the efficacy of the care plan for the types of services provided, including: the types of encounters/communication; duration and frequency of encounters.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>All medical case management care plans will include the client’s signature and date annually.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>The medical case management care plan reflects a timeline for all goals and service referrals agreed upon by the client and case manager.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>The medical case management care plan goals reflect the projected treatment end date agreed upon by the client and case manager.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>Supervisor reviews a sample of client charts, within 30 business days after completion of a new or updated assessment and care plan, to ensure all required record components are present and planned services are appropriate. At a</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>90% of supervisor reviewed client charts have all required components.</p>

	minimum, the sampling methodology will comply with HIVQUAL standards or 20% of charts (<i>aligns with Non-Medical Case Management</i>).				
Case Closure: A client chart will be closed when deemed necessary by client circumstances, including but not limited to, verifiable notification of client's death, moving out of the Phoenix EMA, lost to contact, or documented client-initiated withdrawal from the Ryan White Part A program.	The client's chart includes a closure note which documents criteria for closure within ten business days of notification of the status change.	Number of clients discharged from MCM	Number of clients	Client Files CAREWARE	90% of discharged clients have documentation of case closure and reason in client files.

Recommendations to the Standards Committee of the Planning Council for revision of Medical and Non-Medical Case Management Standards of Care:

1. Medical Case Managers will have a Bachelor's Degree in a licensed field or 4 years of experience
2. Non-Medical Case managers will have a Bachelor's Degree in a licensed field or 3 years of experience
3. 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** Bachelor's Degree in Social Work or comparable human service field and minimum of 4 years of experience in direct service or case management.