

## Comprehensive Case Management Services 2009-2010

**Definition of Service:** Case management is a cost effective program that includes a series of interactions between the case manager and client, ultimately resulting in the client reaching his or her optimum level of health and being able to manage his or her own care.

**Definition of Comprehensive Case Management (Medical):** An intensive time limited service that includes advocacy and service coordination for clients dealing with multiple complex service systems. Services are provided in an efficient and cost effective manor while the client to reach their optimum level of health. Comprehensive case management specifically has outcomes related to health status and medical care of the client and therefore always categorized as “Medical Case Management”.

**Objectives for Service:**

- Client Centered Case Management will promote independence among clients living with HIV infection.
- Clients will be matched to the levels of services of their needs.
- An Individualized Service Plan (ISP) will be developed by the Comprehensive case manager and the client to assist the client in obtaining goals identified in order to meet their needs.
- The client will develop/learn a structured and accountable approach that will ultimately result in the client reaching his /her optimal level of health.

STANDARD	MEASURE
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<b>Service Standards:</b>	
The client’s eligibility for Ryan White Part B services is determined or is in process of determination before services are initiated.	Documentation of the client’s eligibility or that the eligibility process has been initiated and is present in the client’s record.

Comprehensive case management (Medical): is an intensive, time limited service that provides services for those clients with the most acute needs. Comprehensive case management caseloads are limited to 15-25.	Documentation of the number of comprehensive case management clients is on file and available for review.
Comprehensive case management is limited to 18 months when a client will be transition to supportive case management or discharged.	Documentation of the client's status in comprehensive case management is present in the client's record.
<b>Screening:</b>	
A screening is done at the time an individual makes an initial contact with the agency for the purpose of seeking services. It must be completed <b>within 3 working days of initial contact</b> with the agency. Documentation must contain a minimum of information as listed on pg 7 of the VDH HIV/AIDS Case Management Standards. This does not need to be done by case manager.	Documentation that a completed screening occurred <b>within 3 working days of initial contact</b> is present in the client's record.
<b>Intake:</b>	
An intake is developed following the initial screening at the time that the prospective client has made an appointment with the appropriate agency staff. The intake occurs within <b>10 working days of the initial screening</b> . The intake should contain a minimum of the information as listed on page 9 of the VDH HIV/AIDS Case Management Standards. This does not need to be done by a case manager.	Documentation that an intake occurred within <b>10 working days of the initial screening</b> is present in the client's record, signed and dated.
<b>Assessment:</b>	
An assessment is developed when the intake has been completed and the client has been <b>assigned to a case manager</b> . Documentation of a completed assessment including those areas listed on pg 11 in the VDH HIV/AIDS Case Management must be present on the client's record, using provider specific forms, and must remain on the client's permanent record. The assessment must be completed within <b>30 days of the intake</b> . <b>Documentation in the client's record must be made why the time frame is not met.</b>	Documentation of a completed assessment <b>within 30 days of intake</b> is present in the client's record, signed and dated. Documentation is present in the client's record with rationale if the time frame is not met.

<p><b>Service Plan Development/Implementation:</b></p>	
<p>The client and the case manager work in collaboration to create an Individualized Service Plan (ISP), following the completion of the assessment. The ISP must be completed within <b>45 calendar days of assessment. Documentation must be made if time frame is not met.</b> The IL is signed and dated by case manager and the client. A copy of the IL is offered to client in the client's record.</p>	<p>Documentation of the completed ISP <b>within 45 calendar days of assessment</b> is present in the client's record, signed and dated by both the client and the case manager. Documentation that a copy of the IL was offered to client is present in the client's record.</p>
<p>The ISP must address specific areas developed in accordance with the VDH HIV/AIDS Case Management Standards. The ISP will contain the following:</p> <ol style="list-style-type: none"> <li>1) Expected <b>medical outcome</b> is developed in accordance with the VDH HIV/AIDS Case Management Standards (from outcome measure scale, page 21).</li> <li>2) Actions taken to reach the goal</li> <li>3) Person responsibly for completing each action</li> <li>4) Target date for completion of each action</li> <li>5) Results of each action (Outputs)</li> <li>6) Actual medical outcome showing benefit of result of action. (Numerical score)</li> </ol>	<p>Documentation of the ISP addressing the required specific areas is present in the client's record, signed and dated.</p>
<p>The anticipated frequency of face to face and collateral contact will be included in the action section of the ISP. It is recommended that the ISP also include client strengths and barriers to accomplishing goals.</p>	<p>Documentation of the frequency of face to face and collateral contact is present in the client's record, signed and dated. Documentation of client strengths and weakness is present in the client's record, signed and dated.</p>
<p>The frequency of contacts between the comprehensive case manager and the client will be at <b>least 2 times a month</b> unless transitioning to supportive case management or preparing for discharge. Frequency of contacts then may be monthly.</p>	<p>Documentation of contact at <b>least 2 times a month</b> unless transitioning to supportive case management or preparing for discharge (which then may be monthly) is present in the client's record, signed and dated.</p>

<b>Reassessment:</b>	
The ISP will be reassessed at least <b>every 90 days</b> . The reassessment process is a collaborative effort between the client and the case manager.	Documentation that the ISP was reassessed at least <b>every 90 days</b> is present on the client's record, signed and dated by the client and the case manager.
The reassessment will focus on previously identified issues and progress found in the ISP	Documentation of the reassessment showing previously identified issues and revisions of the ISP is present in the client's record, signed and dated.
Each goal must have a current outcome measure with score from the outcome scale in the VDH HIV/ AIDS Case Management Standards (pg. 21).	Documentation of each goal having a current outcome measure with score from the outcome scale is present in the client's record, signed and dated.
After reassessment of the ISP the client must meet at least 1 criterion for comprehensive case management.	Documentation that the client meets the criteria for comprehensive case management is present in the client's record, signed and dated.
<b>Discharge:</b>	
The discharge process is implemented when a client no longer requires comprehensive case management services or other circumstances as noted in the VDH HIV/AIDS Case Management Standards.	Documentation to note that steps were taken in accordance with the VDH HIV/AIDS Case Management Standards for discharge is present in the client's record, signed and dated.
Client will be offered a transition to supportive case management for <b>90 days</b> if no longer meet criteria for comprehensive case management. If client is stable he/she will be closed at the end of the <b>90 day period</b> .	Documentation to note that the transition to Supportive Case Management was offered and available for <b>90 days</b> is present in the client's record, signed and dated. Documentation that the client remained stable and was closed after a <b>90 day period</b> is present in the client's record, signed and dated.
Clients are maintained in comprehensive case management for <b>not longer than 18 months</b> . If for <b>longer than 18 months in comprehensive case management</b> , must have justification for the continuation of services.	Documentation to show length of comprehensive case management with justification if longer than 18 months is present in the client's record, signed and dated.
Discharge from comprehensive case management will occur if the case manager is unable to contact or locate the client after <b>3 documented attempts at contacting over a 6 month period</b> .	Documentation that the client has not contacted the case manager in the previous six months and that there were <b>3 documented attempts to contact the client over the next 90 days</b> before discharge is present in the client's record, signed and dated.

<p>A client also may be discharged for the following:</p> <ul style="list-style-type: none"> <li>A. client is lost to follow-up</li> <li>B. client fails to provide updated documentation of eligibility status after three (3) documented attempts to support counselor/designated staff</li> <li>C. client whose action put the agency, staff or other clients at risk</li> <li>D. client fails to maintain contact with the support counselor for a period of three months despite three (3) documented attempts to contact client.</li> <li>E. client request</li> <li>F. client death</li> </ul>	<p>Documentation of rationale for discharge plus supporting documentation of attempts to contact client are present in the client's record, signed and dated.</p>
<p>The case manager assists the client in referrals and collateral services to support coordination and delivery of high quality care.</p> <ul style="list-style-type: none"> <li>1) Clients request referral <b>Documentation must be made if time frame is not met.</b></li> <li>2) When the ISP indicates a need for referral or collateral services</li> </ul>	<p>Documentation of all referrals and follow up is present in the client record, signed and dated</p>
<p>All client visits and/or consultation on behalf of the client will be documented.</p>	<p>Documentation of all client visits and/or consultations on their behalf is present in the client's record, signed and dated.</p>
<p>The comprehensive case manager must maintain contact with client collateral case managers at least <b>once every three months.</b></p>	<p>Documentation of contact at least <b>once every three months</b> with other CM is present in the client's record, signed and dated.</p>
<p><b>Qualifications:</b></p>	
<p><b>Newly Hire as of 01/01/08</b></p>	
<p>All newly hired Comprehensive case managers must meet the VDH HIV/AIDS Case Management Standards of Master/bachelor in Human Service field <b>OR</b> Registered Nurse <b>OR</b> Master/bachelor in non Human Service field and 2 years case management experience <b>OR</b> 2 yr Associates Degree in a Human service field with 4 years case management experience.</p>	<p>Documentation of the Comprehensive case manager's education and experience is present in the personnel file and available for review.</p>

<b>Employed prior to 01/01/08:</b>	
Comprehensive case managers who do not meet minimal qualifications as stated in the VDH HIV/AIDS Case Management Standards must have been employed for 4 years as a case manager prior to 01/01/08.	Documentation of employment as a case manager for 4 years prior to 01/01/08 must be present in the personnel file and available for review.
Those with less than 4 years as case manager will have until <b>01/10/10</b> to meet the minimum requirement for a comprehensive case manager as stated in the VDH HIV/AIDS case management Standards.	Documentation of the completion of the necessary qualification(s) by <b>01/10/10</b> will be present in the personnel file and available for review.
<b>Training:</b>	
<b>New Hires</b>	
All newly hired comprehensive case managers must complete minimum training requirements within 1 year of hire. Documentation of the completed training requirements as follows: <ol style="list-style-type: none"> <li>1) Case Management Standards</li> <li>2) Cultural Competency</li> <li>3) HIV Disease</li> <li>4) HIV Treatment</li> <li>5) HIV Testing</li> <li>6) Legal ramifications to include Confidentiality</li> <li>7) Counseling and Referral</li> <li>8) Prevention</li> </ol>	Documentation of the completion of the training will be maintained in the must be kept in the comprehensive case manager's personnel file and available for review.
<b>Annual Training Requirement:</b>	
All comprehensive case managers must complete <b>12 hours of continuing education</b> in case management and/or HIV/AIDS annually.	Documentation of completion of the continuing education must be kept in the comprehensive case manager's personnel file and available for review.
<b>Administrative Supervision:</b>	
Each comprehensive case manager will receive appropriate supervision by a supervisor meeting the minimal requirements of a comprehensive case manager and additionally 2 years of clinical HIV practice or 2 years of supervisor experience. Documentation of the regular on-going meeting to include in date, people in attendance, agenda of the meeting, if any outcome measures are reached and the signature of supervisor.	Documentation of the Supervisor's credentials is on file and available for review. Documentation of the administrative supervision is on file and available for review.

