

# MEDICAL CASE MANAGEMENT SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



## Service Category Definition – Medical Case Management Services

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(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).



Key activities include:

- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Continuous client monitoring to assess the efficacy of the care plan.

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

## Program Guidance

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(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit must be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit must be reported under the Outpatient/Ambulatory Health Services category. (HIV/AIDS Bureau, 2019)



## Ryan White HIV/AIDS Program Eligibility Requirements

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)



Person(s) seeking services in the Ryan White HIV/AIDS Program (RWHAP) must meet the following requirements for eligibility:

- Any person(s) with an HIV diagnosis or their legal guardian who lives in the City of Paterson, Passaic County, and/or Bergen County, New Jersey; **OR**
- A person designated as the individual's medical power of attorney (i.e., their court appointed representative or legal representative). *Proper documentation must be collected at initial determination and redetermination to verify guardianship or medical power of attorney.* **AND**
- Any individual with a household income that is at or below 500% of the federal poverty level; **AND**
- Any individual who is uninsured or underinsured.



Client eligibility must be certified annually and recertified at least every six months. The primary purpose of the RWHAP eligibility certification process is to ensure that an individual's residency, income, and insurance status continues to meet the Bergen-Passaic Transitional Grant Area (TGA) eligibility requirements and to verify that the RWHAP is the payor of last resort. The eligibility recertification process includes checking for the availability of all other third-party payors. Subrecipients are also required to obtain documentation of CD4 and viral load laboratory results at each eligibility certification and recertification for all clients. Laboratory results must be recent and within 6-months of the eligibility determination date. Subrecipients are required to obtain documentation and maintain the results of the laboratory results in the client's chart and documented in eCOMPAS.

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## Ryan White HIV/AIDS Program Eligibility Requirements

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)

RWHAP Required Documentation Table and Frequency		
Eligibility Requirement	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
<b>HIV STATUS</b>	<b>Documentation required at initial eligibility determination.</b>	<b>No documentation required</b> (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA).</li> <li>• A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test.</li> <li>• A detectable (quantitative) HIV viral load (<b><i>undetectable viral load tests are NOT proof of HIV.</i></b>)</li> <li>• An HIV nucleotide sequence (genotype).</li> </ul>	
	<b>Documentation required for once a year/12-month recertification.</b>	
	<p><b>No documentation required</b> (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)</p>	

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<b>HOUSEHOLD INCOME</b>	<p><b>Proof of household income:</b> This includes income for the client, client’s spouse if legally married, client’s minor child under the age of 18, any person claimed by the client as a dependent on a tax return, and any person that has legal custody or other legal arrangements or guardianship of the client).</p> <p><i>*** Income that is not counted includes grants, scholarships, fellowships, value of SNAP benefits, 401K if not accessed, and any other non-accessible income, such as trust funds.</i></p>	
	<b>Documentation required at initial eligibility determination and for once a year/12-month recertification.</b>	<b>Documentation required at eligibility recertification.</b>
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Pay stubs (at least two); <b>OR</b></li> <li>• A signed and dated employer statement on company letterhead may be used. It must state the name of client, rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive health benefits from the employer; <b>OR</b></li> <li>• IRS 1040 form or IRS W-2 from most recent year; <b>OR</b></li> <li>• IRS W-4 form.</li> </ul>	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Self-attestation of no change; <b>OR</b></li> <li>• One of the approved documents listed in the <i>Initial Eligibility Determination &amp; Once a Year/12 Month Period Recertification (on the left)</i>.</li> </ul>
	<b>For clients declaring no income.</b>	
<p>At least one of the following is required:</p> <ul style="list-style-type: none"> <li>• A statement provided as to how the client receives food, clothing, and shelter (also known as a letter of support).</li> <li>• A recent Summary Earnings Query (SEQY) printout, or Work and Gain Economic Self Sufficiency (WAGES) printout or an income tax return from the previous year.</li> <li>• Federal Insurance Contributions Act (FICA) to establish prior work year income.</li> </ul>		

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<b>RESIDENCY</b>	<b>Documentation required at initial eligibility determination and for once a year/12-month recertification.</b>	<b>Documentation required at eligibility recertification.</b>
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Current New Jersey or local photo identification (includes NJ driver’s license); <b>OR</b></li> <li>• Utility bill with client name and street address; <b>OR</b></li> <li>• Housing, rental, or mortgage agreement with client’s name and street address; <b>OR</b></li> <li>• Recent school records with client’s name and street address; <b>OR</b></li> <li>• Bank statement with client’s name and street address; <b>OR</b></li> <li>• Letter from person with whom the client resides; <b>OR</b></li> <li>• Property tax receipt or W-2 form for previous year with client’s name and street address; <b>OR</b></li> <li>• Unemployment document with client’s name and street address; <b>OR</b></li> <li>• Current voter registration card with client’s name and street address; <b>OR</b></li> <li>• Official correspondence (postmarked in last three months) with client’s name and street address; <b>OR</b></li> <li>• Prison records (if recently released) with client’s name and street address.</li> </ul>	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Self-attestation of no change, <b>OR</b></li> <li>• If client has moved, proof of residency is required. One of the approved documents listed in the <i>Initial Eligibility Determination &amp; Once a Year/12 Month Period Recertification (on the left)</i>.</li> </ul>
	<b>For clients declaring homeless status or living in a shelter.</b>	
	<p>At least one of the following is required:</p> <ul style="list-style-type: none"> <li>• A statement from the shelter in which the client resides or visits; <b>OR</b></li> <li>• A written statement of the client describing living circumstances and a physical observation of location of residence by eligibility staff signed and dated by the client and eligibility staff; <b>OR</b></li> <li>• A statement from a social service agency attesting to the homeless status of the client.</li> </ul>	
	<p>Subrecipient must verify if the client is eligible for or is enrolled in health care coverage programs. Obtain documentation of insurance status maintain status in client chart and documented in eCOMPAS. This includes Medicaid, Medicare, and employer-based health insurance programs.</p>	
	<b>Documentation required at initial eligibility determination and for once a year/12-month recertification.</b>	<b>Documentation required at eligibility recertification.</b>

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<p style="text-align: center;"><b>INSURANCE STATUS</b></p>	<p><b>Clients with Insurance:</b></p> <ul style="list-style-type: none"> <li>Obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS.</li> </ul> <p><b>Clients without Insurance:</b></p> <ul style="list-style-type: none"> <li>Document steps taken to ensure insurance is not available; <b>AND</b></li> <li>Document steps taken to screen client for Medicaid benefits; <b>OR</b></li> <li>Documentation of Medicaid denial; <b>OR</b></li> <li>If the client is employed but without insurance, the client will need to provide proof that they have no access to insurance from their employer (Letter from employer; or Personnel handbook that describes benefits).</li> </ul>	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Self-attestation of no change; <b>OR</b></li> <li><b>If the client has lost insurance coverage:</b> <ul style="list-style-type: none"> <li>Document steps taken to ensure insurance is not available (e.g. Cobra); <b>AND</b></li> <li>Document steps taken to screen client for Medicaid benefits; <b>OR</b></li> <li>Documentation of Medicaid Denial.</li> </ul> </li> <li><b>If the client has gained insurance coverage</b>, obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS.</li> </ul>
<p style="text-align: center;"><b>CD4 / VIRAL LOAD RESULTS</b></p>	<p>Subrecipient must obtain documentation of most recent CD4/Viral Load laboratory results at least every 6-months to be maintained in client chart and documented in eCOMPAS.</p> <p><b>Documentation required at initial eligibility determination and for once a year/12-month recertification.</b></p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility certification date).</li> </ul> <p><b>For clients who are newly diagnosed.</b></p> <p>Subrecipient is responsible for:</p> <ul style="list-style-type: none"> <li>Obtaining documentation of CD4/Viral Load laboratory test results within 90 days of initial eligibility determination. Documentation of most recent CD4/Viral Load laboratory results to be maintained in client chart and documented in eCOMPAS.</li> </ul>	<p><b>Documentation required at eligibility recertification.</b></p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility recertification date).</li> </ul>

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## Personnel Qualifications

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)

Medical Case Management services will be provided by staff who meet the minimum requirements and qualifications listed in this section.

1. Master of Social Work (MSW), Certified Social Worker (CSW), Licensed Clinical Social Worker (LCSW), Licensed Social Worker (LSW) are preferred; **OR**
2. Bachelor of Social Work (BSW); or other related health or human service degree from an accredited college or university with two years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations; **OR**
3. A Bachelor's degree from an accredited college or university, with four years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations; **OR**
4. Current licensed registered nurse (RN). If licensed, a copy of the most current license must be kept in the personnel file; **OR**
5. An Associate degree from an accredited college, with at least six years of experience working as a RWHAP non-medical case manager, HIV diagnosed populations, chronic illness populations, or underserved populations; **OR**
6. A high school (HS) diploma or General Education Diploma (GED) with at least eight-years of experience working as a RWHAP non-medical case manager, HIV diagnosed populations, chronic illness populations, or underserved populations.

All Medical Case Managers must complete yearly, a minimum training regimen that includes at least 8 continuing education units (CEUs). If CEUs are not attainable, prior authorization for alternate training sources must be approved by the Recipient prior to enrollment in training. CEUs may include, but are not limited to, the following areas:

1. HIV case management standards; **AND/OR**
2. AIDS Drug Assistance Program requirements; **AND/OR**
3. Health Insurance Premium and Cost Sharing Assistance programs; **AND/OR**
4. HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training); **AND/OR**
5. Cultural competency training; **AND/OR**
6. Medicaid, Medicare, and Marketplace training/updates; **AND/OR**
7. Health education, risk-reduction, and harm reduction; **AND/OR**
8. STI prevention strategies, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP); **AND/OR**
9. Access to and knowledge of all RWHAP core and support services in the TGA; **AND/OR**
10. Access to and knowledge of non-RWHAP funded services that ensures that the RWHAP remains the payer of last resort.

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## Quality Management Outcomes and Quality Assurance Measures

(HIV/AIDS Bureau Policy Clarification Notice #15-02, Updated 11/30/2018)

In addition to the system-wide Service Standards applicable to all RWHAP Part A and Minority AIDS Initiative (MAI)-funded subrecipients, the following program specific Service Standards apply to Medical Case Management Services subrecipients. These Service Standards are an essential component of the Bergen-Passaic Quality Management program to inform the on-going monitoring and evaluation of RWHAP Part A and MAI-funded medical case management subrecipients by the City of Paterson Ryan White Grants Division Office (Recipient). Full compliance with these Service Standards is expected for RWHAP Part A funded subrecipients that have contracts with the City of Paterson, Ryan White Grants Division.

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</li> <li>i. If yes, did the client have a HIV viral load test with a result &lt;200 copies/mL at the last test? (Y/N)</li> </ul>	NONE	90%
	Denominator			
HRSA/HAB Performance Measure: Prescription of HIV Antiretroviral Therapy (NQF#: 2033)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of client, regardless of age, with a diagnosis of HIV prescribed ARV therapy for the treatment of HIV infection during the measurement year.	Number of clients from the denominator prescribed HIV ARV therapy during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</li> </ul>	NONE	90%
	Denominator			



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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, was the client prescribed HIV ARV therapy during the measurement year? (Y/N)		
<b>HRSA/HAB Performance Measure: HIV Medical Visit Frequency (NQF#: 2079)</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	Number of clients who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.  <b>Denominator</b> Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, did the client have at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 24-month measurement period.	90%
<b>HRSA/HAB Performance Measure: Gap in HIV Medical Visits (NQF#: 2079)</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of clients who did not have a medical visit in the last 6 months of the measurement year.  <b>Denominator</b>	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 12-month measurement period.	90%

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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, did the client have at least one medical visit in the last 6 months of the measurement year? (Y/N)		
<b>HRSA/HAB Performance Measure: Medical Case Management: Care Plan</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year.	<p>Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.</p> <p><b>Denominator</b></p> <p>Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</p> <p>i. If yes, is there a medical case management care plan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N)</p>	<p>1. MCM clients who initiated MCM services in the last six months of the measurement year.</p> <p>2. MCM patients who were discharged from MCM services prior to six months of service in the measurement year.</p>	90%
<b>HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had an assessment of services needs in the measurement year.	<p>Number of clients in the denominator with an assessment of service needs in the measurement year.</p> <p><b>Denominator</b></p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</p>	NONE	90%

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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, did the client have a MCM assessment of service needs in the measurement year? (Y/N)		
<b>HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had documentation of coordination of services required to implement the care plan in the measurement year.	Number of clients in the denominator with documentation of coordination of services required to implement the care plan in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)                             <ul style="list-style-type: none"> <li>i. If yes, is there a medical case management care plan developed? (Y/N)</li> <li>ii. If yes, is there documentation of coordination of services to implement the care plan? (Y/N)</li> </ul> </li> </ul>	NONE	90%
	<b>Denominator</b>			
<b>Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of subrecipient medical case management staff who met the minimum requirements and qualifications listed in personnel qualification section of the medical case management service standard.	Number of subrecipient staff in the denominator who met the minimum requirements and qualifications listed in personnel qualification section of the medical case management service standard in the measurement year.	1. Is the MCM staff listed on the subrecipient budget or budget modification during the measurement year? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did MCM staff meet the minimum qualifications listed in personnel qualification section of the medical case management service standard? (Y/N)</li> </ul>	NONE	100%
	<b>Denominator</b>			

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		Number of subrecipient staff listed on the RWHAP Part A and MAI budget for the measurement year.		
<b>Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of new medical case management clients, regardless of age, with a diagnosis of HIV who had an assessment of services needs completed within 5-business days of intake/enrollment into medical case management services in the measurement year.	<p>Number of new MCM clients in the denominator with an assessment of service needs within 5-business days of intake/enrollment in MCM services in the measurement year.</p> <p><b>Denominator</b></p> <p>Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</p> <p>i. If yes, is the client new to case management in the measurement year? (Y/N)</p> <p>ii. If yes, did the client have a MCM assessment within 5 days of intake in the measurement year? (Y/N)</p>	NONE	90%
<b>Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.</b>				
<b>Performance Measure/ Description</b>	<b>Numerator</b>	<b>Data Element</b>	<b>Exclusions</b>	<b>Goal</b>
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a completed biopsychosocial assessment in the measurement year.	<p>Number of MCM clients in the denominator with a completed biopsychosocial assessment in the measurement year.</p> <p><b>Denominator</b></p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)</p>	NONE	90%

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		Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, did the client have a completed biopsychosocial assessment in the measurement year? (Y/N)		
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.					
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal	
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a completed acuity score in the measurement year.	Number of MCM clients in the denominator with a completed acuity score in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, did the client have a completed acuity score in the measurement year? (Y/N)	NONE	90%	
	Denominator				Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.					
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal	
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a completed discharge summary in the measurement year.	Number of MCM clients in the denominator with a completed discharge in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)	1. MCM client continues enrollment in services.	90%	
	Denominator				

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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, did the client have a completed discharge summary? (Y/N)		
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a completed discharge summary within 30 days of discharge from services in the measurement year.	Number of MCM clients in the denominator with a completed discharge summary within 30 days of discharge from services in the measurement year.	2. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, did the client have a completed discharge summary? (Y/N) ii. If yes, is the discharge summary completed within 30 days of discharge from services in the measurement year? (Y/N)	NONE	90%
	Denominator			
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a completed discharge summary documenting discharge for meeting goals and objective of the medical case management program in the measurement year.	Number of MCM clients in the denominator who had a completed discharge summary documenting discharge for meeting goals and objective of the medical case management program in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a completed discharge summary? (Y/N) i. If yes, did the client have a completed discharge summary documenting discharge for	NONE	90%
	Denominator			

# MEDICAL CASE MANAGEMENT SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



	Number of medical case management clients, regardless of age, with a diagnosis of HIV who were discharged from MCM services in measurement year.	meeting goals and objective of the medical case management program in the measurement year? (Y/N)		
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV, who had a completed discharge summary for no contact or MCM services in 90 days in the measurement year.	Number of MCM clients in the denominator with a completed discharge summary for no contact or MCM services in 90 days in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did the client have a completed discharge summary? (Y/N)</li> <li>i. If yes, did the client have a completed discharge summary for no contact or MCM services in 90 days in the measurement year? (Y/N)</li> </ul>	NONE	90%
	Denominator			
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV, who had a completed discharge summary for no contact or MCM services in 90 days, had three contact attempts	Number of MCM clients in the denominator with a completed discharge who had three attempts to contact client prior to discharge in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, did the client have a completed discharge summary? (Y/N)</li> </ul>	NONE	90%
	Denominator			

# MEDICAL CASE MANAGEMENT SERVICE STANDARD

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PATERSON-PASSAIC COUNTY-BERGEN COUNTY  
HIV HEALTH SERVICES PLANNING COUNCIL

	documented prior to discharge in the measurement year.	Number of medical case management clients, regardless of age, with a diagnosis of HIV who were discharged from MCM services for no contact or MCM services in 90 days in measurement year.	i. If yes, is there three attempts to contact client documented prior to discharge? (Y/N)												
Bergen-Passaic TGA RWHAP Part A Program Monitoring Standards for Medical Case Management services.															
<b>Performance Measure/ Description</b>															
<table border="1"> <thead> <tr> <th data-bbox="142 532 730 573">Performance Measure/ Description</th> <th data-bbox="730 532 1087 573">Numerator</th> <th data-bbox="1087 532 1585 573">Data Element</th> <th data-bbox="1585 532 1864 573">Exclusions</th> <th data-bbox="1864 532 2001 573">Goal</th> </tr> </thead> <tbody> <tr> <td data-bbox="142 573 730 1068">Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had no contact or MCM services in 90 days, had a certified letter mailed to the client's last known address prior to discharge in the measurement year.</td> <td data-bbox="730 573 1087 1068"> <p>Number of MCM clients in the denominator with a completed discharge who had documentation of a certified letter sent to client prior to discharge in the measurement year.</p> <p><b>Denominator</b></p> <p>Number of medical case management clients, regardless of age, with a diagnosis of HIV who were discharged from MCM services for no contact or MCM services in 90 days in measurement year.</p> </td> <td data-bbox="1087 573 1585 1068"> <p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, does the client have a completed discharge summary? (Y/N)</p> <p>i. If yes, is there documentation of a certified letter prior to discharge? (Y/N)</p> </td> <td data-bbox="1585 573 1864 1068"> <p>1. MCM clients who opted to not receive mail from subrecipient.</p> </td> <td data-bbox="1864 573 2001 1068">90%</td> </tr> </tbody> </table>						Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had no contact or MCM services in 90 days, had a certified letter mailed to the client's last known address prior to discharge in the measurement year.	<p>Number of MCM clients in the denominator with a completed discharge who had documentation of a certified letter sent to client prior to discharge in the measurement year.</p> <p><b>Denominator</b></p> <p>Number of medical case management clients, regardless of age, with a diagnosis of HIV who were discharged from MCM services for no contact or MCM services in 90 days in measurement year.</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, does the client have a completed discharge summary? (Y/N)</p> <p>i. If yes, is there documentation of a certified letter prior to discharge? (Y/N)</p>	<p>1. MCM clients who opted to not receive mail from subrecipient.</p>	90%
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal											
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Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal											
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# MEDICAL CASE MANAGEMENT SERVICE STANDARD

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	<p>Jersey Disease Intervention Services in the measurement year.</p>	<p>Number of medical case management clients, regardless of age, with a diagnosis of HIV who were discharged from MCM services for no contact or MCM services in 90 days in measurement year.</p>	<p>i. If yes, was the client referred to EIS, Outreach, and DIS in the measurement year? (Y/N)</p>		
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# MEDICAL CASE MANAGEMENT SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

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## Clients' Rights and Responsibilities

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Services will be provided to all eligible RWHAP clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law. Subrecipients providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

## Clients' Charts, Privacy, and Confidentiality

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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 consumers Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, eCOMPAS database.

## Cultural and Linguistic Competency

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Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

## Client Grievance Process

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Each subrecipient must have a written grievance procedure policy in place which provides for the 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 included in the client's record.

## Case Closure Protocol

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Each subrecipient providing services must have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client.