

# **Ryan White Part A Quality Management**

## **Supportive (Non-Medical) Case Management Service Delivery Model**

**Palm Beach County**

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# **Ryan White Part A Quality Management**

## **Supportive (Non-Medical) Case Management Model**

### **Statement of Intent**

All Ryan White Part A funded providers are required by contract to adhere, at a minimum, to the Florida HIV/AIDS Case Management Operating Guidelines.

### **Service Definition**

Case Management (Non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. Excludes: determining/re-determining clients' eligibility.

### **Provider Definition**

Case managers that meet the staff qualifications documented within the Florida HIV/AIDS Case Management Operating Guidelines.

### **Provider Training Recommendation**

Case managers must complete annual trainings as described in the Florida HIV/AIDS Case Management Operating Guidelines.

## Standards of Care

Standard	Indicator	Data Source
<p>1. Agency complies with standards of applicable staff qualifications.</p>	<p>1.1 Supportive Case Managers are not required to meet criteria listed for Comprehensive Case Manager. For example, an eligibility worker whose position does not require the same educational requirements as Comprehensive Case Managers can provide supportive case management.</p> <p>1.2 Supervisors must meet comprehensive CM qualifications and: must have related experience in providing case management services; routinely review and approve case management records; provide routine support and supervision to case managers; provide interim staff for vacancies and staff on leave; and supervisory experience is preferred but not required.</p>	<p>1.1 Documentation in Personnel File</p> <p>1.2 Documentation in Personnel File</p>
<p>2. Case managers will have awareness of the field of HIV/AIDS/STI case management.</p>	<p>2.1 Case managers will receive, within 6 months of hire, the following required training : annual confidentiality w/attestation signed by staff person; initial agency orientation including job duties and responsibilities, agency policies and procedures; introduction to applicable local, state, and federal resources (includes ADAP, AICP, and HOPWA programs); basic and advanced information on HIV/AIDS (501); DOH sponsored case management training; code of ethics including cultural diversity and professional boundaries</p> <p>Additional recommended trainings include: mental health, substance abuse, Medicaid, Medicare (includes Part D), HIV treatment and trends, medical terminology, lab interpretation, documentation, AETC training, local resources.</p>	<p>2.1 Documentation in Personnel File</p>

<p>3. Case manager conducts brief intake/enrollment screening within two weeks of referral and conducts updates as needs change or annually.</p>	<p>3.1 Case manager will complete brief intake/enrollment documentation, which includes: Basic information</p> <ul style="list-style-type: none"> <li>• Notice of Eligibility</li> <li>• Confidentiality</li> <li>• Other current health care and social service providers, including other CM providers</li> <li>• Presenting problem</li> <li>• Contact and demographic information</li> <li>• Language choice</li> </ul> <p>Overview of status of needs regarding</p> <ul style="list-style-type: none"> <li>• HIV/AIDS disease, other medical concerns, access, and adherence to other health care services</li> <li>• Substance abuse</li> <li>• Mental health</li> <li>• Housing</li> <li>• Food/clothing</li> <li>• Finances/benefits</li> <li>• Transportation</li> <li>• Legal services</li> <li>• Domestic violence</li> </ul> <p>3.3 Obtain appropriate confidentiality releases.</p> <p>3.4 Client meets program eligibility per Notice of Eligibility.</p>	<p>3.1 Intake forms and documentation</p> <p>3.3 Documentation of signed releases</p> <p>3.4 Eligibility determination forms</p>
<p>4. Upon completion of brief intake/enrollment screening, client is enrolled in a comprehensive or supportive case management program.</p>	<p>4.1 Case Manager will determine appropriate case management model.</p> <ul style="list-style-type: none"> <li>• Client's level of need is ascertained</li> <li>• Services are explained</li> <li>• Readiness and interest in CM are assessed.</li> <li>• Client is enrolled in model most suited to his/her needs.</li> </ul> <p>4.2 Program capacity is evaluated.</p> <ul style="list-style-type: none"> <li>• Program has caseload capacity.</li> </ul>	<p>4.1 Brief Intake and Enrollment Screening Form in client file</p> <p>4.2 Consent forms in client file</p> <p>4.3 Brief Intake and Enrollment Screening Form in client file</p> <p>4.4 Referrals noted in progress</p> <p>4.5 Referrals noted in progress</p>

	<ul style="list-style-type: none"> <li>• Program has capacity to meet clients' cultural and linguistic needs.</li> <li>• Program service level and staff qualifications and/or expertise meet the client's needs.</li> </ul> <p>4.3 Clients are enrolled in comprehensive or supportive case management within the agency or referred appropriately.</p> <ul style="list-style-type: none"> <li>• Consent for case management services is obtained.</li> <li>• Client signs all required forms and releases, if necessary.</li> </ul> <p>4.4 For providers who are not able to provide level or type of case management services necessary for client (where applicable):</p> <ul style="list-style-type: none"> <li>• Agency refers the client to another case management program.</li> <li>• Referral to another case management program occurs within 5 business days after determination of appropriate level of care.</li> <li>• Referring agency follows up and verifies with client that placement was appropriate and client is receiving service.</li> </ul> <p>4.5 Agency has referral arrangements with local case management providers to ensure diverse needs of clients are met.</p> <p>4.6 Agencies providing both models of case management:</p> <ul style="list-style-type: none"> <li>• Are able to identify which clients receive comprehensive or supportive case management.</li> <li>• Are able to report total number of clients served in either model.</li> <li>• Have a process to move clients between models.</li> </ul>	<p>4.6 CAREWare caseload reports</p>
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<p>5. Upon initial brief intake/enrollment screening, client is informed of their rights and responsibilities.</p>	<p>5.1 All clients have the right to be treated respectfully by staff, and the client's decisions and needs should drive services.</p> <p>5.2 Agencies must develop a written Client Rights and Responsibilities Statement that is reviewed with each client, signed by the client, and a copy provided to the client during the intake or assessment process.</p> <p>5.3 Agencies can reserve the right to refuse services to clients who are verbally or physically abusive to staff, or who possess illegal substances or weapons on agency property.</p> <p>5.4 The Client Rights and Responsibilities should be posted in an area accessible to the public.</p>	<p>5.1 Client Rights and Responsibilities in client file</p> <p>5.2 Client Rights and Responsibilities form in client file</p> <p>5.3 Documentation in client file</p> <p>5.4 Site visit documentation on monitoring tool</p>
<p>6. Upon initial brief intake/enrollment screening, client is informed of the grievance policy.</p>	<p>6.1 The grievance procedure must include:</p> <ul style="list-style-type: none"> <li>• Staff responsible</li> <li>• Required documentation</li> <li>• Review process</li> <li>• Time frames</li> <li>• Maintenance of confidentiality</li> <li>• Process for advising consumer and staff of outcome</li> <li>• Appeals process</li> </ul> <p>6.2 New clients are to be informed of the grievance policy and procedures during the initial intake and as necessary.</p> <p>6.3 Provider grievance policy must be posted in area accessible to the public.</p> <p>6.4 Written documentation that client received grievance policy must be in client file.</p>	<p>6.1 Client grievance procedure documented in client file</p> <p>6.2 Documentation in client file of policy</p> <p>6.3 Site visit documentation on monitoring tool</p> <p>6.4 Documentation in client file of policy</p>
<p>7. All client records/files will be neatly maintained and organized.</p>	<p>7.1 All client records will contain at a minimum the following documentation:</p> <p>a. Brief intake</p> <p>b Current Notice of Eligibility</p>	<p>7. 1 Documentation in client file</p> <p>7.2 Progress notes in client file</p> <p>7.3 Confidentiality releases in client</p>

	<p>c. Case closure (if applicable)</p> <p>7.2 Detailed case notes documenting activities. Memory recall is not an option. All activities must be documented in client file.</p> <p>7.3 Confidentiality forms (if applicable).</p> <p>7.4 Other documentation an agency deems appropriate.</p>	<p>file</p> <p>7.4 Documentation in client file</p>
<p>8. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition.</p>	<p>8.1 Closed cases include documentation stating the reason for closure and a closure summary.</p> <p>8.2 Supervisor signs off on closure summary indicating approval.</p> <p>8.3 Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff.</p>	<p>8.1 Case Closure Form in client file</p> <p>8.2 Case Closure Form in client file</p> <p>8.3 Documentation in progress notes</p>