

# ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES

## CASE MANAGEMENT

### **Purpose**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered.

### **Definitions**

**Medical Case Management** is a range of client-centered services that link clients with health care, psychosocial, and other services. Coordination and follow-up of medical treatments are components of Case Management. Services ensure timely, coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Case Management includes treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS regimens. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes all types of case management, including face-to-face meetings, phone contact, and any other forms of communication. (Health Services and Resources Administration, HIV/AIDS Bureau).

**Non-Medical Case Management** is also a range of client-centered services that link clients with health care, psychosocial, and other services, however the focus is not on adherence or following up specifically on medical treatments. Key activities may also include coordination of services, development of an abbreviated Individualized Service Plan, provision of self management education and support services, and monitoring and evaluation of the client's needs. It also includes all types of case management contacts, including face-to-face meetings, phone contact, and any other forms of communication.

Case Management may also include client-specific advocacy and/or review of utilization of services. Case Management services must be provided by a professional with a BSW or other social service field or a Georgia registered professional nursing license; an MSW is preferred. Case Managers or Providers of medical and non-Case Management services must also have 1-2 years experience in the field of social work/case management or similar field.

### **Standards Development Process**

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the Case Management Task Force and meetings with the Ryan White Part A Grantee.

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### **Application of Standards**

These standards apply to any agency receiving Part A funds to provide Medical Case Management services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

### **Mental Health, Substance Abuse and Case Management Standardized Screening Questions**

The screening process includes standardized Case Management, Mental Health and Substance Abuse that all agencies must use if receiving Part A funds to provide Primary Care, Substance Abuse, Mental Health or Case Management services. The purpose of the questions is to provide a uniform way to identify consumers who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

### **Grievance Process**

If a grievance is filed after the screening process and it is unable to be resolved by the agency grievance person, the client shall receive an assessment, not a second screening. If a grievance is filed after the assessment process and it is unable to be resolved by the agency grievance person, the client shall receive a second assessment completed by a different Case Manager.

### **Acknowledgements**

Fulton County would like to thank all of the EMAs that shared their standards, as well as the members of the Case Management Task Force who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/state/federal agency</li> </ul>
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Physical agency safety <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal and/or termination of services</li> <li>✓ Personnel <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio</li> </ul> </li> <li>✓ Client/Parent/Guardian Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Site visit</li> </ul>
E. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> <li>• Site visit</li> </ul>
F. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.	<ul style="list-style-type: none"> <li>• Site visit</li> </ul>

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<b>II. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Case Managers are trained and knowledgeable about HIV/AIDS and current resources.	<ul style="list-style-type: none"> <li>● Personnel records</li> </ul>
B. Case Managers have appropriate skills, relevant experience and licensure to provide Case Management services to people living with HIV. All Case Managers are properly trained and meet the staff qualifications for Case Managers as defined in the introduction to this document. All Case Managers will comply with the National Association of Social Worker's Code of Ethics.	<ul style="list-style-type: none"> <li>● Resumes in personnel records</li> <li>● Personnel and training records</li> <li>● Documentation in chart with Case Manager's signature stating they have read, understood and will abide by the code of ethics</li> </ul>
C. Agency staff administering screening questions must have completed training for using the Case Management screening tool.	<ul style="list-style-type: none"> <li>● Training records</li> </ul>
D. Case Managers shall receive a minimum of 1 hour of monthly supervision by someone with a Master's degree or higher.	<ul style="list-style-type: none"> <li>● Personnel records</li> </ul>
E. Case Managers will participate in at least 6 hours of education/training annually.	<ul style="list-style-type: none"> <li>● Training/education documentation in personnel files</li> </ul>
F. Ideally, Case Managers will not manage caseloads of more than 75 active clients at a time. Periodically, the Planning Council will determine whether this caseload can be decreased to obtain the overall goal of 50 active clients per Case Manager. Annually, the Grantee will report to the Priorities Committee on the average Case Manager's caseload in the EMA.	<ul style="list-style-type: none"> <li>● Site visit</li> </ul>
<b>III. Access to Services</b>	
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> <li>✓ Proximity to community</li> <li>✓ Proximity to mass transit</li> <li>✓ Proximity to low-income individuals</li> <li>✓ Proximity to underinsured/uninsured individuals</li> <li>✓ Proximity to individuals living with HIV</li> </ul>	<ul style="list-style-type: none"> <li>● Site visit</li> </ul>
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> <li>● Policy on file</li> </ul>
C. Agency demonstrates the ability to provide culturally and linguistically appropriate Case Management services according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> <li>● Personnel and training records</li> <li>● Site visit</li> <li>● Client satisfaction survey</li> </ul>
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> <li>● Client satisfaction survey</li> <li>● Existence of Consumer Advisory Board</li> </ul>

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<b>IV. Eligibility Determination/Screening</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon initial contact with client, agency will determine if client meets criteria for emergency needs, as detailed in their policy and procedures.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum: <ul style="list-style-type: none"> <li>✓ Proof of HIV status</li> <li>✓ Proof of income</li> <li>✓ Proof of residency</li> <li>✓ Proof of active participation in primary care or documentation of the client's plan to access primary care               <ul style="list-style-type: none"> <li>• At least 1 visit with a primary care provider every 6 months</li> <li>• For affected children &lt;4, at least 1 primary care visit within 12 months</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Policy on file</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
C. Clients are informed of the client confidentiality policy and grievance policy at first face to face contact.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
D. New and re-enrolling clients receive standardized screening questions during a face to face contact from an appropriate staff immediately following eligibility determination.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
E. Agencies will inform clients of their screening disposition in writing, specifically whether or not they are being referred for a Case Management assessment or are going to be self-managed.	<ul style="list-style-type: none"> <li>• Client record with client signature stating understanding of assigned level and implications for Case Management services</li> </ul>
F. Clients who disagree with their screening disposition will have an appointment with the identified agency grievance staff person within 72 hours.	<ul style="list-style-type: none"> <li>• Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person</li> </ul>
G. Self-managed clients will be rescreened within 5 business days of the client reporting emergent needs that will have serious, immediate consequences for the client if those needs are not met.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

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<b>V. Assessment</b>			
A. A Case Management assessment will be scheduled to occur within 5 business days of receiving the screening referral.	<ul style="list-style-type: none"> <li>● Client Record</li> </ul>		
B. The Case Manager will inform the client in writing of their Case Management assessment disposition.	<ul style="list-style-type: none"> <li>● Client record</li> </ul>		
C. Clients who disagree with their assessment disposition will have an appointment with the identified agency grievance staff person within 72 hours.	<ul style="list-style-type: none"> <li>● Client record - if client disagrees with the assessment disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person.</li> </ul>		
<b>VI. Case Managed</b>			
A. Case Management enrollment will be conducted with a new client who is determined to be case managed within 10 business days of a completed assessment.	<ul style="list-style-type: none"> <li>● Client record</li> <li>● Agency client data report consistent with funding requirements</li> </ul>		
B. Case Managers shall assess and document that clients are not receiving duplicate Case Management services at any other agency.	<ul style="list-style-type: none"> <li>● Client record</li> </ul>		
C. Complete Individualized Service Plan (ISP) at intake. An appropriate ISP must include behavioral goals, action steps and a timeline for each of the following areas as applicable: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>✓ Income</li> <li>✓ Medical</li> <li>✓ Medications</li> <li>✓ Adherence</li> <li>✓ Insurance</li> <li>✓ Housing</li> <li>✓ Legal</li> <li>✓ Risk reduction</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>✓ Food/nutrition</li> <li>✓ Mental health</li> <li>✓ Social support</li> <li>✓ Substance abuse</li> <li>✓ Clothing</li> <li>✓ Transportation</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>✓ Income</li> <li>✓ Medical</li> <li>✓ Medications</li> <li>✓ Adherence</li> <li>✓ Insurance</li> <li>✓ Housing</li> <li>✓ Legal</li> <li>✓ Risk reduction</li> </ul>	<ul style="list-style-type: none"> <li>✓ Food/nutrition</li> <li>✓ Mental health</li> <li>✓ Social support</li> <li>✓ Substance abuse</li> <li>✓ Clothing</li> <li>✓ Transportation</li> </ul>	<ul style="list-style-type: none"> <li>● Client record with a signed and dated ISP</li> <li>● Documentation from client that he/she received a copy of their ISP</li> </ul>
<ul style="list-style-type: none"> <li>✓ Income</li> <li>✓ Medical</li> <li>✓ Medications</li> <li>✓ Adherence</li> <li>✓ Insurance</li> <li>✓ Housing</li> <li>✓ Legal</li> <li>✓ Risk reduction</li> </ul>	<ul style="list-style-type: none"> <li>✓ Food/nutrition</li> <li>✓ Mental health</li> <li>✓ Social support</li> <li>✓ Substance abuse</li> <li>✓ Clothing</li> <li>✓ Transportation</li> </ul>		
D. A client's ISP should be reevaluated and updated in face to face interviews. These interviews will occur at least every 6 months. Clients who accomplish their goals and graduate to being self-managed will no longer be case managed by a case manager and will be provided with appropriate referrals and documentation and/or referred to a self management program as noted in the service coordination section of these standards.	<ul style="list-style-type: none"> <li>● Client record</li> <li>● Client satisfaction survey</li> </ul>		
E. Case managed clients will have direct contact with their Case Managers every month. Direct contact is defined as phone interaction (messages left do not qualify) or face to face contact.	<ul style="list-style-type: none"> <li>● Client record</li> <li>● Agency client data report consistent with funding requirements</li> </ul>		

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<p>F. A client may be terminated from receiving Case Management services for any of the following reasons:</p> <ul style="list-style-type: none"> <li>✓ Death</li> <li>✓ Client request</li> <li>✓ Client no longer residing within the Atlanta EMA</li> <li>✓ Client no longer an active participant in Primary Care</li> <li>✓ Client earns over 300% of the Federal Poverty Level</li> <li>✓ Client's actions put the agency, staff, or other clients at risk</li> <li>✓ Client learns to be self-sufficient and no longer requires intensive Case Management interventions</li> <li>✓ Client fails to contact the agency for a period of 6 months despite at least 3 aggressive attempts to contact the client by the Case Manager. Contacts should be of the following type:             <ol style="list-style-type: none"> <li>1. Call to client</li> <li>2. Letter to client</li> <li>3. Call to healthcare provider of record</li> </ol> </li> <li>✓ Client does not provide updated income and residency verification despite 3 aggressive attempts to contact the client by the Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> <li>• Policy on file</li> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
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<b>VII. Service Coordination-Self Managed</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Clients who were determined to be self-managed will be provided with the following services as appropriate and available in the EMA:</p> <ul style="list-style-type: none"> <li>✓ Referral to a Self Management Program</li> <li>✓ Referral to ADAP/Health Insurance Continuation Specialist if necessary</li> <li>✓ Client resource packet (i.e. containing contact numbers for the Georgia Infolines, peer counseling, the on-call Case Manager, etc.)</li> <li>✓ Key Contacts and/or African-American Outreach Initiative Resource Book</li> <li>✓ Self Management session with knowledgeable personnel to ensure the client understands the information being presented. This session should at a minimum:               <ul style="list-style-type: none"> <li>• Address the presenting problem</li> <li>• Explain the Self Management program and its benefits and make a referral if client is interested</li> <li>• Teach clients how/when to report changes that would affect their status</li> <li>• Make them aware of ongoing support for self-managed clients (e.g. support groups, Consumer Caucus, etc.)</li> </ul> </li> <li>✓ Referral to a Peer Counselor</li> </ul>	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> <li>• Client record</li> </ul>
<p>B. Case Managers will maintain a list of current resources pertaining to HIV care and related issues.</p>	<ul style="list-style-type: none"> <li>• Site visit</li> </ul>
<p>C. Case Managers will provide client a choice of referrals to address gaps in their support network.</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<p>D. A referral form will be provided for clients to utilize in the Ryan White Part A system. For case managed clients, the form will be provided by the Case Managers. For self-managed clients, the form will be provided by the agency completing the screen.</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<b>VIII. Self Managed</b>	
<b>Standard</b>	
<p>A. An initial enrollment session will be conducted with the Self Managed client within 10 business days of referral.</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<p>B. A short-term 60-day plan will be developed to address short term needs. (Clients with housing, financial assistance, MH, SA, income/employment issues, or other</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

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complex medical/social issues, etc. must be referred to a Case Manager to addressed)	
C. Self Managed clients will be provided with access to educational workshops	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Workshop attendance listing</li> </ul>
D. Self Management Provider will not manage caseloads of more than 125 self managed active clients at a time.	<ul style="list-style-type: none"> <li>• Site Visit</li> <li>• Caseload roster</li> </ul>
<b>IX. Clients' Rights and Responsibilities</b>	
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
B. Grievance policy exists.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Legal/medical consultation policy</li> </ul>
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	<ul style="list-style-type: none"> <li>• Client record initialed by client</li> </ul>