

MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

HRSA Description (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
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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).

HRSA Program Guidance

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 should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Baltimore EMA Guidance

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Programs should make every effort to ensure biopsychosocial assessments are completed within 30 days. The initial care plan should be developed within 60 days following the biopsychosocial assessment, and should be updated every six months thereafter.

Qualifications

Competencies, Knowledge, and Skills	Evaluation/Documentation
<p>Services are provided by a licensed professional (registered nurse, social worker, or physician) in accordance with COMAR 10.09.32 Targeted Medical Case Management for HIV-Infected Individuals.</p>	<p>A copy of the current license must be available upon request.</p>
<p>Staff persons should demonstrate knowledge, competencies, and skills in the following areas:</p> <ul style="list-style-type: none"> • Ability to complete a biopsychosocial assessment; • Ability to assess an individual’s psychosocial needs and goals, and make appropriate referrals; • Ability to assess eligibility for health insurance and drug assistance programs (e.g. Medicaid, Medicare Part D, MADAP, Patient Assistance Programs, Qualified Health Plans, etc.); • Ability to enroll clients in health insurance and drug assistance programs and/or make appropriate referrals to individuals with knowledge and expertise in health insurance navigation and enrollment; • Ability to provide information that empowers individuals and communities to take charge of their health, health care, and health care coverage (e.g. understanding lab results, understanding insurance information such as deductibles, copays, explanation of benefits, etc.); • Knowledge of treatment adherence interventions (e.g. pillbox, calendar reminders, apps used to track regimen, etc.); • Competency in the delivery of behavioral change models (e.g. Harm Reduction, Motivational Interviewing, Stages of Change, etc.); and • Knowledge of referral sources, particularly for HIV medical care 	<p>Demonstrated competencies, knowledge and skills must be available upon request (e.g. participation in training, formal supervisory review, direct observation, case review, etc.)</p> <p>Documentation of biopsychosocial assessment; care plan/s; referrals and follow-up; appointment outcomes related to the plan of care; case closure; and all client interactions</p>