

New York State Department of Health
AIDS Institute

Issuance of Revised AIDS Center Program Standard 17- Case Management

The AIDS Institute is issuing the attached document to clarify the Department of Health's current expectations for case management services in its licensed Designated AIDS Centers. The new disease paradigm and consideration of the financial constraints hospital-based programs now face dictates issuance of updated standards that may be consistently applied and reviewed across all DAC programs.

This document contains DAC-specific case management standards and replaces Standard 17 of the 1993 DAC Program Standards (DOH Memorandum 93-25). The existing regulations in 10NYCRR, Section 405.22 (g) & (i) continue as the foundation of the AIDS Center program, and the intent of Standard #17, last revised in 1993, remains. The revised Standard 17 document that follows should be used in conjunction with the newly released *AIDS Institute Standards for HIV/AIDS Case Management 2006* (copy attached). The *AIDS Institute Standards for HIV/AIDS Case Management 2006* is also available at www.health.state.ny.us/diseases/aids/standards/casemanagement/index.htm.

Summary of Significant Changes to Standard 17

- The revised standard includes a defined set of requirements for Medical Care Coordination and Case Management Program Operations.
- References to Multi-disciplinary Care Team and Coordination are included under "Medical Care Coordination."
- Reassessment timeframes have changed.
- Each DAC is required to provide, at a minimum, full medical care coordination (as defined) for each of its patients, as well as Supportive Case Management.
- The revised Standard 17 recognizes that there are and will continue to be a significant number of patients who require a more intensive case management engagement defined as comprehensive case management. The DAC is responsible for coordinating with community case management partners (frequently a COBRA program) to provide comprehensive case management services for patients with multiple and complex needs.

STANDARD # 17: CASE MANAGEMENT STANDARDS FOR AIDS CENTERS

The AIDS Center is required to ensure that each patient receives case management services. The case management requirements are described below, and encompass:

- Medical care coordination;
- Outpatient case management;
- Inpatient case management; and
- Case management program operations.

I. MEDICAL CARE COORDINATION

Requirement: All AIDS Center patients must receive documented medical care coordination as defined below and assistance in accessing needed services. Documentation should include evidence of information exchange among care providers and with community-based case managers, when appropriate.

Discussion

Medical care coordination is an essential component of HIV primary care and maintaining patients in care. Medical care coordination focuses on the clinical services of HIV primary and specialty care. Core functions include coordination of inpatient and outpatient care, and referrals to and coordination with specialists. For inpatients this includes connecting newly diagnosed patients to HIV specialists in the community if appropriate. For outpatients, medical care coordination ensures that an HIV+ patient receives associated services such as nutritional assessments, substance use and mental health assessments and referrals, treatment adherence support, prevention education, and partner notification. It also includes follow-up on referrals and missed appointments, and conferencing between clinical and community-based case managers.

II. OUTPATIENT CASE MANAGEMENT

A. INTAKE/ASSESSMENT

Requirement: AIDS Center staff must assess each outpatient for case management needs and identify the level of service needed. (See *AIDS Institute Standards for HIV/AIDS Case Management 2006, Brief Intake and Assessment Process, Section 4, I.*)

Discussion

For any new AIDS Center patient, the outpatient case manager conducts an initial brief intake to identify immediate needs or crises and then attempts to address them. DAC staff should complete a comprehensive assessment of medical and psychosocial needs by the end of the initial comprehensive medical examination. For current patients who have been hospitalized, the outpatient case manager reviews the inpatient record for any changes, which may impact the patient's case management needs.

Based on the total assessment and a patient's willingness to accept and engage in case management services, a determination should be made of the patient's need for supportive or comprehensive case management services. (See *AIDS Institute Standards for HIV/AIDS Case Management 2006, Selection of Case Management Model and Placement, Section 4, II*). This assessment must determine whether available in-house support systems are sufficient, or if a community-based case manager is needed to engage the patient in care and to supplement the resources available at the DAC.

B. PROVISION OF CASE MANAGEMENT SERVICES

Requirement 1: For patients requiring case management, AIDS Center staff must provide at a minimum Supportive Case Management services as defined in the *AIDS Institute Standards for HIV/AIDS Case Management 2006*.

Discussion

AIDS Center staff should identify patients with supportive case management needs and develop a Brief Service Plan to address them. The Brief Service Plan should assign specific staff responsibilities and project dates for completion of specific tasks and include a plan to monitor progress.

- The service plan always should be made in consultation with the patient or his/her designated advocate. Family and other collateral support systems should be engaged in reaching service goals.
- Patients who identify a community case manager already assisting them should have a service plan developed in partnership with the community case manager to assure appropriate coordination of services.

Requirement 2: The DAC must ensure that patients with multiple and complex psychosocial/health related needs receive comprehensive case management. Patients who are assessed by the DAC to be in need of comprehensive case management services shall be considered for referral to COBRA or other community case management programs.

Discussion

If the DAC is sufficiently staffed to meet the specific comprehensive case management needs of a patient, the DAC may provide comprehensive case management services following the standards set forth in the *2006 AIDS Institute Standards for HIV/AIDS Case Management*.

Comprehensive case management with a community partner

The successful coordination with a community case management partner (most frequently a COBRA program) depends largely on developing policies and procedures for sharing responsibility, clearly defining respective staff responsibilities, scheduling case conferences and reassessments, and monitoring of the shared service plan.

Effective partnerships and requisite coordination of care requires that community case management agencies share progress on a patient's service plan with the DAC multi-disciplinary care team. Reciprocally, DAC staff should provide appropriate medical and psychosocial updates that will help community case managers support the patient's service plan objectives including adherence and secondary prevention. This exchange of information should be done in accordance with procedures jointly developed by the DAC Administrator and the Director of the COBRA or other comprehensive case management program.

C. MONITORING AND PERIODIC REASSESSMENT

Requirement 1: The DAC must be able to identify all patients receiving case management. For all patients receiving case management, including those referred to community based case management services, the DAC must document the monitoring of progress of the service plan objectives and receipt of services.

Requirement 2: Patients receiving case management should be reassessed at least every 180 days. All DAC patients, including those who may have refused case management services must be reassessed during their annual comprehensive medical visit and whenever there is a significant change in the patient's needs.

D. CRISIS INTERVENTION

Requirement: The DAC is responsible for assuring that crisis intervention services are provided when needed. Crisis interventions should be documented and information regarding these interventions should be exchanged with other providers as appropriate.

III. DAC INPATIENT CASE MANAGEMENT

A. INTAKE/ASSESSMENT

Requirement: On first admissions, an intake and assessment of medical and psychosocial needs and available support systems shall be conducted. On readmissions, a reassessment should be completed to update service needs, available support systems and information concerning other case managers to be consulted.

Discussion

At a minimum the assessment should identify mental health and substance use issues, housing stability, safety concerns and the potential need for referral to alternative residential settings prior to discharge.

B. DISCHARGE PLANNING

Requirement: DACs must document in the patient record discharge planning, coordinated through the case manager that is in compliance with all applicable Department rules and regulations.

Discussion

Discharge case management should plan for the patient's post-hospital needs, which may include medical follow-up, home health care, personal care and homemaker services, adult day care, nursing facility care, hospice, residential living services and specialized services for children and families.

Discharge planning includes all activities necessary to arrange needed services for the patient, including completion of any necessary applications for services, contacting agencies and scheduling first date of service and follow-up to ensure delivery of services post-discharge. For patients with an identified community case manager, information concerning patient discharge needs should be shared.

C. CRISIS INTERVENTION

Requirement: The DAC is responsible for assuring that crisis intervention services are provided when needed. Crisis interventions should be documented and information regarding these interventions should be exchanged with other providers as appropriate.

IV. CASE MANAGEMENT PROGRAM OPERATIONS

A. CASE MANAGEMENT STAFFING

Requirement: Facilities must staff the case management program sufficiently to be consistent with DOH Medicaid reimbursement requirements and the staffing standards established by the AIDS Institute.

Discussion

The expected caseload per case manager is 14-20 for DAC inpatient case management and 75-225 for outpatient case management depending on the mix of patients with supportive and comprehensive case management needs. Although some patients will not require or accept case management services, DAC staffing must be sufficient to meet assessment and reassessment requirements for all patients, crisis

intervention needs and all other requirements of this standard. Case management staffing ratios should be specified in the AIDS Center's Policy and Procedure Manual or in a written staffing plan. The AIDS Institute shall periodically review the sufficiency of DAC on-site case management staffing.

Case management records should evidence that the DAC has sufficient numbers of social workers and/or case managers to deliver appropriate levels of case management services either in-house or by coordination with a COBRA or other community based case management agency.

B. ACCOUNTABILITY AND SUPERVISION

Requirement: In all cases it is the responsibility of the AIDS Center Administrator, in consultation with the AIDS Center Medical Director and the AIDS Center Social Service Supervisor to ensure the delivery of the appropriate intensity and level of case management services to all AIDS Center patients and to ensure that its case managers coordinate these services across inpatient, outpatient and community-based settings.

C. CONFIDENTIAL SHARING OF PATIENT INFORMATION

Requirement: Each DAC case management program must have policies, in compliance with HIPAA and Article 27F of the New York State Public Health Law (HIV Confidentiality Law), protecting the confidentiality of all protected and HIV-related information shared or received in the course of providing patient case management services.

Discussion

Written procedures must detail how information will be transferred between inpatient and outpatient case management staff and with community programs. Case management staff should have accessible private locations in which to conduct confidential interviews, counseling sessions and telephone contacts. AIDS Centers are encouraged to make adequate space available for all case management staff.

D. COORDINATION WITH COMMUNITY CASE MANAGEMENT PROGRAMS

Requirement: DACs must have policies and procedures detailing the communication, exchange of information, case conferencing and other coordination processes between the DAC case management staff and the community-based case management staff. Patient records must evidence such coordination.

E. QUALITY IMPROVEMENT COMMITTEE

Requirement: Case management activities must be included in the DAC Quality Improvement Committee's work and should be periodically reviewed for their success in achieving outcomes that support the Center's treatment and retention goals.