

**Measuring Outcomes for Medical Case Management across CARE ACT Parts A, B, C, & D and statewide**

	<b>Part A</b>	<b>Part B</b>	<b>Part C</b>	<b>Part D</b>
<b>Performance measures or outcomes that are being measured in each organization or planning body*</b>	<ul style="list-style-type: none"> <li>▪ Annually</li> <li>▪ Quarterly</li> <li>▪ Biannually</li> <li>▪ Client level outcomes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annually</li> <li>▪ Client level outcomes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annually</li> <li>▪ Quarterly</li> </ul>
<b>Capacity to collect measures and outcomes data</b>	<ul style="list-style-type: none"> <li>▪ QM program (grantee)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4 contract monitors</li> <li>▪ 1 data analyst</li> </ul>	<ul style="list-style-type: none"> <li>▪ Grantee</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 contract monitor</li> <li>▪ 1 analyst</li> </ul>
<b>How data is collected (including software used) and how data is compiled within each Part or agency</b>	<ul style="list-style-type: none"> <li>▪ Chart review</li> <li>▪ SPSS Aggregate reports from provider</li> </ul>	<ul style="list-style-type: none"> <li>▪ URS quarterly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Careware</li> <li>▪ HIVQUAL</li> <li>▪ URS</li> <li>▪ PECS</li> </ul>	<ul style="list-style-type: none"> <li>▪ HIVQUAL (training component)</li> <li>▪ URS</li> <li>▪ Chart review</li> </ul>
<b>How data is being used</b>	<ul style="list-style-type: none"> <li>▪ Standards</li> <li>▪ System improvements</li> <li>▪ Reporting</li> <li>▪ Setting baseline</li> <li>▪ Planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ QM</li> <li>▪ Improvements</li> <li>▪ Reporting</li> <li>▪ Setting baseline</li> </ul>	<ul style="list-style-type: none"> <li>▪ QM</li> <li>▪ Improvements</li> <li>▪ Reporting</li> <li>▪ Baseline</li> <li>▪ Funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ QM</li> <li>▪ Improvements</li> <li>▪ Reporting</li> <li>▪ Baseline</li> <li>▪ Funding</li> <li>▪ Planning</li> </ul>

- Note: Hartford is moving to client level data
- Notes for outcomes: Outcomes should be measured within a specified period of time; it is understood that all standards and measures refer to Ryan White funded agencies/staff.

I. Administration Core MCM Standard	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
<p>I.1 All provider agencies who offer medical case management services must have a client record system that collects and maintains information about client demographics, assessments, services plans, treatment/services provided, client response to services, updates, treatment goals, etc., that conforms to the information required by the funding Part.*</p> <p>* Process in place to obtain client release and proper documentation</p>	<ul style="list-style-type: none"> <li>Agency system</li> </ul>	<ul style="list-style-type: none"> <li># agencies that have a client record system</li> </ul>	<ul style="list-style-type: none"> <li># agencies funded by RW Part</li> </ul>	<ul style="list-style-type: none"> <li>100 % of agencies have comprehensive client record system that meet requirements for each Part</li> </ul>		<input type="checkbox"/>
<p>I.2 Contents of the client record shall be protected within the parameters of State and federal laws. Record retention expectation is seven years.</p>	<ul style="list-style-type: none"> <li>Agency policies &amp; procedures</li> </ul>	<ul style="list-style-type: none"> <li># agencies that protected client records</li> </ul>	<ul style="list-style-type: none"> <li>Total # of funded agencies</li> </ul>	<ul style="list-style-type: none"> <li>100 % have policy &amp; procedure manual that protects client records in a secure location and are retained for a minimum of seven years</li> </ul>		<input type="checkbox"/>
<p>I.3 Client's right to privacy will be safeguarded and respected in accordance with federal and state laws, including private interview area.</p> <ul style="list-style-type: none"> <li>Communication made on the client's behalf (including face to face information sharing) should safeguard the client's right to privacy (1.4 has been combined with 1.3)</li> </ul>	<ul style="list-style-type: none"> <li>Client record/ electronic data base</li> <li>Policies &amp; procedures (Grievance log) &amp; rights &amp; responsibility form</li> </ul>	<ul style="list-style-type: none"> <li># client records protected (within database)</li> <li># of client records with signed form</li> <li># of clients who submitted grievance</li> </ul>	<ul style="list-style-type: none"> <li>Total # of records reviewed (or within database)</li> <li>All clients served by agency</li> <li>All clients served by agency</li> </ul>	<ul style="list-style-type: none"> <li>100 % signed HIPPA and client release of information form</li> <li>100% of clients have safeguarded privacy (location of information sharing?)</li> <li>100% client grievances followed grievance procedure according to agency policies &amp; procedures</li> </ul>		<input type="checkbox"/>

2. MCM Roles & Responsibilities	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
2.1 Maintain a professional relationship with the client	<ul style="list-style-type: none"> <li>Client record</li> <li>Agency policies &amp; procedures</li> </ul>	<ul style="list-style-type: none"> <li># of clients with signed rights and responsibilities document</li> <li># of agencies that have policies on maintaining professional relationships</li> </ul>	<ul style="list-style-type: none"> <li>All clients</li> <li>All agencies</li> </ul>	<ul style="list-style-type: none"> <li>Signed client rights and responsibilities document</li> <li>Agency, federal and state policies &amp; procedures on privacy are available to staff, client and routinely updated.</li> </ul>		<input type="checkbox"/>
2.2 Protect the oral, written and electronic confidentiality of the client.  • No measure needed for 2.3	<ul style="list-style-type: none"> <li>Agency system / HIPAA</li> <li>Staff files</li> </ul>	<ul style="list-style-type: none"> <li># of agencies with locked records &amp; password protected</li> <li># of staff files with signed agreements</li> </ul>	<ul style="list-style-type: none"> <li>All agencies</li> <li>Total staff files</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records are locked and/or protected under HIPAA</li> <li>100% confidentiality agreements are signed by staff person</li> </ul>		<input type="checkbox"/>
2.4 Inform the client of agency and grievance policies and procedures.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of records with signed client rights &amp; responsibilities form</li> </ul>	<ul style="list-style-type: none"> <li>Total number of client records</li> </ul>	<ul style="list-style-type: none"> <li>100% client records with signed rights &amp; responsibilities forms</li> </ul>		<input type="checkbox"/>
2.5 Conduct an intake that includes all necessary information to link and retain Ryan White eligible clients to care.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of records with initial client assessment</li> </ul>	<ul style="list-style-type: none"> <li>Total number of client records</li> </ul>	<ul style="list-style-type: none"> <li>100% client records will contain initial client assessment</li> </ul>		<input type="checkbox"/>
2.6 Conduct on going care planning, including re-evaluation and updating.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li>1) # of client records with medical assessment performed every 3 months 2) with eligibility &amp; support services assessment performed every 6 months,</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records contain medical assessment</li> <li>100% client records contain eligibility &amp; support services assessment access</li> </ul>		<input type="checkbox"/>

2. MCM Roles & Responsibilities	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
2.7 Monitor client's progress to meeting established goals of care.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of client records with established goals and updated care plan and progress notes</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records contain established goals and updated care plan and progress notes</li> </ul>		<input type="checkbox"/>
2.8 Coordinate referrals and track linkages and outcomes of clients to other core medical and support services to support access to and retention in care	<ul style="list-style-type: none"> <li>Referral logs (client records / data collection system)</li> <li>Progress notes (data collection system)</li> </ul>	<ul style="list-style-type: none"> <li># of clients <b>linked with referred services</b></li> <li># of agencies documenting referrals via appropriate data base or progress notes</li> </ul>	<ul style="list-style-type: none"> <li>All client referrals</li> <li>All agencies</li> </ul>	<ul style="list-style-type: none"> <li>100% of <b>referral linkages will be tracked</b></li> <li>100% of agencies document referrals in appropriate data base and/or progress notes</li> </ul>		<input type="checkbox"/>
2.9 Actively participate in team meetings or case conferences (for your clients) to sustain retention in care and/or to improve your client's quality of life as evidenced by updated information in the client chart.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of client records documenting case conferencing or team meeting participation</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records will document case conferences or team meeting participation</li> </ul>		<input type="checkbox"/>
2.10 Participate in training as mandated by Parts A, B, C, D baseline for new Case Managers and annually. See training components.	<ul style="list-style-type: none"> <li>Staff file/ letter or certificate of attendance</li> </ul>	<ul style="list-style-type: none"> <li># of staff files documenting mandated training</li> </ul>	<ul style="list-style-type: none"> <li>All staff files</li> </ul>	<ul style="list-style-type: none"> <li>100% of case managers participate in mandated training relegated by RW program</li> </ul>		<input type="checkbox"/>

3. Eligibility for and Assessment of Service Delivery Needs	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
3.1 The medical case manager will determine eligibility for services.	• Client record	• # of records documenting eligibility	• All records	• 100% of records will contain eligibility documentation		<input type="checkbox"/>
3.2 All Ryan White services that are not covered by Title XIX or another medical insurer must have evidence of documentation to indicate that the service(s) provided was not an allowable service under the health plan.	• Client record	• # of records with documentation of services not covered by other insurers	• All records	• 100% of records will show documentation of services not covered by other insurers		<input type="checkbox"/>
3.3 The medical case manager must secure documentation of the client's HIV status prior to providing services.	• Client Record	• # of records with providing documentation of client HIV status	• All records	• 100 % of records show documentation of client's HIV		<input type="checkbox"/>
3.4 The medical case manager will conduct a face-to-face assessment of the client's needs as outlined in the MCM standards.	• Client Record	• # of records documenting face to face assessments	• All records	• 100% of records contain documentation of face to face meetings		<input type="checkbox"/>
3.5 The assessment should be reviewed with the client as evidenced by the completed service plan.	• Client Record	• # of records documenting completed service plan review	• All records	• 100% of records document service plan review with the client		<input type="checkbox"/>
3.6 All clients who request or are referred for HIV medical case management services will be contacted within two (2) business days after a referral has been received. Every effort should be made to meet with a client within ten (10) business days and complete the intake information	• Client record	• # of clients who are contacted within two days post referral and 10 business days to complete intake information	• All clients • All clients	• 100% of clients are contacted within two days post referral • 100% of clients are contacted within 10 business days to complete intake information		<input type="checkbox"/>

4. Care Plan	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
4.1 The MCM will develop a Care Plan with the client and the client's healthcare team to ensure that the identified medical and support service needs are addressed for every client	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of clients with comprehensive care plan</li> </ul>	<ul style="list-style-type: none"> <li>All clients</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients will have a comprehensive care plan</li> </ul>		<input type="checkbox"/>
4.2 Case managers must ensure that all client needs are identified and prioritized so that the most important services for clients are made available as soon as possible. Plans should be client centered and informed by the client assessment.	<ul style="list-style-type: none"> <li>Client assessment and training curriculum</li> </ul>	<ul style="list-style-type: none"> <li># of assessments that identify and prioritize client needs</li> </ul>	<ul style="list-style-type: none"> <li>All client assessments</li> </ul>	<ul style="list-style-type: none"> <li>100 % of client assessments contain identified and prioritized needs</li> </ul>		<input type="checkbox"/>
4.3 A Care Plan should be completed within ten (10) business days of the first face to face meeting with the client.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of records documenting completed care plan within 30 business days of initial intake</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients will have a completed care plan with 30 business days of initial intake.</li> </ul>		<input type="checkbox"/>
4.4 Core Services in the Care Plan are reviewed every three months (3) and full eligibility, financial, and support services every six (6) months.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of records documenting core service review every 3 months and eligibility &amp; support services review every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records show care plan review of:                             <ol style="list-style-type: none"> <li>1. Core services every 3 months</li> <li>2. Eligibility/support services every 6 months</li> </ol> </li> </ul>		<input type="checkbox"/>
4.5 The Care Plan should be signed by the case manager developing the plan and by the client. The client's signature confirms that the client understands the plan (if the client does not sign the Care Plan, document reason in the client's Progress Note)	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of care plans signed by case manager and client</li> </ul>	<ul style="list-style-type: none"> <li>All care plans</li> </ul>	<ul style="list-style-type: none"> <li>100% of care plans will be signed by case managers and clients</li> <li>100% of care plans not signed by the client will have accompanying progress note</li> </ul>		<input type="checkbox"/>

5. Progress Notes	Source of Data	Numerator	Denominator	Outcome Measure & Goal	Comments	Approve
5.1 A progress note must be done on a client at least monthly- that includes adherence, medical progress, etc.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of client records with progress notes updated monthly</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records will have progress notes updated monthly</li> </ul>		<input type="checkbox"/>
5.2 The case manager will document the progress on meeting the goals addressed in the Care Plan in the client's record.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of client records documenting progress on meeting client goals</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records will have documentation of client progress on stated goals</li> </ul>		<input type="checkbox"/>
5.3 The person making the progress note entry must use his/her full legal name and title. The entry must also be dated and time, title and credentials within five (5) days after an interaction with the client.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of client records with progress notes containing                             <ul style="list-style-type: none"> <li>Name / title/credentials</li> <li>Date/time within 5 days of client interaction</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of progress notes will be made within 5 days of client interaction and contain:                             <ul style="list-style-type: none"> <li>Name / title/credentials</li> <li>Date/time</li> </ul> </li> </ul>		<input type="checkbox"/>
5.4 The case manager will document efforts to contact the client as needed (e.g., to update client information, reassess service care plan, assess completion of referral, etc.)	<ul style="list-style-type: none"> <li>Client Record(teleph one log)</li> </ul>	<ul style="list-style-type: none"> <li># of client records with documented efforts to contact client</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100% of client records will have evidence of all efforts to contact client</li> </ul>		<input type="checkbox"/>
5.5 The case manager should not leave blank spaces within the progress notes.	<ul style="list-style-type: none"> <li>Client Record</li> </ul>	<ul style="list-style-type: none"> <li># of progress notes without blank spaces</li> </ul>	<ul style="list-style-type: none"> <li>All progress notes</li> </ul>	<ul style="list-style-type: none"> <li>100% of progress notes will not have any blank spaces</li> </ul>		<input type="checkbox"/>

<b>6. Confidentiality</b> Confidentiality standards are listed in the training section and measured by the following:	<b>Source of Data</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Outcome Measure &amp; Goal</b>	<b>Comments</b>	<b>Approve</b>
6.1.1 Documentation with signature of client indicating an understanding of and acceptance of the client bill of rights, grievance procedure, must be in place.	<ul style="list-style-type: none"> <li>Client record</li> </ul>	<ul style="list-style-type: none"> <li># of records with signed bill of rights</li> </ul>	<ul style="list-style-type: none"> <li>All client records</li> </ul>	<ul style="list-style-type: none"> <li>100 % of clients will have signed a bill of rights</li> </ul>		<input type="checkbox"/>
<b>7. Training Components</b>	<b>Data Source</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Outcome Measure &amp; Goal</b>	<b>Comments</b>	<b>Approve</b>
7.1 Medical case managers must receive minimum training requirements per Parts A, B, C, D 1 HIPAA 2 Managing HIV Disease 3 Core medical services 4 Client Assessments (including risk categories) 5 Enrollment and Eligibility <ul style="list-style-type: none"> <li>Verification that the client meets the 300% FPL current eligibility requirement must be obtained prior to payment for services</li> </ul> 6 Cultural competency (gender, language, sexual orientation, among others) 7 Categories described in 3.4 (e.g., mental health, substance abuse, entitlements and legal issues, housing) 8 URS 9 Components of Confidentiality training listed below:	<ul style="list-style-type: none"> <li>Agency staff records/training manuals/records of attendance Agency</li> </ul>	<ul style="list-style-type: none"> <li># of medical case managers receiving mandated training (by part) e.g., within 6 mos. or 1 year of hire</li> </ul>	<ul style="list-style-type: none"> <li>All case managers</li> </ul>	<ul style="list-style-type: none"> <li>100% of medical case managers receive required training by Part</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>All clients must be given the opportunity to read, as well as understand, the confidentiality agreements between client and the Part A, B, C or D funded agency.</li> </ul>						
<ul style="list-style-type: none"> <li>The case manager must assure that when a client or the client’s legal guardian signs a <i>Release of Information</i>, the client/legal guardian <i>understands</i> that information from his record will be shared and with whom and for what purpose.</li> </ul>						
<ul style="list-style-type: none"> <li>The client has a right to know for what period of time the disclosure will occur and what safeguards are in place against unauthorized disclosure. Release of information expires after six months.</li> </ul>						
<ul style="list-style-type: none"> <li>From To include at a minimum HIPPA, Managing HIV Disease, Core medical services, Client Assessments (including risk categories), and Enrollment and Eligibility, Cultural competency (gender, language, sexual preference, among others).</li> </ul>						