MIAMI-DADE COUNTY
RYAN WHITE PROGRAM

MEDICAL CASE MANAGEMENT
STANDARDS OF SERVICE

Changes Effective May 1, 2018

(revised 4/30/2018)

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MIAMI-DADE COUNTY
RYAN WHITE PROGRAM
MEDICAL CASE MANAGEMENT STANDARDS OF SERVICE

In addition to the System-wide Standards of Care applicable to all Part A and Minority AIDS Initiative (MAI)-funded providers, the following program specific standards apply to **medical case management providers only**. These standards are an essential component of the Ryan White quality management program and form the basis for on-going monitoring and evaluation of Part A and MAI-funded medical case management providers by the Miami-Dade County Office of Management and Budget-Grants Coordination.

With the exception of staff qualifications *(Standard #1)*, it is not expected that newly contracted organizations be in full compliance with the Medical Case Management Standards of Service at the time of initial contract execution. It is expected, however, that newly contracted service providers read and understand these standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards within the contract year.

The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. However, all providers are also required to maintain full compliance at all times with the standards for documentation of client eligibility *(Standards #4 & #8)*.

Full compliance with these standards is expected for organizations that have continuation contracts under the local Ryan White Program.

Staff Qualifications

Standard #1: All medical case management supervisors, medical case managers and peer counselors shall have adequate education, knowledge, skills and experience to competently serve the HIV/AIDS client population.

Guidelines (1.1 - 1.13):
All medical case management supervisors, medical case managers and peer counselors must meet the qualifications of education and experience required by the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB).

Indicators:

Medical Case Management Supervisors:

(1.1) Master's degree OR Bachelor's degree is required (a degree in a social science, nursing, health administration, or related field, and 5 years of work experience in HIV/AIDS, is preferred).

(1.2) HIV/AIDS and supervisory experience is preferred.

(1.3) Successful completion of a Ryan White Part A Program Medical Case Management Annual Proficiency Certification on required system-wide training within 6 months of the effective date of Service Delivery Information System (SDIS) User Access initiation and every 1 year thereafter (August).[1]

(1.4) For new hires, as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's (SE-AETC) Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. Lessons learned from the SE-AETC training modules will be incorporated into the Part A Annual Proficiency Certification process. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)
IMPORTANT NOTE: Any individual in a supervisory role over Ryan White Program medical case managers MUST comply with all mandated educational requirements, regardless of the amount of supervisory time budgeted to the local Ryan White Part A or MAI Program.

Medical Case Managers*:

(1.5) Bachelor's degree is required (this degree in a social science, nursing, health administration, or related field is preferred, OR a Bachelor's degree not in a social science with 1 year of case management experience is required).

(1.6) Knowledge of HIV/AIDS disease and the Miami-Dade County HIV/AIDS service delivery system is preferred.

(1.7) Successful completion of a Ryan White Part A Program Medical Case Management Annual Proficiency Certification on required system-wide training within 6 months of the effective date of SDIS User Access initiation and every 1 year thereafter (August).[1]

Staff Qualifications (continued)

Medical Case Managers*: (continued)

(1.8) For new hires, as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. Lessons learned from the SE-AETC training modules will be incorporated into the Part A Annual Proficiency Certification process. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)

Peer Counselors:

(1.9) High school degree.
(1.10) Knowledge of HIV/AIDS services.
(1.11) Training on funding streams for HIV/AIDS services and eligibility criteria for these services.
(1.12) Meet the requirements of a Ryan White Part A Program peer as defined in the corresponding, local Ryan White Program Service Delivery Guidelines.
(1.13) For new hires as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)

**Only an individual in a case management position prior to the original effective date of these standards (August 12, 2002) may substitute applicable experience on a year-by-year basis for the required education.*

Data Sources (1.1 - 1.13):
Personnel Files; copies of degrees; documentation, validation of work experience (examples include letters from former employers, documented telephone interviews with former employers); other documentation/notation to support special qualifications (peer, etc.); proof of knowledge about HIV/AIDS services, transcript for the web-based SE-AETC curricula, Ryan White Part A Program Medical Case Manager Proficiency certificate, and/or documentation of agency training on HIV/AIDS services, eligibility for these services, and funding streams.

Training

Standard #2: To ensure the highest level of medical case management services, medical case management supervisors, medical case managers and peer counselors, through initial and ongoing monthly trainings, shall be continuously updated on changes in HIV/AIDS health care, the community-wide service system (services and limitations), community resources, as well as local, state and federal programs in the area.

Guidelines (2.1 - 2.5):
Medical case management supervisors, medical case managers and peer counselors shall comply with all training requirements mandated and approved by Miami-Dade County OMB management.

Indicators:

(2.1) Medical case management supervisors, medical case managers, and peer counselors shall successfully complete 8 hours of face-to-face basic medical case management training provided by BSR QM staff within 120 calendar days of hire.[2] NOTE: The basic/core training must be completed by the new Medical Case Manager before the Medical Case Manager Proficiency Certification test is administered.

(2.2) Medical case management supervisors and lead case managers approved in a supervisory role must attend a total of four mandatory Ryan White Program Medical Case Management Supervisor Trainings facilitated by Behavioral Science Research during the grant fiscal year (to be scheduled in May, August, November, and February). These trainings are full day, 8 hours each, for a total of 32 hours; subject to a proration of the required number of hours depending on the effective date of SDIS User Access initiation (i.e., date of new access to the SDIS). Up to 8 hours of the 32 hours may be substituted with one or more of the following:

- A Ryan White Program-approved training that focuses on access to and quality of HIV services;
- A Ryan White Program-approved training that focuses on HIV Antiretroviral Treatment Adherence, Mental Health and Treatment Adherence, Cultural Competency, HIV-related Stigma, HIV Care Continuum, HIV and Hepatitis C (HCV), Linkage to Care, or Retention in Care;
- A Southeast AIDS Education and Training Center (SE-AETC) sponsored training program; AND/OR
- Other Ryan White Program-approved HIV-related webinars and on-line classes.

Training (continued)

Indicators (continued):

IMPORTANT NOTE: Any individual in a supervisory role over Ryan White Program medical case managers MUST comply with all mandated training requirements, regardless of the amount of supervisory time budgeted to the local Ryan White Part A or MAI Program.

(2.3) Medical case managers and peer counselors must annually complete a total of 6 hours of Ryan White Program-approved medical case management related training.[1,2] The total number of hours is subject to a proration of the required number of hours depending on the effective date of SDIS User Access initiation. The local Ryan White Program's E-learning portal (http://www.learningon-line.com/login) will contain study material from Southeast AIDS Education and Training Center (SE-AETC) webinars, recommended monthly webinars, the Ryan White Program Service Delivery Guidelines and the Medical Case Management Standards of Care, SE-AETC Medical Case Management training curriculum modules, and materials shared during medical case management related trainings.

(2.4) Medical case managers and peer counselors shall maintain all updated materials and lists of resources provided at trainings.

(2.5) Medical case management supervisors, medical case managers, and peer counselors are encouraged to review the 13-module web-based Medical Case Management and Cultural Competency curricula provided by SE-AETC (www.seaetc.com/modules). Information from these modules will be included in the annual Ryan White Part A Program Medical Case Management Annual Proficiency Certification test.

[1] ***Note:*** *Medical case managers will be permitted to prepare for the Ryan White Part A Program Medical Case Management Proficiency Certification at their discretion (i.e., on their own time). The certification must be completed during the month of August. A maximum of 120 units (i.e., 2 hours) may be billed to the Ryan White Program using the Training (TRN) encounter/billing code for the completion of the certification in August* ***only****. This will be counted towards the required* ***6*** *hours of annual training. The TRN code cannot be used to record or bill for completion of the SE-AETC training modules.*

[2] ***Note:*** *HIV/AIDS basic case management training is not part of the* ***6*** *hours training requirement referenced in Indicator 2.3 above.*

Training (continued)

Data Sources (2.1 - 2.5):
Personnel files; proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training; agency training record(s); medical case management training attendance logs as appropriate; quarterly medical case management attendance logs; Ryan White Program Basic Training Certificate; training agendas/materials; on-site inspection/observation.

No Barriers to Service
Standard #3: Client access to medical case management and peer counseling services shall be facilitated in a timely and orderly manner.
Guidelines (3.1 - 3.4): Initial intake and financial eligibility assessment initiated; if client wishes to meet with a peer counselor, an appointment is facilitated.
Indicators: (3.1) Appointment made for intake/financial eligibility assessment. (3.2) Medical case manager assigned. (3.3) Upon client request, a meeting with a peer counselor will take place no later than 5 business days from the date of intake. (3.4) For clients who are new to care, the medical case manager will have documented progress notes detailing issues discussed with and/or actions taken prior to completing a formal intake.
Data Sources (3.1 - 3.4): Record reviews; intake/eligibility forms; progress notes reflecting date(s) of intake/financial eligibility assessment(s); client records reflect name of assigned medical case manager and date of assignment; dated progress notes reflect date(s) of referral OR date of request for service AND service(s) rendered or refused per progress note from peer counselor documenting appointment completed or declined.

Proof of Eligibility and Financial Assessment*
Standard #4: A comprehensive eligibility and financial assessment shall be completed taking into account all funding streams and services for which the client may qualify. The client's education and orientation to the local service delivery system and to client rights and responsibilities shall be initiated.
Guidelines (4.1 - 4.11): Eligibility and financial assessment shall ensure all required documents are present and filed in the eligibility section of the client chart. Documentation of financial and residency eligibility must be appropriate and current (e.g., not more than six months old, unless the document is an annual benefits letter from Medicaid, Social Security Administration, etc.). Clients shall be informed of their right to: confidentiality in accordance with state and federal laws, a choice of providers, an explanation of grievance procedures, privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Clients shall receive a copy of the Client Bill of Rights and Responsibilities.
Indicators: (4.1) Client Chart/Record Face Sheet (every 6 months and when change occurs). (4.2) Composite Consent (includes confidentiality, Client Bill of Rights and Responsibilities, grievance, choice of providers) (once). (4.3) Consent to Release and Exchange Information (SDIS) (once). (4.4) Proof of HIV (once). (4.5) Proof of Income (every 6 months and when change occurs). (4.6) Financial Assessment (every 6 months and when change occurs). (4.7) Current and valid proof of Miami-Dade County residency (once and when change occurs). (4.8) Picture ID (for identification purposes only; once). (4.9) Copy of Social Security Card (if client has Social Security Number) (once). (4.10) Eligibility screening for third party payers (every 6 months and when change occurs). (4.11) Documentation from Social Security Administration (SSA) of client's entitlement status, as appropriate (annually with a notation of "no change" at each 6 month update).

**Eligibility and financial assessment need not be done by a medical case manager. This function may be performed by a trained eligibility clerk or a peer counselor with the appropriate training to conduct a financial assessment and eligibility screening.*

Proof of Eligibility and Financial Assessment* (continued)

Data Sources (4.1 - 4.11):
Record review; all required forms are complete, initialed, dated and signed as appropriate (*See Standard #5, 5.4 - 5.6*); copies of required eligibility documents are present and legible; documentation of eligibility screening for third party payers is present (*See Standard #11, 11.1 - 11.4*)

Comprehensive Health Assessment and Plan of Care

Standard #5: The medical case manager shall develop a comprehensive, individualized Comprehensive Health Assessment and Plan of Care (POC) at the time of intake and every 6 months thereafter at a minimum; orientation and education on the service delivery system shall continue; the client shall be assisted to access timely, appropriate services; medication adherence shall be reinforced and medical information necessary to appropriately serve the client shall be obtained; the POC will include activities related to the coordination and follow-up of the client's medical treatment with clearly identified, measurable goals and timelines.

Guidelines (5.1 – 5.6):

(5.1) A comprehensive health assessment and POC shall be completed for all medical case management clients to include:
- Adherence assessment with appropriate client referrals to existing adherence programs as appropriate;
- Referrals to the University of Miami for pregnant women shall be made within 24 hours of initial contact with the medical case manager.

(5.2) All referrals shall be documented in the POC (*Applies to the referring agency*).

(5.3) The client will be advised of the peer counselor's availability and be scheduled to meet with the peer unless the client refuses.

(5.4) A current Viral Load (VL) lab result (no older than six months old) must be entered or already in the SDIS at the time of each six month reassessment in accordance with the Viral Load Protocol (11/30/2016). A CD4 lab result is optional following the latest U.S. Department of Health and Human Services (DHHS) treatment guidelines. ***NOTE: Billing for Medical Case Management (MCM) and Peer Education and Support Network (PESN) services rendered will not be processed for clients with a missing or outdated (older than 6 months) VL lab result in the SDIS. Once the missing data is entered into the SDIS, the service will be available to be compiled in a bill.***

(5.5) Applications for eligibility under entitlement and benefit programs, including but not limited to Affordable Care Act (ACA) health insurance plans, shall be completed and filed with the appropriate entities.

(5.6) A progress note shall document the comprehensive health assessment and POC.

Indicators:

(5.1) No later than 3 workdays from completion of the eligibility/financial assessment the medical case manager shall complete: a) A Comprehensive Health Assessment, b) a Plan of Care (POC), and c) referrals as appropriate.

(5.2) Referrals documented in the POC will include: a) date and purpose of the referral; b) frequency of the requested service, if applicable; c) provider of the requested service (agency receiving the referral); and d) documentation reflecting follow-up on referrals.

Comprehensive Health Assessment and Plan of Care (continued)

Indicators: (continued)

(5.3) Progress note(s) reflecting the date(s) of appointment(s) with a peer counselor or documentation that an appointment was refused.

(5.4) The medical case manager shall obtain initial baseline test results and semi-annual Viral Load test results; CD4 results optional in accordance with the latest U.S. Department of Health and Human Services (DHHS) treatment guidelines. The results shall be filed in the client record and information (if entered by a medical case manager or peer counselor) entered into the SDIS within 48 hours of receiving the results if not uploaded automatically into the SDIS.

(5.5) Within 45 calendar days of completing the eligibility and financial screening, dated, signed copies of applications, referrals and progress notes reflecting screening and submission of forms, including ACA forms, where applicable are complete and filed

(5.6) Dated, signed progress note corresponding to completion date of POC.

Data Sources (5.1 - 5.6)
Record Review; SDIS Review; completed, dated Comprehensive Health Assessment; completed, dated, signed POC based on needs identified in the Comprehensive Health Assessment; POC; progress notes (*See Standards #6, 6.2 - 6.5; and #11, 11.1 - 11.4*); Lab Test Results Reporting Form[1] or filed lab results.

[1]***Note:*** *The Lab Test Results Reporting form is required for Ryan White Program clients who do not receive outpatient medical care from a Ryan White Part A/MAI Program medical provider.*

Referrals/Follow Up
Standard #6: Medical case managers and peer educators shall follow up on referrals to verify clients are receiving necessary services as documented in the Plan of Care and coordinate their efforts with other service providers to ensure service delivery is as seamless as possible to the client. The client's satisfaction with services received shall be assessed.
Guidelines (6.1 – 6.5): (6.1) The peer counselor shall follow up, either face to face or by telephone, within 1 week of his/her initial meeting with a newly enrolled client. (6.2) Certified referrals between Ryan White Program providers shall be generated electronically through the SDIS using the Ryan White Program Certified Referral form and recertified as appropriate for the service. (6.3) Medication referrals shall note the name of the medication, dosage, strength and quantity, number of refills, name of prescribing physician and reasons for overrides as appropriate. (6.4) Referral follow up for medications and other services shall be done in a timely manner to ensure coordination and benefit of services. All follow up shall be documented in the progress notes. (6.5) All follow up on referrals shall assess the client's satisfaction with the service.
Indicators: (6.1) Dated, signed progress note. (6.2) Ryan White Program Certified Referral. (6.3) POC, SDIS, progress note. (6.4) Progress notes shall reflect follow up on medication referrals no later than 5 workdays from the referral date; referrals for other services followed up no later than 10 workdays from the appointment date or service delivery date. (6.5) Client satisfaction, or lack thereof, documented in progress note.
Data Sources (6.1 - 6.5): Record review; SDIS review; progress notes; Ryan White Program Certified Referrals; POC (*see Standard #5, 5.2)*

Updates to Client Records
Standard #7: Appropriate client contact shall be maintained as needed to monitor the client's personal/medical status. Coordination and follow-up of the client's medical treatment shall be conducted. The efficacy of the Plan of Care (POC) shall be assessed to ensure service needs, goals, objectives, and barriers as noted in the POC are addressed. The Comprehensive Health Assessment and POC will be updated every 6 months or more often as needed.
Guidelines (7.1 – 7.3): (7.1) An update (client contact) shall be documented no less than once every 3 months or more often as client need may dictate. (7.2) Client medical care and compliance shall be monitored to ensure optimal health results. (7.3) Financial eligibility, client chart/record face sheet, comprehensive health assessments and plans of care shall be updated no less than once every 6 months, or more often as client need may dictate per documentation.[1]
Indicators: (7.1) Dated, signed progress note documenting client contact (7.2) The medical case manager shall obtain lab test results semi-annually; the results shall be filed in the client record and the information (if entered manually) be in SDIS within 48 hours of receiving the lab results; medication adherence counseling shall be provided at least twice annually and more often, as needed, per documentation. ***Note: Billing for Medical Case Management (MCM) and Peer Education and Support Network (PESN) services rendered will not be processed for clients with a missing or outdated (older than 6 months) VL lab result in the SDIS. Once the missing data is entered into the SDIS, the service will be available to be compiled in a bill.*** (7.3) Dated and signed as appropriate: - Client Chart/Record Face Sheet - Financial Assessments - Comprehensive Health Assessment and Plans of Care - Progress Notes - Lab results
Data Sources (7.1 - 7.3): Progress notes reflecting client updates, record review, progress notes, filed lab results or electronic lab results, SDIS review, updated forms.

[1]***Note:*** *A six-month reassessment must include, at a minimum, updating the Financial Assessment, the Comprehensive Health Assessment (sections 1-5 and 8), and Plan of Care, as needed. Individual client need may require updating additional sections of the Comprehensive Health Assessment and Plan of Care. A complete assessment process is required once every 12 months.*

Documentation Standards

Standard #8: To ensure consistency and quality of care across the medical case management service system, standardized forms shall be used and uniform standards of documentation shall be followed.

Guidelines (8.1 – 8.9):

(8.1) Standardized forms shall be used; Agencies shall have forms/services available in English, Spanish and French/Creole.

(8.2) Obtain Composite Consent for Enrollment form (includes the Client Bill of Rights and Responsibilities)(once)

(8.3) Obtain Consent to Release and Exchange Information in the SDIS form (once)

(8.4) Obtain Miami-Dade County Notice of Privacy Practices and Outreach Consent form (once)

(8.5) All client contacts shall be documented in the progress notes no later than 24 hours after provision of service. *Notes entered later than 48 hours after provision of service will be automatically rejected by the SDIS and will require a Miami-Dade County override in order to be entered and billed.*

(8.6) All peer counseling and medical case management units of service billed to the Ryan White Program shall be documented in the client chart.

(8.7) Documentation shall accurately record the time services began and ended and number and type of service units provided (e.g., 1 minute = 1 unit).

(8.8) All documentation shall be complete and legible, dated, signed (manual or electronic signature) and include the name and title of the individual who provided the service and made the entry.

(8.9) Progress notes shall be individualized to clearly describe the nature of the interaction or activities conducted on behalf of the client. **A complete reiteration of details already included in the Plan of Care (POC) should not be included in the progress notes.** The following information should be covered in a progress note, as appropriate: reason for interaction with client, client needs, client's unique circumstances, disease status, and the actions taken to address the needs and/or interventions performed on behalf of the client. For example, rather than repeating the detail from the Plan of Care or a Comprehensive Health or Financial Assessment, simply note that a POC or an assessment was completed or updated on that day. Be sure, however, that the POC and the assessments have sufficient detail to manage the client's case. **The use of copy/paste functions is cautioned.**

Documentation Standards (continued)

Indicators:
(8.1) Required SDIS forms are complete, dated and signed as necessary, and filed in the client record.
(8.2) Signed, dated Composite Consent for Enrollment
(8.3) Signed, dated Consent for Release and Exchange of Information in the SDIS.
(8.4) Signed, dated Miami-Dade County Notice of Privacy Practices and Outreach Consent.
(8.5 - 8.7) Signed, dated progress notes documenting time and units (e.g., 11:30 am to 11:58 am, FFE, 28 units).
(8.8 - 8.9) All required forms and progress notes.

Data Sources (8.1 - 8.9):
Record review, SDIS review, SDIS printouts, reimbursement requests.

Quality Assurance/Performance Improvement
Standard #9: Ongoing, systematic record reviews shall be performed with feedback provided to medical case managers resulting in continuously improving quality of service and performance.
Guidelines (9.1 – 9.3): (9.1) Medical case management supervisors shall implement and document ongoing record reviews as part of quality assurance and performance improvement activities. Review tools developed by the Ryan White Program should be used for this when record reviews are conducted; and should be dated and signed by the supervisor. (9.2) Quarterly client care review and/or quality improvement meetings shall be documented. (9.3) Supervisory activities should include consultations with staff and client record reviews. Consultations may be billed to the County using the "Consultation" code (CON). Record reviews may be billed to the County using the "Record Review" code (REV). There is no longer a required number of hours that must be billed for REV or CON. However, documentation must be maintained in the client chart whenever billing for these codes.
Indicators: (9.1) • Internal record reviews conducted on a quarterly basis. • It is recommended that 20 records or 10% (whichever is lower) of the provider's Ryan White Program medical case management client population records are reviewed on a quarterly basis. • Supervisor reviews that documented information is entered in a timely manner, and is complete, legible and appropriate for the client's circumstances. • Dated and signed review tools including client identification information. (9.2) Meeting attendance logs and meeting minutes reflect issues discussed, problems identified, actions for correction and a time frame for completion of same. (9.3) Documented reviews and progress notes reflecting supervisory oversight and discussion with medical case management staff.
Data Sources (9.1 - 9.3): Record reviews by the supervisor, and documentation supporting billing codes for "consultation" (CON) and "record reviews" (REV).

Quality Assurance/Performance Improvement (continued)

Standard #10: The medical case manager shall carry a reasonable case load that allows the medical case manager to effectively plan, provide and evaluate tasks related to client and system of care interventions.
Guidelines (10.1): (10.1) Case loads shall be reviewed between the supervisor and medical case manager to determine and document caseload size.
Indicators: (10.1) Case load reviews: • Case load review at least every 6 months. • For optimal quality of care, an active case load should not exceed 70 clients, not including clients with situational or minor needs such as referrals for transportation vouchers or other non-recurring needs. • For optimal quality of care for clients and supervision of medical case managers, active case loads for medical case management supervisors should not exceed 35 clients.
Data Sources (10.1): SDIS, SDIS case load reports per medical case manager, supervisory logs or records documenting case reviews, case load lists (medical case managers and medical case manager supervisors).

Service Delivery Information System (SDIS)
Standard #11: Service access for clients, data collection and reporting requirements shall be facilitated by requiring all pertinent client data be entered into the SDIS in a timely manner. *(Refer to Standards #4 through #10 and #13.)*
Guidelines (11.1 – 11.4): (11.1) All Ryan White Program intake information shall be entered into the SDIS in a timely manner. (11.2) Financial eligibility shall be completed and entered into the SDIS. (11.3) Comprehensive Health Assessment shall be completed and entered into the SDIS. (11.4) POC information shall be completed and entered into the SDIS.
Indicators: (11.1) Ryan White Program intake information entered into the SDIS at the time of initial contact. (11.2) Financial eligibility, Comprehensive Health Assessments and POCs entered into the SDIS within 48 hours. (11.3) Dated and signed financial eligibility, Comprehensive Health Assessments and POC. (11.4) SDIS print outs.
Data Sources (11.1 - 11.4): Record review, SDIS review.

Advance Directives
Standard #12: The client shall be assisted in developing a legally binding advance directive that is on file in the event of personal incapacitation.
Guidelines (12.1): (12.1) No later than one year from the date of the initial POC completion, the medical case manager will ensure that the client has completed an advance directive and its location is clearly documented; or medical case manager will document that the client refused said service.
Indicators: (12.1) Advance directive to address the client's care and treatment decisions in the event of incapacitation is indicated in the progress notes or POC. In case of refusal, progress note reflects that the client declined to develop an advance directive.
Data Sources (12.1): Record review, SDIS review, POC, progress notes, advance directive, client record face sheet.

Case Closure/Case Transfer
Standard #13: Client records shall be closed with a Case Closure Form; clients who wish to transfer shall be assisted to do so in a timely manner.
Guidelines (13.1 – 13.4): (13.1) Client records shall be closed with a Case Closure Form for clients with no contact for 6 months, or a Case Transfer Form within 10 business days of a request to transfer. (13.2) Clients who wish to transfer shall be assisted to do so. (13.3) Closure/transfer information shall contain an address/phone number/emergency contact where the client may be reached or detail the reason why said information cannot be obtained. (13.4) Case closures and transfers shall be entered into the SDIS.
Indicators: (13.1) Client records shall include a Case Closure Form/Case Transfer Form detailing the reasons for closure or transfer. (13.2) Clients wishing to transfer: • Copies of client records for transfers shall be mailed or be ready for pick up and Case Transfer Forms completed no later than 10 business days from the date of receipt of a written request from the client or client's legal representative. • Prior to releasing information a current Consent to Release and Exchange Information in the SDIS must be in the client record. • Completed Transfer Form. (13.3) Completed Case Closure or Transfer Form. (13.4) Data on case closure/transfer in SDIS within 24 hours of completed case action.
Data Sources (13.1 - 13.4): Record review, SDIS review, progress notes, Case Closure Form/Case Transfer Form, current Consent to Release and Exchange Information in the SDIS

Program Specific Operating Requirements (PS)
Standard PS #1: Medical case management providers must offer both medical case management and peer education and support network services. **Standard PS #2:** Medical case management providers must have trilingual capabilities (English, Spanish, and French/Creole). **Standard PS #3:** Medical case management providers shall ensure the provision of interpreters/assistance to the hearing, vision and reading impaired.
Indicators: (PS #1) Progress notes, reimbursement requests. (PS #2) Staff interviews, observation. (PS #3) Providers shall allocate funds in their budgets to ensure provision of interpreters/assistance to the hearing, vision and reading impaired.
Data Sources: Personnel files, record review, SDIS, observation, agency records, budget review, invoices, administrative review, linkage agreements.