

**MEDICAL CASE MANAGEMENT - Chart Review Data Collection Tool -**

**Mar 1, 06 to Feb 28, 07 (3-1-06 to 2-28-07)**

Site: \_\_\_\_\_

Date: \_\_\_\_\_ Site Count # \_\_\_\_\_

Ct# \_\_\_\_\_ List \_\_\_\_\_ Pt. ID # \_\_\_\_\_ Stage of Illness/CPCDMS \_\_\_\_\_

Status: \_\_\_\_\_ Open/Active \_\_\_\_\_ Monitoring \_\_\_\_\_ Independent \_\_\_\_\_ Closed \_\_\_\_\_ Closure Date \_\_\_\_\_

1. Does client meet eligibility criteria for medical case management as defined in the standards of care?
2. Is there a signed and dated consent form in the client's record?
3. Is there a signed receipt of the agency's grievance procedure in the client's record?
4. . Is there a signed receipt of Clients Rights and Responsibilities in the client's record?
5. . Is there a signed current Release of Information form in the client's record?
- 5a. Does the Release of Information contain all elements identified in the Standards of Care? 1. Yes 2. No
6. Did the initial case management contact with the client or referring agent occur within one (1) working day of receiving case assignment?

**Comprehensive case management assessment**

- 7a. Was comprehensive case management assessment of client needs completed within 10 working days of initial intake?
1. Yes, it was completed within 10 working days
  - 2. It was completed after 10 working days
  3. No comprehensive assessment was completed. (Go to # 7c)
- 7b. If yes, did the components of assessment include the following (check all that applies)

Assessment Domain	Y	N	NA	Fully Assessed
Housing/Living Arrangements	Y			
Family and Social Support/Spiritual Network				
Children/Dependents				
Cultural Preferences				
Transportation				
Legal				
General Education, Vocation and Literacy				
Benefits/Income				
Medical				
Access to HIV Medications				
Pain management				
Adherence				
Vaccination				
Clinical Trails				
Nutrition/Height and Weight				
Access to Dental Care				
Access to Vision Care				
Access to Hearing Care				
Family Planning/Safer Sex				
Mental Health				
Substance Abuse				
Abuse Needs				
Functional Assessment – Activities of Daily Living				
Home Care				
HIV Education/prevention				
Client Strengths				

Potential Barriers to Services				
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7c If no comprehensive assessment completed, was there a brief assessment and intervention?

1. Yes
2. No
3. NA

7d. If yes, did the client meet criteria for only brief assessment and intervention?

1. Yes
2. No
3. NA

(Note: Clients who have any of the criteria listed for medical case management should receive comprehensive assessment)

7e. Did the brief assessment address all elements of the comprehensive assessment?

1. Yes
2. No
3. NA

7f. If client identified as needing therapy/counseling, was there a comprehensive mental health/substance abuse assessment completed in accordance with professional guidelines?

1. Yes
2. No
3. NA

8a. Is client new to HAART, has had a change in medication regimen or resumed HIV medications within the past twelve months?

1. Yes
2. No
3. NA

8b . If yes, was there a medication readiness assessment completed for client?

1. Yes
2. No
3. NA

8c. Does the client have active diagnosis of the following (check all that apply)?

1. Substance abuse/substance dependence
2. Major depression
3. Bipolar depression
4. Anxiety disorders
5. Personality disorders
6. Other psychotic disorders
7. None of the above

9. If client received comprehensive assessment, was client reassessed every six (6) months?

1. Yes
2. No
3. NA

### Service Plan Development

10a Was an initial service plan developed within 10 working days following the comprehensive/brief client assessment

1. Yes, service plan was developed within ten (10) working days
2. Service plan was developed after 10 working days
3. No service plan developed (Go to #12e)

10b If yes, was the service plan developed in collaboration with the client (signed and dated by the client)?

1. Yes
2. No

10c. Is the service plan signed and dated by the CM?

1. Yes
2. No

10d. Did the service plan address all needs identified in the comprehensive or brief assessment?

- 1 – ALL needs identified in assessment are reflected in service plan
- 2 – SOME needs identified in assessment are reflected in service plan
- 3 – NONE: No needs identified in assessment are reflected in service plan

10e. If readiness assessment was completed, was there a service plan for the needs identified?

1. Yes
2. No (if no go to 11a.)
3. NA

10f. For each of the identified needs in 7b, was there a service plan which included goals, measurable objectives, identified resources, and timelines to accomplish each action?

- 1 ALL: Yes, service plan for each need area had goals, objectives and action steps
2. SOME: Only some areas had goals objectives and action steps
3. NONE: None of the areas had goals, objectives and action steps

**Referrals**

11a For each of the identified needs in 10b, did the service plan include referrals if needed?

1. Referrals were made for all identified needs in the assessment needing referrals
- 2 Referrals were made for some identified needs in the assessment needing referrals
- 3 NONE: No referrals were made for identified needs needing referrals

11b If client received only brief assessment and intervention, were referrals made for all needs identified in the brief assessment tool?

1. Yes
2. Referrals were made for some needs identified
3. None, No referrals made for any need identified
4. NA

11c. Please check each service category for which there was referral in the client’s chart.

Referral Domain	Y	N	NA
a. Housing/Living Arrangements			
b. Family and Social Support/Spiritual Network			
c. Children/Dependents			
d. Cultural Preferences			
e. Transportation			
f. Legal			
g. General Education, Vocation and Literacy			
h. Benefits/Income			
i. Medical			
j. Access to HIV Medications			
k. Pain management			
l. Adherence			
m. Vaccination			
n. Clinical Trails			
o. Nutrition/Height and Weight			
p. Access to Dental Care			
q. Access to Vision Care			
r. Access to Hearing Care			
s. Family Planning/Safer Sex			

t. Mental Health u. Substance Abuse  v. Abuse Needs  w. Functional Assessment – Activities of Daily x. Living y. Home Care z. HIV Education/prevention aa. Client Strengths  ab. Potential Barriers to Services			
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11d. If client has not had a visit with the primary care provider in the first or last six months of the review period, was there a documentation of referral to primary care?

1. Yes
2. No
3. NA

11e. If client has not had a viral load or CD4 test performed within the last six months in the review period, was there a referral made to primary care for these test?

1. Yes
2. No
3. NA

11f. If client had active diagnosis of any of the mental illness/substance abuse related disorders listed in 8c, was there a referral to clinical case management services?

1. Yes
2. No
3. NA

#### Follow-up on Service Plan Goals and Referrals

12a. Is follow-up on each identified need and associated goals in the service plan evident in chart?

- 1 – ALL: all services in service plan have documented F/U
- 2 – SOME: but not all services listed in service plan have documented F/U
- 3 – NONE: no services listed in service plan have documented F/U

12b. Was there a follow-up for each of the referrals made in the service plan?

- 1 – ALL: all referrals the in service plan have documented F/U
- 2 – SOME: but not all referrals listed in service plan have documented F/U
- 3 – NONE: no referrals listed in service plan have documented F/

12c. Was the follow-up for each identified need and associated goals in the service plan done in accordance with agency's policies and procedures?

1. Yes
2. No

12d. Service plan evaluated intermittently according to agency's policy?

1. Yes
2. No

#### Coordination of Services

13a. If client was referred for clinical case management services, was there evidence of coordination of services between primary care provider and clinical case management through case conferences, phone records or evidence or other activities involving coordination of services every three months on clients' record?

1. Yes, there is coordination of services in accordance with agency's policies and procedures

2. There is no evidence of coordination of services.
3. Patient refusal documented in client's record
4. NA

13b. Was there evidence of coordination of services between medical case management, primary care provider and other support services through case conferences, phone records or evidence of other activities involving coordination of services every three months on clients' record.

1. Yes, there is coordination of services in accordance with agency's policies and procedures
2. There is no evidence of coordination of services.
3. Client refusal documented in client's records
4. NA

**Clear Concise progress notes**

14. Are five most recent progress notes that involved face to face contact in the review period, dated and signed, indicated the type of service delivered, indicated the nature and extent of the service and the next steps or future plans

1. Yes, five most recent progress notes for face to face contact met all the above elements
2. No.; No documentation in the most recent five progress notes that involved face-to-face contact, of clear and concise progress notes as defined above

**Client Transfer between Agencies**

15a Was client transferred from another agency?

1. Yes
2. No

15b. If yes, was the client record forwarded to the current agency within five working days.

- 1 Yes
- 2 No
- 3 No documentation

**Stage of illness Update**

16. What is most current documented Stage of Illness of client & date of update? Date of Update: \_\_\_\_\_

- |                        |  |
|------------------------|--|
| 1 - Asymp, CD4 >=500   | 8 - AIDS, CD4 200-499                            |
| 2 - Asymp, CD4 200-499 | 9 - AIDS, CD4 <200                               |
| 3 - Asymp, CD4 <200    | 11 - HIV+ / Status Unknown                       |
| 4 - Symp, CD4 >=500    | 12 - no documentation regarding Stage of Illness |
| 5 - Symp, CD4 200-499  | 99- unknown, unclear                             |
| 6 - Symp, CD4 <200     |  |
| 7 - AIDS, CD4 >=500    |  |

**Case Closure**

17a. Is this a discharged/closed case?

1. Yes
2. No

17b If yes, did the client meet the criteria for case closure/discharge as defined in the medical case management standards?

1. Yes
2. No
3. NA

17c For discharge clients/ closed cases is there a discharge summary completed within three (3) working days?

1. Yes
2. No
3. NA

17d. If yes, does the discharge summary include date and reason for discharge/closure, Summary of all services received by, the client and the client's response to services, referrals made and/or instructions given to the individual at discharge (when applicable)?

1. Yes
2. No
3. NA

**18. Reason documented for closing case:**

1. All goals met / no needs
2. Client continues no show, lack of F/U with CM
3. No reason documented
4. Client becomes self sufficient
5. Death of the client
6. At the client's or legal guardian request
7. Changes in client's need which demands services from another agency
8. Fraudulent claims or documentation about HIV diagnosis by the client
9. Client actions put the agency, case manager or other clients at risk
10. Client moves out of service area, enters jail or cannot be contacted for sixty (60) days.
11. Eligibility expired
12. Client refused to go to drug rehab tx, CM cannot continue to assist client
13. Client is hospitalized: in-patient
14. Client refused service
15. Lack of required documentation
99. Unknown, unclear, contradictory documentation

DRAFT