

**Minnesota  
Department of Human Services**

**HIV/AIDS  
Case Management  
Standards**

**December 2005**

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For further information about the Minnesota HIV/AIDS Case Management Standards, please contact Michelle Sims at 651-431-2406.

# Table of Contents

	<u>Page</u>
Introduction .....	iii
<b>Section One: Client Acuity Assessment and Tiers Case Management</b>	
Tiers of Service.....	5
HIV/AIDS Acuity Assessment.....	6
<b>Section Two: Service Standards</b>	
1. Assessment/Re-assessment.....	9
2. Access to and Coordination with Medical Care.....	10
3. Risk reduction.....	10
4. Education.....	11
5. Culturally Appropriate Care.....	11
6. Service Planning.....	12
7. Referrals.....	12
<b>Section Three: Client Rights Standards</b>	
8. Grievance and Appeals Procedure .....	13
9. Contact Standards .....	14
10. Informed Consent.....	15
<b>Section Four: Agency Standards</b>	
11.Provider Qualifications.....	16
12.Supervision.....	17
13.Documentation .....	18
14.Eligibility and Closing .....	19
15.Quality Assurance .....	21
16.Procedure for Acuity Assessment.....	21
<b>Section Five: Measurement of Case Management Standards.....</b>	
Definitions.....	26

## INTRODUCTION

Case management is the backbone of the HIV services delivery system, being one of the primary means of learning about, and getting help in accessing the social, emotional and medical services vital to persons with HIV. It is, after primary health care, one of the costliest HIV services. In 2000 over 900 people were served through the HIV case management system with a budget of over \$1.7 million.

More than twenty years into the epidemic the number of people living with HIV is rising, the treatment for the disease is increasingly complex, and the demographics of those infected are changing. The HIV services system is responding to these challenges, in part, by providing several types of referral and access services through a variety of agencies. The AIDSLine, brief services, care advocacy and case management, as well as informal systems (support groups, newsletters, public forums, "key informants", etc.) all exist to help people with HIV get connected with services. Other services exist to help meet people's emotional support, prevention services and HIV education needs. Case management is the piece of this system that exists to help people with the most complex and persistent needs.

The standards presented here have grown out of years of experience administering and providing comprehensive HIV case management services to persons living with HIV. The first written standards for HIV case management were produced by the Minnesota Department of Health, AIDS/STD Prevention Services Section under the guidance of a task force of thirteen case managers from several agencies. Over time, other expectations and requirements of case management providers were incorporated in contracts between the State and provider agencies. Other guidances were developed over the years in conjunction with chart reviews.

In July, 2000 administration for the HIV Case Management system was transferred from the MN Department of Health to the MN Department of Human Services, HIV/AIDS Programs Unit. The initial version of the Case Management Standards (2001) was prepared with the input of case managers and other staff from provider agencies. Consumer input was also sought.

In 2005, the HIV/AIDS Case Management Standards Work Group was convened between January and June to update these standards in the context of a tiered case management system. Three Tiers of case management were identified by the work group, based on the intensity of services required by the client and the results of an acuity assessment performed early in the client assessment process.

Each standard has three parts. First, is a description of the standard that includes the rationale and the intent of the standard. Second, there is an explicit description of what is required to meet this standard. It is our intention that this will help decrease confusion on the part of providers and ensure common practices across the system. Finally, each standard includes at least one measurement which an auditor or reviewer can see if the standard is being met.

### ***Why are there HIV case management standards?***

These standards exist to ensure that people with HIV have access to consistent, adequate services and that the public funds which purchase these services and other HIV care are effective and cost-efficient.

The case management system is designed to allow many agencies to provide this service, in the belief that different types of agencies will be better able to meet the needs of diverse populations. Standards ensure that within that diverse system, no matter which agency he or she chooses, a person with HIV will be assured of getting the same basic set of services and those services will be at or above a certain minimum level of quality. Agencies will still differ from one another in that each will enhance services in ways unique to their program, but all agencies will provide the same basic services.

Another reason for there being standards is, in part, as a protection for persons living with HIV who are usually in a very vulnerable position when they seek case management services. The standards look out for the basic rights of people who are often not in a strong position to do so for themselves.

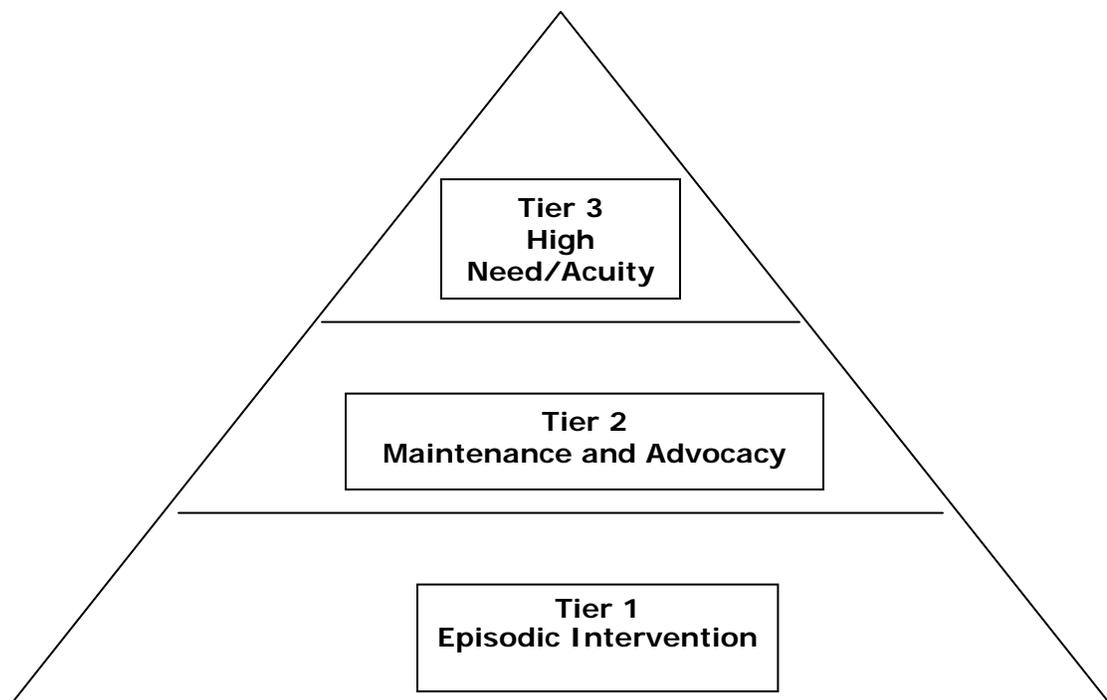
Finally, case management is not a "stand-alone" service, in that it functions as a gateway to many other services. One role of case management is to facilitate the effective and efficient use of all the resources in the care system. Case management standards exist, in part, to ensure that case management services are indeed integrated with the rest of the services system and that "management" function of the service is not short-changed.

It is important to remember that standards always describe a minimum level of service. Any agency is free to exceed these standards, as they always have. Some clients will be seen more frequently than the standard, some services will be delivered more quickly than required, some providers will have far more education and experience than the standard, etc.

As always, those agencies which fund case management services acknowledge and congratulate those agencies and individuals who have provided excellent case management services to Minnesotans with HIV. We look forward to our continuing partnership in creating and sustaining an outstanding system for providing high quality, compassionate, vital services that support persons with HIV as they continue to live productive lives with dignity and hope.

**HIV/AIDS Programs  
MN Department of Human Services  
August, 2005**

# Tiers of HIV/AIDS Case Management



## Examples of Case Management services by Tier of Service

### **Tier 3- High Need/Acuity:**

Assessment—Reassessment  
Consistent Face to Face Visit  
Multiple referrals/follow-up  
Lots of coordination of medical care  
Insurance issues  
Culturally Appropriate  
CD/ MH issues

Regular communication with medical Service Plan  
Emotional Support  
Client & Case Manager Initiated  
Prevention of Positives/Risk Reduction  
Monthly Telephone Contact  
In-person contact every 2 months

### **Tier 2- Maintenance/Advocacy:**

Episodic Crisis  
Prevention/Risk Education  
Safety Net service referrals  
Client initiated  
Verify HIV medical care  
Referrals/follow-up

Clients come to case manager  
Prevent lapse in care/coverage  
Complete CLRS Form  
Brief History Progress Note  
Quarterly Telephone Contact  
In-person contact every 6 months

### **Tier 1- Episodic Intervention:**

Stable housing, employment  
Occasional need for specific services  
Prevention education/Risk Reduction  
Verify Access to Medical Care  
Re-assess annually

HIV/AIDS Case Management Acuity Assessment conducted with each client to determine the Tier of Case Management Services to be provided.

**Minnesota Department of Human Services  
HIV/AIDS Program (07/05)**

**HIV/AIDS Acuity Assessment**

This form is completed at assessment and re-assessment to assist case managers in planning, coordinating and documenting services for persons with HIV infection. The initial assessment should be completed within six (6) months of initial intake. During assessment/reassessment, score each category with the points that reflect the client's status for that date. Total points and identify the Tier (Tier 1,2,3) of service the client needs for this case management period. Please keep original in client chart/file.

**Client Name:** \_\_\_\_\_ **Record Number:** \_\_\_\_\_

Category	3 points Tier 1	2 points Tier 2	1 point Tier 1	Date:	Date:	Date:
				CM:	CM:	CM:
<b>1. Health Status</b>	<ul style="list-style-type: none"> <li>Poor health</li> <li>Debilitating HIV symptoms</li> <li>Diagnosed in past year</li> </ul>	<ul style="list-style-type: none"> <li>Short-term acute condition</li> <li>Receiving care</li> <li>Health status changing</li> </ul>	<ul style="list-style-type: none"> <li>Stable health</li> <li>Asymptomatic</li> </ul>			
<b>2. Coordination/ Access to Medical Care</b>	<ul style="list-style-type: none"> <li>Crisis care</li> <li>Frequently missed appointments or needs intensive follow-up for education/treatment</li> </ul>	<ul style="list-style-type: none"> <li>Needs primary care referral</li> <li>Needs update/follow-up for care/treatment issues</li> </ul>	<ul style="list-style-type: none"> <li>Regularly attends appointments</li> <li>Requires minimal follow-up</li> </ul>			
<b>3. HIV Medical Care</b>	<ul style="list-style-type: none"> <li>Does not have an HIV medical provider</li> </ul>	<ul style="list-style-type: none"> <li>Has HIV medical provider and has not seen provider in last 6 months</li> </ul>	<ul style="list-style-type: none"> <li>Has an HIV medical provider and saw provider in last 6 mo</li> </ul>			
<b>4. Mental Health</b>	<ul style="list-style-type: none"> <li>MH is not adequately managed</li> </ul>	<ul style="list-style-type: none"> <li>Hx of mental illness and managing adequately</li> </ul>	<ul style="list-style-type: none"> <li>Stable mental health</li> </ul>			
<b>5. Addictions</b>	<ul style="list-style-type: none"> <li>Current addictive use/behavior.</li> <li>Clean/sober but high risk of relapse.</li> </ul>	<ul style="list-style-type: none"> <li>Past problems with addictions</li> <li>History of relapse</li> </ul>	<ul style="list-style-type: none"> <li>No difficulties with addictions (alcohol, sex, drugs, gambling)</li> </ul>			
<b>6. Risk Reduction</b>	<ul style="list-style-type: none"> <li>Engaging in significant risk behavior</li> <li>Little/no understanding of risk</li> <li>Has significant MH, CD or other factors that increase risk of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Occasional risk behavior</li> <li>Has limited understanding of transmission risks</li> </ul>	<ul style="list-style-type: none"> <li>Abstaining from risky behaviors by using safer practices</li> <li>Good understanding of risks</li> </ul>			
<b>7. Basic Needs</b>	<ul style="list-style-type: none"> <li>Routinely needs help to get food, clothing, other needs</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally needs help with food, clothing, other needs</li> </ul>	<ul style="list-style-type: none"> <li>Able to meet/maintain basic needs consistently</li> </ul>			

<b>Category</b>	<b>3 points Tier 3</b>	<b>2 points Tier 2</b>	<b>1 point Tier 1</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
				<b>CM:</b>	<b>CM:</b>	<b>CM:</b>
<b>8. Health Insurance</b>	<ul style="list-style-type: none"> <li>No health insurance or needs frequent help to apply/update</li> </ul>	<ul style="list-style-type: none"> <li>Health insurance inadequate or occasionally needs help</li> </ul>	<ul style="list-style-type: none"> <li>Stable Health insurance minimal help needed to maintain</li> </ul>			
<b>9. Financial status</b>	<ul style="list-style-type: none"> <li>No income; ineligible for benefits</li> <li>Unable to apply without assistance</li> </ul>	<ul style="list-style-type: none"> <li>Fixed income not sufficient to meet needs</li> </ul>	<ul style="list-style-type: none"> <li>Income stable and sufficient to meet monthly obligations</li> </ul>			
<b>10. Housing</b>	<ul style="list-style-type: none"> <li>Homeless, evicted</li> <li>No place to stay on a regular basis</li> <li>Needs frequent help to maintain housing</li> <li>Numerous barriers to housing</li> </ul>	<ul style="list-style-type: none"> <li>Living situation unstable, eviction imminent</li> <li>Needs occasional help to maintain housing</li> <li>Some barriers to housing</li> </ul>	<ul style="list-style-type: none"> <li>Stable housing</li> </ul>			
<b>11. Independent Activities of Daily Living (IADL)</b>	<ul style="list-style-type: none"> <li>Needs <math>\geq 10</math> hours/ week of IADL help</li> </ul>	<ul style="list-style-type: none"> <li>Needs occasional IADL assistance</li> </ul>	<ul style="list-style-type: none"> <li>No assistance needed</li> </ul>			
<b>12. Support System</b>	<ul style="list-style-type: none"> <li>Recent loss of primary emotional support</li> <li>Absent/overburdened social support</li> <li>Has not disclosed HIV status to anyone in support system</li> </ul>	<ul style="list-style-type: none"> <li>Gaps in support system</li> <li>Professional caregivers provide only support</li> </ul>	<ul style="list-style-type: none"> <li>Support system intact and aware of client's HIV status</li> </ul>			
<b>13. Transportation</b>	<ul style="list-style-type: none"> <li>Requires frequent help arranging/paying for transportation</li> </ul>	<ul style="list-style-type: none"> <li>Needs occasional help arranging/paying for transportation</li> </ul>	<ul style="list-style-type: none"> <li>Consistently able to arrange/pay for own transportation</li> </ul>			
<b>14. Cultural, Literacy/ Language</b>	<ul style="list-style-type: none"> <li>Non-English speaking</li> <li>Lack of knowledge of service system</li> <li>Cultural barriers to accessing service; fear/distrust</li> <li>English speaking but does not read/write</li> </ul>	<ul style="list-style-type: none"> <li>Culturally appropriate interpretation needed for medical/case management</li> <li>Limited literacy skills; requires assistance with paperwork.</li> </ul>	<ul style="list-style-type: none"> <li>English speaker/reader</li> <li>Non-English speaking with consistent interpreter services available</li> </ul>			
<b>15. Dependents/ Children</b>	<ul style="list-style-type: none"> <li>Current crisis related to dependant</li> </ul>	<ul style="list-style-type: none"> <li>Client with dependents</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver has support</li> <li>No dependent(s)</li> </ul>			

Category	3 points Tier 3	2 points Tier 2	1 point Tier 1	Date:	Date:	Date:
				CM:	CM:	CM:
<b>16. Medication Adherence</b>	<ul style="list-style-type: none"> <li>Poor adherence to medications and treatment plan even with assistance</li> <li>Refusing treatment</li> </ul>	<ul style="list-style-type: none"> <li>Adherent to medications as prescribed for &lt;6 months with minimal assistance</li> </ul>	<ul style="list-style-type: none"> <li>Med adherence as prescribed for &gt; 6 months without help</li> <li>Not on meds</li> </ul>			
<b>17. Legal</b>	<ul style="list-style-type: none"> <li>Crisis involving legal matters</li> <li>Incarcerated</li> <li>Current or extensive criminal history</li> <li>Immigration issues</li> </ul>	<ul style="list-style-type: none"> <li>Wants assistance completing legal documents</li> <li>Recent legal issues</li> </ul>	<ul style="list-style-type: none"> <li>No legal issues</li> </ul>			
<b>18. Abuse/violence</b>	<ul style="list-style-type: none"> <li>Current abuse/violence</li> </ul>	<ul style="list-style-type: none"> <li>History of past abuse/violence</li> </ul>	<ul style="list-style-type: none"> <li>No abuse/violence history</li> </ul>			
<b>19. Cognitive Impairment</b>	<ul style="list-style-type: none"> <li>Developmental Disability</li> <li>Cognitive impairment</li> </ul>	<ul style="list-style-type: none"> <li>Signs of impairment; refer for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>No signs of impairment</li> </ul>			
<b>20. Frequency of contact</b>	<ul style="list-style-type: none"> <li>6+ contacts in last 6 months</li> </ul>	<ul style="list-style-type: none"> <li>3-5 contacts in last 6 months</li> </ul>	<ul style="list-style-type: none"> <li>&lt;3 contacts in last 6 months</li> </ul>			
<b>21. Other:</b>						
<b>Tabulate Score/Assign Tier</b>			Score from page 1 + Score from page 2 <b>Total Score</b> <b>Tier</b>	<b>1 2 3</b>	<b>1 2 3</b>	<b>1 2 3</b>

Total Score	Tier	Frequency of Contact
18-24	1	Episodic as initiated by client; submit CLRS form within 6 months of service
25-29	2	Reassessment every 12 months; submit CLRS form within 6 months of service
30+	3	Reassessment every 6 months; submit CLRS form every 6 months

## Minnesota HIV/AIDS Case Management Standards by Tier of Service

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
<b>#1 Assessment/ Re-Assessment</b>	<p>The following will be assessed and documented in the client record.</p> <ol style="list-style-type: none"> <li>1. Minnesota Client Level Reporting System (CLRS) Form 1 completed including: <ul style="list-style-type: none"> <li>• Date of birth, Gender, Ethnicity, Country of birth,</li> <li>• County/zip code of residence, Living situation</li> <li>• Annual family income, Number of people and children in family</li> <li>• Health insurance/type</li> <li>• HIV medical provider seen in last 6 months</li> <li>• Referral made and follow-up, if no HIV medical provider</li> <li>• Verification of HIV infection</li> <li>• AIDS diagnosis/year</li> <li>• Exposure to HIV/AIDS</li> <li>• Service agency</li> </ul> </li> <li>2. Current medical/dental care (provider, utilization, appropriate use of care, current treatment) assessed/documentated</li> <li>3. Knowledge of HIV (mode of exposure, disease and transmission) assessed/documentated</li> <li>4. Basic needs (housing, nutritional and food availability status) assessed/documentated</li> <li>5. Transportation</li> </ol>	
	Tier One- Episodic Intervention	Tier Two- Maintenance and Tier Three- Intense
	<p><b>Initial Assessment:</b> Face-to-face within 30 days of contact <b>Reassessment:</b> As needed and initiated by the client. If no contact with client in a 6-month period, then no CLRS Form 1 need be completed.</p>	<ol style="list-style-type: none"> <li>1. Mental health history and status</li> <li>2. Chemical health history and status</li> <li>3. Sexual health</li> <li>4. HIV transmission risk(mode of exposure)</li> <li>5. Medication adherence, and date of most recent medical appointment)</li> <li>6. Health care coverage (third party payer, benefit set, co-pays/ deductible structure and ability to pay, application and schedule for re-application, out-standing bills)</li> <li>7. Social, emotional, spiritual, cultural support</li> <li>8. Key relationships, children and other HIV+ members of family</li> <li>9. Financial status</li> <li>10. Legal issues (criminal history and current issues; legal protection issues: power of attorney, permanency planning for dependents; will, etc.)</li> <li>11. Literacy, communication, language skills</li> <li>12. Level of independent activities of daily living</li> <li>13. Vocational/employment status</li> <li>14. Vulnerabilities and domestic/ inter-personal violence</li> </ol> <p><b>Initial Assessment:</b> Face-to-face within 30 days of contact. <b>Reassessment:</b> Tier 2- Documented face-to-face reassessment annually; Tier 3- Documented face-to-face reassessment every 6 months.</p>

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
<b>#2: Access to and Coordination with Medical Care</b>	<ol style="list-style-type: none"> <li>1. Client's HIV care medical provider name/clinic documented with date of last clinic visit, per client report.</li> <li>2. Service providers shall have in place a procedure for verifying a client's health insurance status. The determination of health insurance status forms part of the client's permanent record and is to be retained in a secure location for at least three years after the client has left the service. If it is determined that a client does not have access to health insurance, an appropriate referral must be made and documented in the client's file.</li> <li>3. Service providers shall ensure that persons living with HIV/AIDS and not accessing or utilizing HIV primary medical care could still receive other supportive services if desired. Access to other HIV supportive services is not conditional upon access to or utilization of HIV primary medical care. Persons living with HIV/AIDS cannot be denied access to other services because they are not accessing or utilizing HIV primary medical care.</li> </ol>	
	Tier One-Episodic Intervention	Tier Two- Maintenance and Tier Three- Intense
	<ol style="list-style-type: none"> <li>1. Service providers shall have a procedure in place for verifying client's health insurance status.</li> <li>2. If no client reported medical care provider, then document that a referral and follow-up for HIV medical care was provided.</li> </ol>	<ol style="list-style-type: none"> <li>1. If no client reported medical care provider, then document that a referral and follow-up for HIV medical care was provided.</li> <li>2. Within one month of Assessment, a current, completed/signed "consent for release of information" form for the client's HIV medical provider(s) will be in the file.</li> <li>3. Interaction with client's HIV Care Provider (and/or their office staff) documented with date with contact at least once every 6 months.</li> <li>4. Coordination activities will be noted in the case notes in the client's file.</li> </ol>

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
<b>#3: Risk Reduction</b>	<ol style="list-style-type: none"> <li>1. When identified as a need, and agreed upon by client, risk reduction education, prevention supplies (condoms, sharps box, needle exchange), partner testing and referral will be provided to the client and documented in the case notes (Tier 1) and service plan (Tier 2 and 3).</li> </ol>	

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
#4: Education	<ol style="list-style-type: none"> <li>1. HIV education will be documented in the case notes as indicated by the client's presenting needs.</li> </ol>	

	<b>Tier One- Episodic intervention</b>	<b>Tier Two- Maintenance and Tier Three- Intense</b>
	<b>1. Dissemination of information about methods to reduce spread of HIV documented in client's file.</b>	1. HIV and health care education will be documented in the client's care plan or case notes and include the following: <ul style="list-style-type: none"> <li>• signs and symptoms of HIV disease</li> <li>• HIV progression</li> <li>• meaning and use of routine medical tests (ie. viral load HIV test, CD4)</li> <li>• medication adherence</li> <li>• managing medication side effects</li> </ul>

<b>Standard</b>	<b>Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense</b>	
<b>#5: Culturally Appropriate Care</b>	1. Availability of interpretive services, culturally appropriate referrals, translated materials, bilingual staff and staff trained in cultural competence for the clients served by the agency.  2. In accordance with Title VI of the Civil Rights Act of 1964, service providers shall ensure that Limited English Proficiency (LEP) clients have meaningful access to services through the provision of timely, effective language assistance free of charge. Language assistance may be necessary to interpret and/or translate key documents, including, but not limited to, the consent for services; consent for release of medical and psychosocial information; bill of rights; service provider grievance policy; and any other similar documents that a provider might typically use in the provision of services to clients.  3. In the event that interpreters and/or translators are necessary, service providers must utilize trained professional interpreters.	

<b>Standard</b>	<b>Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense</b>	
<b>#6: Service Planning</b>	<b>Tier One- Episodic Interventions</b>	<b>Tier Two- Maintenance and Tier Three- Intense</b>
	1. No Service Plan required	1. The Service Plan will be developed within two weeks of a comprehensive assessment; exceptions will be documented.  2. The Service Plan will include documentation of the following: <ul style="list-style-type: none"> <li>• Identified needs(s) or issue(s) to address.</li> <li>• Plan for taking steps to resolve the identified issues.</li> <li>• Person(s) responsible for taking action.</li> <li>• Outcome of the actions taken.</li> <li>• Plan will include the time span it covers.</li> <li>• Plan will include the date it was written.</li> </ul> 3. The case manager and the client will indicate agreement to the plan by signing/ dating the Service Plans when they are written.

		4. The Service Plan will be reviewed and updated at least every six (6) months for Tier III and annually for Tier II.
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Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense
<b>#7 Referrals</b>	<ol style="list-style-type: none"> <li>1. Referrals made and the outcome of those referrals will be noted in the client's chart in at least one of the following places: <ul style="list-style-type: none"> <li>• Service Plan</li> <li>• Case notes</li> <li>• Separate tracking system for referrals (ie. Referrals log)</li> </ul> </li> <li>2. Service providers shall make every effort to ensure that persons living with HIV/AIDS who are accessing their services are also currently accessing and utilizing HIV primary medical care. Service providers will assess each client's access to and utilization of HIV primary medical care. If a client has not accessed or utilized HIV primary medical care within the past 12 months, the agency must refer them directly to a health care provider or to an access service such as outreach/care coordination, care advocacy, or case management. Within three months of the referral, agencies will follow up with the client, or provider to which they were referred either in person, by telephone or in writing, to ensure that the client is accessing or has accessed medical care in the previous 12-month period. Documentation of such follow up must be kept in the client's file.</li> </ol>

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense
<b>#8: Client Rights- Grievance and Appeals Procedures</b>	<ol style="list-style-type: none"> <li>1. A copy of the Agency's written grievance/ appeal process will be submitted to the State of Minnesota's designated representative within 3 months of contracting with the State of Minnesota.</li> <li>2. New Agency clients will be given a written explanation of the agency's grievance procedure and the procedure for registering a grievance with the funder(s) at the time of intake. A signed copy of the explanation will be kept in the client's file.</li> <li>3. At the initiation of services, all clients receiving Ryan White-funded services in a non-clinic setting must be offered a copy of a PLWH/A Bill of Rights and/or Patient Bill of Rights, a copy of the service provider's grievance policy and an explanation of any client responsibilities. The client must be offered a copy of the standards for the specific service received. This includes the universal standards.</li> <li>3. Reasonable time frames for responding to grievances will be established in the written policy and will be adhered to. A summary will be written for every formally registered grievance and appeal. The summary will include a statement of the specifics of the case, the procedure which was followed, the participants in the procedure, actions taken, all relevant dates and the outcome of the process.</li> </ol>

	4. Copies of these summaries will be retained for at least 5 years and will be available to the State upon request.
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Standard	Tier One- - Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
#9: Client Rights: Contact Standards	<p>1. <b>TIME FROM INITIAL REQUEST FOR SERVICE-</b></p> <ul style="list-style-type: none"> <li>• <b>Initial requests-</b>Initial requests for service will be responded to within 2 working days.</li> <li>• <b>Phone Calls-</b> Phone calls returned within 2 working days. Emergency backup will be offered to clients if staff is inaccessible for more than 1 working day.</li> </ul> <p>2. <b>Notification of Rights--</b> <i>Clients will be informed (written and verbal) of their rights at intake.</i></p> <ul style="list-style-type: none"> <li>• <b>Confidentiality rights-</b> A signed, current release of information form will be in the client’s file before sharing confidential, identifiable client information with a third party. Release of information forms will indicate who is covered by the release and what type of information can be exchanged. The forms will indicate the dates between which they are valid.</li> <li>• <b>Confidentiality Universal Standard-</b> Assurances must be given to all clients seeking services regarding confidentiality of information given to service providers, confidentiality in the facility, including waiting rooms and interview rooms, confidentiality regarding medical communications, maintenance and security.</li> <li>• <b>Duty to Warn-</b> Client will be informed of the case manager’s mandated reporting requirements. Information about “Duty to Warn”, “Vulnerable Adults” and “Child Maltreatment” will be included in the informed consent form.</li> </ul>	
	Tier One-- Episodic Intervention	Tier Two- Maintenance and Tier Three- Intense
	1. All phone, face-to-face and written contact will be documented in client’s file.	<p>1. <b>Frequency of contact-</b> Case managers will have a <b>phone contact</b> with each client at least once every month for Tier III clients and quarterly phone contact for Tier II clients. All phone contacts will be noted in the client’s file.</p> <p>2. <b>Frequency of Service-</b> A <b>comprehensive assessment</b> will be completed within 30 days of the case manager’s first contact with the client. Date of first contact will be noted in client record. Comprehensive assessment will be dated. The <b>initial care plan</b> will be developed within 30 days of completion of the comprehensive assessment. <b>New care plans</b> will be written within 30 days of a re-assessment. (Every 6 months.) Care plans will be reviewed periodically between those intervals, and revised, as warranted. Care</p>

		<p>plans and review dates will be recorded on the written care plan.</p> <p>3. Case managers will have:</p> <ul style="list-style-type: none"> <li>• a <b>face-to-face meeting with Tier II clients at least every 6 months;</b></li> <li>• a face-to-face meeting with each Tier III client at least once every 2 months.</li> </ul> <p>All contacts will be noted in the client's file.</p>
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Standard	Tier One- -- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense
#10: Client Rights: Informed Consent	<ol style="list-style-type: none"> <li>1. A signed/dated informed consent form will be reviewed with clients, in their own language, and will be retained in the client's file. Mandated Consent forms include: <ul style="list-style-type: none"> <li>• Informed consent to participate in case management, signed and dated (includes client responsibilities and case manager responsibilities and limitations, and information about "Duty to Warn", "Vulnerable Adults" and "Child Maltreatment").</li> <li>• Copies of grievance/appeals procedure, signed and dated.</li> <li>• Release of information forms, signed and dated with dates of coverage and ID of who release is for and updated annually.</li> </ul> </li> <li>2. The client record must contain a signed and dated consent for services if applicable (either by the client or a legal representative) or a description of the services to be received if necessary. The consent form must describe the services offered by the service provider. The client shall be given a copy of the signed consent form.</li> <li>3. To facilitate communication between providers in an effort to ensure that clients are accessing care, the client record must contain a signed release of medical and psychosocial information. The release form must contain information for the client, including the kinds of information that will be shared and with whom the information will be shared. The client shall receive a copy of the release form. The release form must be signed once a year.</li> </ol>

Standard	Tier One - Episodic Intervention Tier Two- Maintenance and Tier Three- Intense
#11: Agency Standards: Provider Qualifications	<ol style="list-style-type: none"> <li>1. <b>Baseline Skills-</b> An HIV case manager will have experience or training in the following areas: <ul style="list-style-type: none"> <li>• psycho-social assessment of clients</li> <li>• interdisciplinary care coordination</li> <li>• monitoring of health/social service delivery to maximize efficiency/cost effectiveness</li> <li>• knowledge of the resources available to target populations</li> <li>• development and utilization of client-centered care plans</li> <li>• data privacy and confidentiality</li> </ul> </li> <li>2. <b>Education/Experience-</b> Service providers, facilities and personnel will possess documentation of being licensed/certified by an appropriate body (where applicable). Professional staff will possess current state licensure. Non-licensed staff or volunteers will receive</li> </ol>

	<p>professional supervision.</p> <ul style="list-style-type: none"> <li>• An undergraduate or graduate degree in social work, nursing or public health, human services <i>or</i>,</li> <li>• At least two years experience providing social services in a job that entailed carrying a case load and performing duties outlined above, <i>or</i></li> <li>• At least one year of experience providing HIV services in a job that entailed performing the duties outlined above.</li> <li>• Requests for variance are subject to the discretion of the DHS and will only be allowed in exceptional cases. An agency which has not had success fulfilling the plan of a previous variance is unlikely to be granted a second variance.</li> </ul> <p><b>3. Knowledge-</b> Program staff will possess the knowledge, skills and abilities necessary to competently perform expected services. Service providers shall have in place policies to ensure that program staff is knowledgeable regarding HIV/AIDS. Within 3 months of employment, a case manager will have knowledge of:</p> <ul style="list-style-type: none"> <li>• Signs and symptoms of HIV disease and HIV progression</li> <li>• Meaning and use of routine medical tests (i.e. viral load testing)</li> <li>• Medication adherence</li> <li>• Management of medication side effects</li> <li>• HIV transmission and transmission prevention</li> <li>• HIV Risk Assessment and Risk Reduction</li> </ul> <p><b>4. New employee Orientation/On-going Training-</b> Service providers shall have an orientation program for new employees/volunteers who will be working with Ryan White eligible clients. The orientation program shall include, but not be limited to, a discussion of Ryan White funding eligibility, confidentiality and the universal standards. Orientation, ongoing training programs and in-service presentations shall be provided to staff on topics relevant to HIV/AIDS.</p> <p><b>5. Documentation of Qualifications-</b> The qualifications for every case manager will be collected and retained by each agency from the time of hire until at least one year after a case manager leaves the position. These records will be available to the DHS upon request.</p> <p><b>6. State Sponsored Training-</b> Case managers will complete the core HIV case management training provided by the State. The DHS will maintain attendance records.</p> <p><b>7. Continuing Education</b></p> <ul style="list-style-type: none"> <li>• Case managers who have already completed the core training will complete 12 hours of continuing education annually. Continuing education sessions will be provided by the DHS. Any three DHS-sponsored training sessions, annually, will meet the continuing education standards.</li> <li>• A case manager may use other professionally accredited (nursing or social work) continuing education hours to meet the standard. Other continuing education trainings can be used to meet the standard, with DHS approval.</li> <li>• Continuing education sessions will be reported in quarterly reports to the DHS</li> </ul>
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Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense
#12: Agency Standards: Supervision	<b>1. Routine Supervision-</b> Each case management program supplies each case manager with regular, formal supervision by a qualified person, at least once a month. A person hired to be a case manager supervisor will have:

	<ul style="list-style-type: none"> <li>• an undergraduate or graduate degree in social work, nursing or public health, <i>and</i>,</li> <li>• at least three years experience providing social services in a job that entailed carrying a case load and performing the duties outlined above, <i>or</i>,</li> <li>• at least two year of experience providing HIV services in a job that entailed performing the duties outlined above.</li> </ul> <p>All contract bids include information about the qualifications of the supervisor and a description of the formal supervision structure and practices. One part of supervision will be the monitoring of client care plans.</p> <p>Each contracted agency maintains records of when formal supervision sessions happen with each case manager for at least two years. These records will be available to the DHS upon request.</p> <p><b>2. Clinical Supervision-</b> Case managers will access clinical supervision either in a group supervision setting (at least once a month) or in a one-to-one setting (at least quarterly). The person providing the clinical supervision will have the appropriate level of licensure to provide this service. Clinical supervision will be provided by a licensed mental health professional with a graduate degree in one of the behavioral sciences or related fields. Participation in clinical supervision will be reported in quarterly reports. Qualifications of the clinical supervisor will be maintained by the agency, or DHS if provided through DHS, and made available to the DHS by request. All clinical supervision relating to a specific case must be documented in that client's record.</p>
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<b>Standard</b>	<b>Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense</b>
#13: Agency Standards: Documentation	<p><b>1. Documentation Systems</b></p> <ul style="list-style-type: none"> <li>• Records of services to clients must be stored in a secure filing system.</li> <li>• Computerized records must be password protected and backed up at least weekly. Backed up records shall be kept in a safe and secure (off-site) location.</li> <li>• Service providers must document when and by whom files are removed from a secure filing system.</li> <li>• For each client, a separate file must be maintained, or there is rationale as to why this did not occur.</li> </ul> <p><b>2. Required Documentation-</b> The following documentation is required at all tiers of service:</p> <ul style="list-style-type: none"> <li>• Well-organized client demographic data, as required for State CLRS</li> <li>• county financial worker name and phone number (if there is one)</li> <li>• Date of entry into service</li> <li>• Source of referral (entry points)</li> <li>• Date referred to agency</li> <li>• Client name</li> <li>• Home address including county</li> <li>• Mailing address</li> </ul>

	<ul style="list-style-type: none"> <li>• Telephone number(s) and or message number</li> <li>• Communication method to be used for follow-up</li> <li>• Client's choice concerning management of confidential and personal information</li> <li>• HIV provider or current source of medical with release of information for</li> <li>• HIV verification (medical lab or medical provider)</li> <li>• Health insurance coverage with release of information</li> <li>• Income Verification/eligibility, financial information ROI if appropriate</li> <li>• Emergency contact with release of information</li> <li>• Presenting need</li> <li>• Immediate health care needs (reported by client /referral source)</li> <li>• Summary of initial referrals and services provided with releases of information</li> <li>• Signature of person completing documentation</li> <li>• Other individuals aware of client's HIV status</li> <li>• Determination of level of service needed (Acuity Assessment).</li> <li>• Closing summary (if case is closed), including date of closure.</li> <li>• Referral information, including outcome.</li> <li>• Copies of any relevant materials (such as copies of applications which the case manager helped client with, verification of client information, etc.).</li> <li>• Copies of all client-specific correspondence sent from case manager to client.</li> </ul>
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	<b>Tier One- Episodic Intervention</b>	<b>Tier Two- Maintenance and Tier Three- Intense</b>
	<ol style="list-style-type: none"> <li>1. Brief written intake</li> <li>2. Documentation of income</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessment and documentation of the following are required for Tier II and Tier III clients: <ul style="list-style-type: none"> <li>• Written assessment, signed and dated, including the date the case was opened and documentation of income.</li> <li>• Re-assessments signed and dated.</li> <li>• Service plans, including original date, time span covered, review dates, review outcomes, client and case manager signatures.</li> </ul> </li> <li>2. Signed and dated notes/service plan.</li> </ol>

<b>Standard</b>	<b>Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense</b>
<b>#14: Agency Standards: Eligibility and Closing</b>	<ol style="list-style-type: none"> <li>1. <b>Eligibility-</b> State-administered case management is available to HIV+ people living in Minnesota or in Pierce County or St. Croix County, Wisconsin. A person is only eligible to receive DHS-funded case management services from only one provider at a time. If a client wishes to switch providers, some form of written "intent to switch providers" will be signed by the client with copies kept in the client's</li> </ol>

	<p>file at both the old and the new provider. The burden of obtaining this documentation lies with the new provider. This means that there has been a consent for services form signed, an assessment and a care plan completed, and a case manager assigned.</p> <p><b>2. Eligibility Procedures and Documentation</b></p> <ul style="list-style-type: none"> <li>• All service providers are required to have in place a procedure for verifying a client’s eligibility for services based upon HIV serostatus/ AIDS diagnosis and income.</li> <li>• The verification of HIV/AIDS and income forms part of the client’s permanent record and is to be retained in a secure location for at least three years after the client has left the service.</li> <li>• Documentation of HIV/AIDS status and financial eligibility for HIV/AIDS services must be found in every client record; verification of income eligibility must be re-evaluated annually.</li> </ul> <p><b>3. Eligibility Criteria-</b> A person must meet <b>at least one</b> of the following documented criteria and have a need for services as evidenced in assessments, service plans or case notes.</p> <ul style="list-style-type: none"> <li>• on or eligible for MA</li> <li>• English as a second language/non-English speaking</li> <li>• less than 21 years old</li> <li>• pregnant</li> <li>• a diagnosis of mental illness or dementia</li> <li>• an annual income at or below 300% of the FPG</li> <li>• ongoing behavioral issues which increase the risk of transmitting HIV to others</li> <li>• in an unstable housing situation</li> <li>• visual or hearing impairment</li> <li>• in addition to having HIV, caring for an HIV infected child</li> <li>• developmental disability</li> <li>• chemically dependent</li> <li>• repeatedly in crisis situations with an inadequate support system</li> </ul>	
	<b>Tier One- Episodic Intervention</b>	<b>Tier Two- Maintenance and Tier Three- Intense</b>
		<p><b>1. Closing Cases-</b> A client’s case in Tier II or Tier III will be closed in the following situations:</p> <ul style="list-style-type: none"> <li>• death of client</li> <li>• client refuses services</li> <li>• client wishes to terminate services</li> <li>• client has met the goals in the care plan and no other relevant needs can be identified</li> <li>• client moves out of state for &gt; 3 months</li> <li>• client is lost to the provider for three months (Tier III); &gt; 6 months (Tier II)</li> <li>• client has been physically threatening or verbally abusive</li> <li>• client no longer meets program eligibility requirements</li> <li>• client does not participate in client responsibilities of case management (i.e.</li> </ul>

		<p>signing release forms, participating in care planning, etc.)</p> <ul style="list-style-type: none"> <li>• Goals met</li> <li>• Client is incarcerated for &gt; 6 month.</li> </ul> <p>2. The appropriate criteria will be noted in the client file case notes or closing summary. A brief closing summary stating the reason for closing, the final status of care plan and any other relevant information will be included in the client file.</p> <p>3. Clients need to either provide a signed request to stop services, or need to be notified in writing by the case management program that their case will be closed. For cases being closed by the agency (not due to client request), client needs two week written notice of closing to allow time for client to challenge the decision to close.</p> <p>4. This notification or copies of closure letters (originals in original envelope in the case of returned mail) will be included in the client's file.</p>
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Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
#15: Agency Standards: Quality Assurance	Service providers who do not already have a Quality Assurance/Improvement program in place will provide an overall mechanism for assessing the quality, appropriateness and effectiveness of services provided that may include, but is not limited to peer review, record review, utilization review and client satisfaction surveys. If needed, an Action Plan will be formulated to document corrective actions and improvement in outcomes. Quality Assurance/Improvement initiatives will be based on best practices consistent with national, state and professional standards.	
	Tier One- Episodic intervention	Tier Two- Maintenance and Tier Three- Intense
		<ol style="list-style-type: none"> <li>1. (NEW) Agency will participate in statewide Quality Assurance programs for Case Management.</li> <li>2. (NEW) Action Plan prepared to document corrective actions, if any, in response to State requirements.</li> </ol>

Standard	Tier One- Episodic Intervention Tier Two- Maintenance and Tier Three- Intense	
#16: Agency Standards:	NEW: Each agency funded by the State for HIV/AIDS Case Management and Care Advocacy will have policies for completing an Acuity Assessment	

Procedures for Acuity Assessment	on each client served within 6 months of Initial Intake and Reassessment as indicated by the Service Tier.
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These standards will be reviewed and updated by Sept. 1, 2006

## Measurement of Case Management Standards

Standard	Measure
<b>1. Assessment/ Re-Assessment</b> <ul style="list-style-type: none"> <li>• Client assessed and results documented in the client record.</li> <li>• Minnesota Client Level Reporting System (CLRS) Form 1</li> </ul>	Documentation in client record
<b>2. Access to and Coordination with Medical Care</b> <ul style="list-style-type: none"> <li>• HIV care medical provider name/clinic documented</li> <li>• Date of last clinic visit</li> <li>• Documentation of referral</li> </ul>	Documentation in client record
<b>3. Risk Reduction</b> <ul style="list-style-type: none"> <li>• Prevention education and supplies provided as need is identified</li> </ul>	Documentation in client record
<b>4. Education</b> <ul style="list-style-type: none"> <li>• HIV education documented</li> </ul>	Documentation in client record
<b>5. Culturally Appropriate Care</b> <ul style="list-style-type: none"> <li>• Availability of interpreter service</li> <li>• Staff trained in cultural competence for clients served by agency</li> </ul>	Interpreter resources available Documentation of cultural competence training for current staff
<b>5. Service Planning</b> <ul style="list-style-type: none"> <li>• Tier 1 no Service Plan required</li> <li>• Tier 2 and 3 have documented Service Plan</li> </ul>	Documentation of service provided for Tier 1 and Service Plan for Tier 2 and 3
<b>7. Referrals</b> <ul style="list-style-type: none"> <li>• Documentation of referrals in case notes or Service Plan</li> </ul>	Documentation in client records
<b>8. Client Rights- Grievance and Appeals Procedures</b> <ul style="list-style-type: none"> <li>• Agency grievance policy/appeals process documented</li> <li>• New Clients given written explanation of agency's grievance policy</li> </ul>	Client Grievance/ Appeals Policy/process documented Documentation in client records
<b>8. Client Rights- Contact Expectations</b> <ul style="list-style-type: none"> <li>• Release of Information form completed/in file</li> <li>• Contacts documented in case notes/service plan</li> </ul>	Current Release of Information form in client record Clients contacts documented in client record
<b>10. Client Rights- Informed Consent</b> <ul style="list-style-type: none"> <li>• Current Consent Form</li> </ul>	Current Consent Form signed by Client
<b>11. Agency Standards- Provider Qualifications</b> <ul style="list-style-type: none"> <li>• Staff qualifications meet state requirements</li> </ul>	Documentation of staff

<ul style="list-style-type: none"> <li>• Training provided/documented</li> </ul>	qualifications and training
<p><b>12. Agency Standards- Supervision</b></p> <ul style="list-style-type: none"> <li>• Supervision qualifications meet state requirements</li> <li>• Clinical supervision provided/documented</li> </ul>	Documentation of supervision and clinical supervision available
<p><b>13. Agency Standards- Documentation</b></p> <ul style="list-style-type: none"> <li>• Agency Procedures and demonstration of Client Data protection systems in place</li> <li>• Client demographic data (MDH CLRS form)</li> <li>• County financial worker name and phone number</li> <li>• Date of entry into service</li> <li>• Source of referral (entry points)</li> <li>• Date referred to agency</li> <li>• Client name</li> <li>• Home address including county</li> <li>• Mailing address</li> <li>• Telephone number(s) and or message number</li> <li>• Communication method to be used for follow-up</li> <li>• Client's choice concerning management of confidential and personal information</li> <li>• HIV provider or current source of medical with release of information for</li> <li>• HIV verification (medical lab or medical provider)</li> <li>• Health insurance coverage with release of information</li> <li>• Income Verification/eligibility, financial information ROI if appropriate</li> <li>• Emergency contact with release of information</li> <li>• Presenting need</li> <li>• Immediate health care needs (reported by client /referral source)</li> <li>• Summary of initial referrals and services provided with releases of information</li> <li>• Signature of person completing documentation</li> <li>• Other individuals aware of client's HIV status</li> <li>• Determination of Acuity Assessment</li> <li>• Closing summary (if case is closed), including date of closure.</li> <li>• Referral information, including outcome.</li> <li>• Copies of any relevant materials (such as copies of applications which the case manager helped client with, verification of client information, etc.).</li> <li>• Copies of all client-specific correspondence sent from case manager to client.</li> </ul>	Documentation in client record and MDH CLRS form
<p><b>14. Agency Standards- Eligibility and Closing</b></p> <ul style="list-style-type: none"> <li>• Criteria for eligibility documented</li> </ul>	Criteria for eligibility documented in client record
<p><b>15. Agency Standards- Quality Assurance/ Improvement</b></p> <ul style="list-style-type: none"> <li>• Agency Plan for QA/QI documented</li> <li>• Agency implementation of stated QA/QI Plan</li> </ul>	Current written Agency QA/QI Plan Current QA/QI efforts documented showing staff

documented for current period	involvement
<p><b>16. Agency Standards- Procedure for Acuity Assessment</b></p> <ul style="list-style-type: none"> <li>• Acuity Assessments completed for clients within 6 months of initial service</li> <li>• Tier of Service identified</li> <li>• Follow-up Re-assessment documented per Tier</li> </ul>	<p>Acuity Assessment completed within 6 months of initial service and in client record  Re-assessment documented per Tier</p>

## DEFINITIONS

**Assessment** -- Process by which a case manager collects, analyze, and prioritize information which identifies client needs, resources, and strengths for purposes of developing a service plan.

**Client File** -- A collection of printed and/or computerized information regarding a client using services currently or in the recent past.

**Confidentiality** -- The process of keeping private information private. Information given by a client to a service provider will be protected and will not be released to a third party without the explicit written permission of the client or his/her representative.

**Coordination with medical care** -- Health care services related to the treatment of HIV/AIDS infection and HIV/AIDS associated complications, as well as the maintenance of health status.

**Criteria** -- Definition of specific, measurable outcomes expected from a Standard.

**Culturally Appropriate Care** -- The ability of service providers and others to accommodate language, values, beliefs and behaviors of individuals and groups they serve.

**Demographic Information** -- Descriptive information about a client--including, but not limited to, age, race/ethnicity and gender. This information provides a profile of people receiving services from a specific agency.

**Grievance** -- A verbal or written complaint or concern regarding a practice or policy of an individual or organization per the organization's policy.

**Health Education/Risk Reduction** - Activities which include information dissemination about methods to reduce the spread of HIV; HIV disease progression; and the benefits of medical and psychosocial support services. This activity does not include medication or treatment information, which is part of Adherence activities.

**Reassessment** -- Conducted to determine the client's case management status and the need for revisions in the care plan.

**Referrals** -- The act of directing a client to a service in-person or through telephone, written or other type of communication.

**Service Plan** -- Created by identifying client needs based on information collected during assessment/reassessment; a written plan that directs the activities of the client and the case manager. The Service Plan delineates the case management goals and objectives that link the client to the continuum of health and support services required to manage their disease.

**Quality Assurance/Improvement** -- A method of program/service evaluation, which is designed to assure that the highest quality of services are provided to the client.

**Ryan White CARE Act** -- Passed by Congress in 1990, the purpose of this federal Act is to provide emergency assistance to communities that are most affected by the HIV epidemic and to make financial assistance available to state and other public or private nonprofit entities. This assistance provides for the development, organization, coordination and operation of more effective and cost-efficient systems for delivery of essential services to individuals and families with HIV disease.

**Standard** -- Authoritative statements by which a profession describes the responsibilities of its practitioners.

