

Ryan White Program

Service Area Standards: Treatment Adherence

Purpose: Treatment Adherence Standards are a service activity under Medical Case Management. Treatment Adherence Standards are to ensure that uniformity of service exists in Minnesota such that the Ryan White clients of a service receive the same quality of service regardless of where or by whom the service is provided. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

HRSA Description: MCM treatment adherence is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. MCM treatment adherence includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Service Goals: The goal of treatment adherence services is to support the client's ability to maintain long-term adherence to multi-drug regimens and the challenges they create for Persons Living with HIV/AIDS. Poor adherence to regimens may result in virus breakthrough and emergence of drug-resistant strains. Minor breaks in aggressive therapy regimens may result in rapid viral replication.

Program Guidance:

Activities that include at least the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

MCM-treatment adherence services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Client Focused/Programmatic Standards	Measure	Data Source
<p>1. Service Provision Policy & Procedure will include the following:</p> <p>1.1 Initial assessment of service needs</p> <p>1.2 Development of a comprehensive, individualized care plan</p> <p>1.3 Coordination of services required to implement the plan</p> <p>1.4 Continuous client monitoring to assess the efficacy of the plan</p> <p>1.5 Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary</p>	1.1-1.5 Procedure in program files.	1.1-1.5 File review/Site visits
<p>2. Client eligibility</p> <p>2. The provider screens for eligibility based on universal standards.</p>	2. Policy and procedure in program files.	2. File review/Site visits
<p>3. Referrals</p> <p>3.1 Referrals to medical case management, mental health, and outpatient substance abuse treatment services should be made when needs are identified.</p> <p>3.2 Coordination of referrals as needed will include addressing clients' barriers to care such as transportation, mental health needs, chemical health needs, or basic needs such as housing, financial assistance, and nutrition.</p> <p>3.3 Referral, coordination, and follow-up to HIV-related medical care should always occur for individuals out of care. Linkage to needed care will be confirmed with primary care and core medical services providers.</p> <p>3.4 Program staff will develop a plan with individual clients for how program staff will follow up with them post referral.</p> <p>3.5 When information is to be shared, direct service staff will request a signed release of information from the client to allow them to follow up, as appropriate, with referral resources. Staff must confirm linkage to</p>	3. Documentation of services, referrals and confirmed linkage to care & other appointments on file.	3. File review/Site visits

Client Focused/Programmatic Standards	Measure	Data Source
<p>primary HIV care and/or medical case management with provider agency. Release of information regulations will follow HIPAA guidelines and agency-specific privacy practice guidelines.</p> <p>3.6 Program staff will develop and utilize a list of referral sources with which program staff have established a relationship to better ensure successful linkage to services.</p>		
Provider Focused Standards	Measure	Data Source
<p>4. Staff Qualifications – Licensure will include a licensed registered nurse, nurse practitioner, physician assistant, physician, or pharmacist from an approved accredited medical school, including current registration with the Minnesota State Board.</p>	<p>4. Copy of license or other documentation in personnel file.</p>	<p>4. File review/ Site visits</p>