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## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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Dear Colleague:

For many HIV-infected clients, case management services are integral to their participation in available health and support services. In order for local planning bodies to make adequate and appropriate allocations to this essential core service, case management providers must provide accurate and consistent reporting of client utilization. It has come to our attention that there are varying ways of counting units of case management being used across the State. Most of the variations have to do with when the "clock" starts and stops for a case management session; since case management is a time based unit of service, when an agency considers the session started and ended and what types of activities they consider case management have great implications for apparent levels of utilization. The following information is provided to ensure that we have a similar understanding statewide about what is and is not case management, how case management units should be reported in the Uniform Reporting System (URS), and about the case management subcategories that appear in the new HIV Services taxonomy.

The Ryan White CARE Act Title I and Title II Manuals, as well as the CADR definitions that are reflected in the new HIV Services Taxonomy, define case management for Title I and Title II programs as:

a range of client centered services that link clients with health care, psychosocial and other services to ensure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, on-going assessment of the client's and other family members' needs and personal support systems, and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include: initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, individualized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic re-evaluation and revision of the plan as necessary over the life of the client. [This category] may include client-specific advocacy and/or review of utilization of services.

We are aware that some providers offer other services such as transportation of clients, and delivery of food and medications, and include these non-case management activities as part of the

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case management position job description. Including these non-case management activities in the job description of a case manager is not a problem and may be done based on the type of staffing available at the service provider level; however, under the definition provided above, these activities are not considered case management and should not be reported as such simply because a case manager performed the activity.

What follows are examples of how case management units should be reported. If a case manager spends 30 minutes with a client discussing strategies to improve his/her living situation, this is counted as two units of case management service (2 x 15 minutes/unit). The additional time for documentation, retrieving the client record, and reporting these units in the URS are not counted toward the case management unit; these activities are part the administration of case management and should not be reported as a separate case management unit of service. Other activities, such as sending birthday cards or invitations to special agency events, are not considered case management activities and also should not be counted as a unit of case management service. Case managers who provide transportation for clients to appointments or pick up or deliver food and/or medications for clients should count this as a transportation unit of service. If a case manager drives a client to a medical appointment, and does not provide any services fitting in the definition of case management during the ride or at the doctor's office, then the time should not be reported as case management. If the case manager drives a client for 45 minutes to an appointment, waits with the client for 30 minutes to be seen, and spends 15 minutes with the client working with the client and her physician, then drives 45 minutes to the client's home, this is one unit of case management, despite the fact that the case manager has been with the client for more than two hours.

Many times, the differences in the understanding of case management units surface during the reporting of service units within URS or during the calculation of unit cost. Remember, the URS is a reporting system for service utilization, not a time management system; therefore, it is not reasonable to expect that you will be able to account for all of your case managers' time with the URS system. In addition, while mileage, correspondence, etc. might all be costs associated with providing case management (and can be included in the unit cost of a service) the time spent on these activities is not case management and should not be reported as such in URS. What is reported as case management units in URS is what fits the definition for case management given above: meeting with client to develop an individualized service plan, interacting through written or oral communication with a third party on behalf of a client, etc. What is not reported in URS as case management is that which does not fit within the definition above: waiting at an office visit while a client receives care, transporting the client, delivering medication or food to the client,

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updating URS with client information, retrieving client records, etc. It is appropriate to consider the time and cost of these activities when calculating your cost of providing a service, but they should not be reported as case management units in URS.

In the new HIV Services taxonomy, two subcategories of case management appear: Disease Management and Social Case Management. Social Case Management focuses on client support systems and social service needs; whereas, Disease Management is a medically focused form of case management that links and coordinates client care to ensure that quality medical care is received. Because Disease Management can include such activities as treatment adherence counseling, discussion of side effects of medications, ensuring appropriate specialty referral, it *must* be conducted by appropriately trained and qualified staff (e.g., Registered Nurse, Nurse Practitioner, Physician's Assistant). If during the course of providing Disease Management assistance a caregiver also provides services that would be counted as Social Case Management (e.g., referral to food bank or childcare) the entire case management encounter would be entered as *Disease Management*. By the same token, a session in which no disease management is done should be entered as *Social Case Management* even if clinical personnel conduct the session. So, while only clinical personnel may perform Disease Management, the content of the session, rather than who performs it, dictates whether a session is reported as Disease Management or Social Case Management. Do not attempt to divide time in a single visit between Disease Management and Social Case Management services.

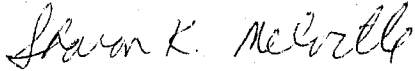
In some situations, home visits may be preferable to office or clinic based case management services. Case management services offered in settings outside the office or clinic will have a different cost due to the difference in the service delivery model, such as costs associated with traveling to the setting. If case management is frequently delivered in remote settings, the Administrative Agency (AA) should consider using the "third tier" capacity of ARIES to allow providers to indicate the setting of the case management services being reported. AAs should also consider allowing providers to calculate costs for different settings separately to more accurately reflect the costs of the different delivery models.

We hope this clarifies reporting issues associated with case management. If you are a provider and you have questions about performing or reporting case management services, please contact staff at your AA. If you are at an AA and have questions about *performing* case management, please contact your regional coordinator, your Field Operations consultant, or your Nurse Consultant. If you have questions about *reporting* case management, please contact Darla Metcalfe or Darrah Perkins. All DSHS staff, including regional coordinators, can be reached by email using the

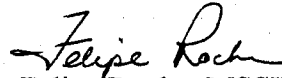
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following address format: firstname.lastname@dshs.state.tx.us.

Sincerely,



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Manager  
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cc: Administrative Agency Executive Directors  
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