Comments on Case Management Standards

#	Location	Comment	Discussion	Determination
1	General	The current DSHS standards as well as the draft monitoring tool do not capture the expectations for case managers to provide benefits counseling and enrollment assistance		
2	General	Once other standards are created, will the POPS go away?		
3	General	Does all of this really need to be re-evaluated for all Case Management clients.		
4	General	Does any of it need to be re-evaluated for non-case management clients? How often?		
5	General	BVCOG requires non-case managed clients to have a needs assessment annually or after a life changing event. Or after hospitalization. The rational is that if they are never assessed, how do you know they don't need case management?		
6	General	The intake process is not "brief" by any measure and requires an assessment that is of a level that I would not feel could be addressed by a staff member who was not part of the case management team as emergent needs and interventions are part of the initial intake process.		

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7	General	The Initial Comprehensive Assessment is a repeat of the information gathered less than 30 days prior and some clients are resentful of having to answer the same questions and review the same material with another staff member. For us, the intake assessment is fairly "comprehensive" as that is the best way to determine an "emergent" need.		
8	General	In my humble opinion…this initial process needs to be refined and streamlined into something that is more client friendly and doesn't require as much of a time commitment from them.		
9	General	The requirement that clients who have been out of services for 3 months need a new intake is excessive. Eligibility, acuity, reassessment can be addressed through the Comprehensive Assessment/Reassessment processes. I would suggest that a new intake is not needed until the client has been out of services for at least one year. The current process of new intake after 3 months puts additional barriers in the client's path of returning to services and some of them already resist the process because of the amount of documentation and time we require of them to maintain services.		
10	General	Also, being part of the HIV Syndicate that is looking at viral suppression/adherence, we were hoping to see the role of case managers as it relates to viral suppression/adherence defined in the case management standards.		
11	General	The Standards are written as minimum standards, but are difficult to implement due to caseload size. The Standards are reflective of a caseload of 25, when in fact the caseload is generally 100+.		

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12	General	Standards are difficult to follow. New employees are challenged to pick up the standards and clearly understand role.		
13	General	Expectations for frequency of case management contacts should be delineated in the Standards based on acuity.		
14	General	Examples of care plans should be in the Standards.		
15	General	Best practices highlighted in the Standards are not evidence based and therefore aren't true best practices (think the term "promising practice" was used during HIV Syndicate Meeting).		
16	General	The role of the case manager in treatment adherence isn't clearly identified.		
17	General	The Standards are written as minimum standards, but are difficult to implement due to caseload size. The Standards are reflective of a caseload of 25, when in fact the caseload is generally 100+.		
18	General	The role of the Ryan White case manager is evolving in response to the ACA, but this isn't reflected in the Standards.		
19	General	The role of intake/eligibility/brief intake should be better explained. Recommend presenting in a table format.		
20	General	Intake-no CM isn't referenced in the Standards		
21	General	The role of the medical vs. non-medical case manager should be better delineated.		
22	General	Inconsistent messages from the Standards being written as minimum standards and DSHS staff presenting as more flexible and allowing for variance. If they are flexible, they should be written as flexible.		

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23	General	Documentation of case notes are prepared and enter differently by all direct service providers. Case Notes vary significantly. In monitoring is there a sample of progress notes we would be able to reference other than the Policy for Case Notes.		
24	General	Is it really necessary to keep a list of household members or is it unnecessary unless the client is receiving HOPWA.		
25	General	Minimum qualifications for CM supervisors. Direct service providers recommend they be established regionally.		
26	Page 4 - Increased knowledge of HIV disease;	Or add at end of highlighted two rows down.		
27	p. 5 MCM	Would it be possible to update the taxonomy to include the new subcategories under case management?		
28	p.19 c Core proficiencies:	It would be great if there was training specific to Adherence		
29	p. 21 Brief intake and eligibility	HIV positivity also needs to be included.		
30	p.22 -	Do you plan to add self-attestation to proof of Residency or allow a letter from a person who is providing room and board paid or unpaid? This is the circumstance of many of our illegal and legal residents alike.		

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31	p.25 - http://www.dshs.state.tx.us/hivstd/policy/policies.shtm	Unless you remove the period at the end of this link, it won't work, or just remove the underline, UNDER the period and it should work correctly.		
32	p.27 - Care Plan	The Care Plan is where the providers are falling down the most with assignments, follow up, etc. Change "should" to "must".		
33	p.31 - Referral and follow-up #6 the client record and in the URS.	Can you be very specific as to what you mean here?		
34	p.31 Case Closure/Graduation sufficient.	It would help standardize wording used and rules followed if a definition of Inactive, Discharged, Violation of Rules, and Lost to Follow Up was defined by DSHS and placed here. And providers are always asking what words to use for when a client 'graduates" or become self		
35	p.31 - Item #4 care if 3 attempts to contact weeks).	These may need a time frame specified, (i.e. 3 attempts in a month or 6		
36	p.33 - Case managers attempt to secure releases that will enable them to	This is where a ROI at intake is critical, along with emergency contact. share pertinent information with a new provider.		
37	p. 37 - Sample Forms	It would be helpful if there was a medical adherence screening tool included.		