

Comments on Case Management Standards

#	Location	Comment	DSHS Proposed	Discussion	Determination
26	Page 4 - Increased knowledge of HIV disease;	Or add at end of highlighted two rows down.	Need clarification on comment please		
27	p. 5 MCM	Would it be possible to update the taxonomy to include the new subcategories under case management?	Yes, taxonomy will be updated during the next calendar year - 2015.		
28	p.19 c Core proficiencies:	It would be great if there was training specific to Adherence	AAs are welcome to offer training to their providers on adherence. Check with AETC, pharmaceutical companies, etc for possible training in your area		
29	p. 21 Brief intake and eligibility	HIV positivity also needs to be included.	Agreed -- will include		
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.	DSHS plans to update the eligibility policy to address this		
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.	Agreed and will remove.		

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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".	Agreed and will 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?	Referrals need to be tracked in the primary client charting system; whatever client charting system is currently in place (paper charts, electronic health records; ARIES, other). URS will be replaced with "primary client charting system." System implies use of various methods of charting that the agency currently uses.		
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 sufficient	DSHS will define discharge and lost to follow-up. AAs will need to define inactive and violation of rules as these may differ regionally		
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 months)	Agreed. DSHS will set the time frame in the standards at 3 months		

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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.	Agreed; however ROI cannot be completed for "any provider" that may be accessed in the future. When a client sees a new provider, a ROI will need to be obtained at that time		
37	p. 37 - Sample Forms	It would be helpful if there was a medical adherence screening tool included.	Agreed. The Viral Suppression workgroup of the Texas HIV Syndicate will be working on locating possible screening tools		