Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: www.scdhec.gov/rwhopwa
***4.0** Prior to Scheduled Reassessment Visit*					
Each day, obtain a list of clients 2-5 days prior to MCM visit		Support Staff, Medical Case Manager		Time Management,	
For each client, determine which documentation requires updating	MCM 1.2 and 1.3 (intake and reassessment)	Support Staff, Medical Case Manager		De-duplication of effort	Provide Enterprise – Client Service Profile – Tab
For each client on the list, complete the Pre-Visit Checklist (below)	Relates to Clinical Standards	All disciplines may be engaged do some portion		Multi-disciplinary coordination De-duplication of effort	HIV Continuum Circular

***4.0** Pre-visit Checklist*					
Activity	**MCM Standard Met**	**Typically Done By**	**Assigned To**	**Benefit of Action**	**Tools: www.scdhec.gov/rwhopwa**
a) Open the client profile: b) Review Service/ Visit History c) Review Required Actions Coming Soon: d) ADAP Returned Mail, non-adherence, & Recertification alerts		Medical Case Manager			
e) Retrieve recent referrals for this client f) Contact referrals to confirm client adherence		Support Staff,			
g) Create Medical Encounter Verify that clinical information is posted for the client. If not posted, obtain signature for authorization from client when he arrives for visit. (2-5 days)		Medical Case Manager		Medical Monitoring Provides client signature for release of medical record.	PE TA (Training module, Session 1: Medical Encounter Form)
h) Print "Patient Clinical Summary. i) Discuss clinical aspects with client.	MCM 2.1 Mid-year Review (review includes reviewing patient clinical summary)	Medical Case Manager, Peer Health Navigator		Empowers patient to manage health care	PE TA (Training module, session 1: Medical Encounter Form)

4.1 Documentation Process Checklist – Reassessment – Check-in					
Activity	**MCM Standard Met**	**Typically Done By**	**Assigned To**	**Benefit of Action**	**Tools: www.scdhec.gov/rwhopwa**
Check-in: Client comes in for reassessment with Medical Case Manager	MCM 1.3 (Reassessment-conducted annually)	Support staff, Scheduling staff		Ensures accurate tracking of caseloads.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable) - RW Service Definitions - Core vs Support Services handout - HIV Continuum Circular
Action Steps: 1) Verify/update Provider Relationships 2) Address forms needing client signature (e.g. Authorization for release)	MCM 1.2 (Intake-completed within 30 days of registration date)	Medical Case Manager, Support Staff, Supervisor		Ensures accurate tracking of caseloads.	- PE Technical Assistance training module (Using PE to Share/Exchange Client Centered information)

4.2 Document the Reassessment and Encounter:					
Activity	**MCM Standard Met**	**Typically Done By**	**Assigned To**	**Benefit of Action**	**Tools: www.scdhec.gov/rwhopwa**
Enter Client information from Reassessment	MCM 1.3 (Reassessment)	Medical Case Manager, Support Staff			- MCM Intake/Assessment Instructions
Update Action Plan (Note: New features in PE will allow review of existing plan to be monitored by supervisor)	MCM 2.2 (Action Plan-guide for services provided)	Medical Case Manager		Ensures a client-centered Action Plan for future review with client. (Most often is not signed by client at this time)	- PE Action Plan Manual
Create Ryan White Progress Log (PL Funding Source = Ryan White)	MCM 4.0 (Documentation/progress log)	Medical Case Manager		Ensures documentation for client-level reporting in accordance with Program Guidelines.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable)

Go through Progress Log tabs - Services, Care Actions, Applications, Create Referrals (Link PL to goal in Action Plan)	MCM 2.3 Referral-follow up within30 days)	Medical Case Manager		Ensures documentation of a wide-range of services.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable) - RW Service Definitions - Core vs Support Services handout - Statewide Master Service Glossary (provides definition of SC services) - Agency service glossary (agency definitions) - PE Action Plan Manual - PE Referrals 101

4.3 Housing Documentation (If applicable per Housing Screening in Reassessment)

Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: www.scdhec.gov/rwhopwa
Create "Program Enrollment Housing (PEH)"	MCM 1.2 and/or 1.3 (Intake/Reassessment)	Housing Case Manager, Medical Case Manager		Ensures documentation of eligibility for Housing Case Manager and/or Housing Assistance.	- HOPWA TA - MCM Intake/Assessment - MCM Intake/Assessment Instructions
Create HOPWA Progress Log (PL Funding Source = HOPWA)	MCM 4.0 (Documentation/progress log)	Housing Case Manager, Medical Case Manager		Ensures adequate tracking of HOPWA activities in proportion with HOPWA funding.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable) - HOPWA TA - HOPWA guidelines

Action Plan – Housing component	MCM 2.2 (Action Plan)	Housing Case Manager, Medical Case Manager		Ensures adherence to HOPWA Program requirements (per HUD)	- PE Action Plan Manual - HOPWA TA - HOPWA guidelines
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4.4 Supervisor Review Process

Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: www.scdhec.gov/rwhopwa
From the Client Profile in PE, review run "Action Check for Completeness"		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures all critical data is entered, Streamlines reporting	
Complete Supervisor sign-off of Action Plan		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up to obtain client signature for Action Plan; Establishes on-going visit schedule for	

				client	
Review requirements of client documentation (HIV Verification, Income documentation etc)		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up to obtain client documentation	- Ryan White Part B – DHEC - Case Management Chart Review Tool - Provide Enterprise – Client Service Profile – Tab-Intake Documentation Checklist
Review Housing aspects of reassessment to ensure proper enrollment in HOPWA (if applicable)	HOPWA Guidelines	Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up	- HOPWA TA (HOPWA guidelines) - MCM Intake/Assessment - HOPWA – HOPWA Chart Review Tool
Review visit frequency	HOPWA Guidelines	Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up	
4.5 Documentation Process Checklist -Reassessment– Post Clinic Visit					
Activity	**MCM Standard Met**	**Typically Done By**	**Assigned To**	**Benefit of Action**	**Tools: www.scdhec.gov/rwhopwa**
Create Medical Encounter and enter clinical activities provided during Initial Visit to Medical Care *(Note: It is not necessary to do a Medical Encounter pre-visit for 1st clinical appointment)*		Clinical Support Staff		Ensures documentation of clinical quality for client-level reporting and SC Quality Management, in accordance with Program Guidelines.	- PE TA (Training module, session 1: Medical Encounter Form)

Medical Encounter – "Encounter" type ="Monitoring" or "Medical Care" Note: 1) Monitoring" should be used in the Medical Encounter for pre-visit activities 2) "Medical Care" will report as an "Outpatient Medical Visit" and should only be used when agency is provider or payer for medical services		Clinical Support Staff, MCM		Ensures documentation of clinical quality for client-level reporting and SC Quality Management, in accordance with Program Guidelines.	- Agency service glossary (agency definitions)

4.6 Shortcuts: Provide Enterprise (PE)
a. Medical Encounter – Sample text may be used in the notes section for Medical Encounters. Submit the sample language you wish to use. It will be added to list of text.
b. Informed Consent – Default Templates can be established to auto-select items for release to a particular organization. Demo this feature by testing an Informed Consent to ADAP Enrollment.
c. Standardize Documentation in Medical Encounter (e.g.) time in minutes, Encounter Type
d. Action Plan Templates are customizable in Provide Enterprise.

Qualitative: Provide a response to the questions below:	
1. Document your agency's process to obtain information specific to clinical services at first visit.	
2. Document any problems you experienced while implementing any of the above processes, e.g. Informed Consents.	

3. How can solutions to these problems be integrated into the Pre-visit process?	