CASE MANAGEMENT (NON-MEDICAL)

Cleveland TGA Definition: Includes advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

Services may be focused on housing information and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment.

Services may be focused on completing enrollment/eligibility information, assistance in obtaining health insurance benefits and enrollment information for third party payors, assistance and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment. Examples of third party payors include Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State and local health care and supportive services.

HRSA Definition: Case Management (Non-medical) include services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. May include:
• Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
• All types of case management encounters and communications (face-to-face, telephone contact, other)
• Transitional case management for incarcerated persons as they prepare to exit the correctional system

 Note: Does not involve coordination and follow up of medical treatments

Care and Treatment Goals: The overall goal of Non Medical Case Management Services within the Cleveland TGA is to provide access to high quality, effective medical, social, community, legal, financial, and other needed services all eligible PLWHA.

Service Objective: to establish a collaborative process that assesses, educates, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's health and human service needs. Case Management is seen as an encounter that involves assessment and basic care needs planning with the goal of independence for the client.

To accomplish the goal of case management services, each agency will:
   a. Ensure agency staff who provide direct services to clients are properly trained in case management;
   b. Hire case managers who meet the qualifications described in the agency case management job description;
   c. Ensure the availability of the case manager(s) to attend required meetings;
   d. Provide opportunities for required training and ongoing education;
   e. Maintain agency policies and procedures regarding confidentiality, client consent, grievance procedures and client rights;
   f. Assure that services are delivered in a culturally competent manner with special attention given to ensure accommodation of individuals with special needs;

    g.   Ensure that services are rendered in a timely and appropriate manner;

    h.   Ensure that the Standards of Care (SOC) are upheld; and

    i.   Provide ongoing supervision and support to each case manager.

Due to the episodic nature of HIV, it is expected that clients will have varying levels of need throughout their enrollment in services. Some clients may demonstrate a low level of medical need and would therefore benefit from *non-Medical Case Management*. Distinct case management categories are described in detail under separate sections (See description for Medical Case Management Services).

Program Components:

- Enrollment in non-medical case management (direct services only) is not permanent.
- Key activities of non-medical case management include, but are not limited to:
  a. Providing information and assistance with linkage to medical case management and psycho-social services as needed
  b. Advocating on behalf of clients to decrease service gaps and remove barriers to services
  c. Helping and empowering clients to develop and utilize independent living skills and strategies
  d. Providing unbiased and ethical services
  e. Helping clients with applications for all other resources available for their service needs.
- Activities that are not included in non-medical case management include, but are not limited to, activities that are related to medical care/treatment or adherence.
- Case management services are home and community-based. Non-medical Case managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the Case Management service provider agency. Case management shall provide for a face-to-face or phone contact, and a home visit, as determined by client need.
- Clients with a lower level of medical need, requiring only the direct services offered or referred by the agency (e.g., rental assistance and monthly medication refills) would benefit from *Non-medical Case Management*.

PERSONNEL:

Staff Qualification	Expected Practice

Minimum qualifications for Part A Providers:
All non-medical case managers will meet the qualifications for the position as outlined in the Agency's job description. The minimum requirements are:
  a. A minimum of an Associate's Degree from an accredited college or university; **or**
  b. A minimum of one year work experience with persons with HIV/AIDS or other catastrophic illness **preferred**; **and/or**
  c. State or National certification from a recognized state/national certification organization and/or licensing organization **preferred** (i.e. LBSW, LMSW, LCSW, LPC, LMFT, LCDC, etc,); **or**
  d. Non-medical Case managers employed prior to EFFECTIVE DATE and who did not meet the minimum qualifications listed above may be granted a waiver from these qualifications by the Administrative Agency; **and**
	Personnel files/resumes/applications for employment reflect requisite experience and education.

e. Knowledge and training in assessment of needs, formulation of care plans, monitoring of care plans and evaluation of case profiles; **or** f. Extensive knowledge of community resources and services.	
Each agency staff person who provides direct services to clients shall be properly trained in case management. Supervisors will be a degreed or licensed individual (by the State of Ohio) in the fields of health, social services, mental health, or a related area, preferably Master's Level.	Personnel files/resumes/applications for employment reflect requisite experience and education.
A minimum of ten (10) additional hours of orientation training must cover orientation to the target population and the HIV service delivery system in the Cleveland Transitional Grant Area (TGA), including but not limited to: a. The full complement of HIV/AIDS services available within the TGA b. How to access such services [including how to ensure that particular subpopulations are able to access services (i.e., undocumented individuals)] c. Ryan White Standards of Care (Universal and Service Category Standards) d. Education on applications for eligibility under entitlement and benefit programs other than Ryan White services will be included and periodically updated as changes occur.	Personnel file reflects completion of orientation and signed job description.
Ten (10) hours of training is required for all non-medical case manager. The training can cover the following topics of Medical Adherence, HIV Disease Process, Oral Health, Risk/Reduction/Prevention Strategies (including Substance Abuse Treatment); nutrition, employment, psychosocial topics of AIDS and the law, medically related federal and state benefits programs (e.g. Social Security, Medicare, Medicaid, Affordable Care Act).	
Each case management agency must have and implement a written plan for supervision of all case management staff. Supervisors must review a 10 percent sample of each non-medical case manager's case records each month for completeness, compliance with these standards, and quality and timeliness of service delivery. Non-medical Case managers must be evaluated at least annually by their supervisor according to written Agency policy on performance appraisals.	Agency has written plan for supervision of all case management staff. Agency will keep on file supervision logs demonstrating the review of random client files citing the date and outcome of chart reviews. Personnel files contain annual performance evaluations.
Each supervisor must maintain a file on each non-medical case manager supervised and hold supervisory sessions on at least a monthly basis. The file on the non-medical case manager must include, at a minimum: a. Date, time, and content of the supervisory sessions b. Results of the supervisory case review addressing, at a minimum of completeness and accuracy of records, compliance with standards and effectiveness of service.	A. Documentation of supervision provided B. Supervisors' files on each case manager reflect ongoing supervision, supervisory sessions and case review as described above.

Description of Service (HRSA Program Monitoring Standards April 2013):

STANDARD	PERFORMANCE MEASURE/METHOD	MONITORING STANDARDS	LIMITATIONS
Support for **Case Management (Non-medical)** services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services May include: • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case management for incarcerated persons as they prepare to exit the correctional system ***Note:*** Does not involve coordination and follow up of medical treatments	Documentation that: • Scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services • Where benefits/ entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services • Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, other) Where transitional case management for incarcerated persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period	Maintain client records that include the required elements as detailed by the grantee, including: • Date of encounter • Type of encounter • Duration of encounter • Key activities, including benefits/ entitlement counseling and referral services Provide assurances that any transitional case management for incarcerated persons meets contract requirements	

QUALITY MANAGEMENT:

Program outcome:
- **80% of clients will have completed eligibility (Residence, Income, Positive, Insurance, Sliding Fee)**
- **80% of clients will have completed eligibility every 6 months (Residence, Income, Positive, Insurance, Sliding Fee)**
- Services address client access and adherence to medical care

Indicators: Number of self-sufficient clients

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
I. Structure					
The objectives of the enrollment process are: ➢ Inform the client of: • all services available AND • all Ryan White funded case management agencies in the area • what client can expect if s/he enrolls in case management services; ➢ Establish client eligibility for services; ➢ Collect required state/federal client data for reporting purposes; ➢ Completion of a complete CareWare intake including RSR elements	Documentation in client's chart and in CareWare.	Number of clients who have 5 eligibility requirements	Number of clients	CareWare Client charts	80% of all clients will have a signed acknowledgement form of services available and have acuity score in CareWare.
Funded Non-Medical Case Management agencies must be able to: ➢ Make initial contact with client within five (5) working days of receiving request for services. ➢ Provide enrollment within ten (10) working days of initial contact; ➢ Schedule an appointment at the client's convenience; ➢ Refer the client to another agency in the event of a waiting list or any capacity constraints prohibiting an agency from serving a client immediately.	Agency policy and procedures reflect the availability of walk-in services. Documented referral kept on file at the agency.	Number of client contacts within 5 days	Number of clients	CareWare Client charts	80% of all agencies funded for Non-Medical Case Management will show a 10 working day enrollment process period.
II. Process					
Within ten (10) working days of eligibility determination, an **intake** shall	Documentation of intake will include: Cleveland TGA	Number of clients with	Number of clients	CareWare and/or client	80% of all clients enrolled in non-medical case management will have

be completed to evaluate the client's needs and will be reassessed every 6 months.	Eligibility Form •	completed eligibility form		charts	a completed intake within 10 working days of enrollment and will be reassessed annually.
After completion of intake, results shall be reviewed and analyzed by a non-medical case management supervisor. .	Client chart contains documentation of review and case assignment by supervisor	Number of clients enrolled	Number of clients	Client charts	80% of all clients enrolled with complete intake shall have documentation of a supervisor review for appropriateness.
A client file should be closed from non-medical case management services through a systematic process that includes a case closure note in the client's record. The case closure note will include a reason for the closure and a transition plan to other services or other provider agencies, if applicable. If client does not agree with the reason for discharge, s/he should be informed again of the provider agency's grievance procedure. A client may be discharged from HIV case management services for the following reasons: a. death; b. at the request of the client (client no longer needs or desires services); c. if a client's actions put the agency, non-medical case manager, or other clients at risk of harm or danger; d. if client moves out of the service area; an attempt should be made to connect client to services in the new service area; or; e. if after repeated and documented attempts, a case manager is unable to reach a client for a period of six	Documentation of discharge in client chart.	Number of clients discharged.	Number of clients	CareWare and/or client chart	75% of all clients discharged from non-medical case management will have documentation in chart with reasons for discharge.

(6) months. This criterion recognizes that some clients require only minimal services, such as information and referral; thus, may be having only periodic contact with the case manager. Ideally case managers should check in with their clients monthly as determined by client need, but at a minimum of every three (3) months. ** Note: Eligibility Specialists do not close cases.					
In all cases, non-medical case managers shall ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs. For example, if a client were moving to another area, the non-medical case manager would ideally refer the client to an appropriate provider in that area; or if the client has to be discharged from services, the non-medical case manager may, as is appropriate to the circumstance, provide the client with a list of alternative resources. ** Note: Eligibility Specialists do not close cases.	Documentation in client's record indicating referrals or transition plan to other providers/agencies.	Number of clients transitioning.	Number of clients	Client chart and/or CareWare	80% of all clients transitioning from case management care are linked with appropriate services to meet their needs.