

Non-Medical Case Management Services

SERVICE CATEGORY DEFINITION

Non-Medical Case Management Services:

Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Services may focus on:

- Housing coordination and referral assistance to enable an individual to gain or maintain access to and compliance with HIV related medical care and treatment. Or,
- Benefit coordination to include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individual care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family member's needs and personal support systems

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga or Medina County)
- ◇ Have an HIV/AIDS Diagnosis
- ◇ Have a household income that is at or below 500% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of HIV infection, race, creed, age, sex, gender, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

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PERSONNEL QUALIFICATIONS

An individual providing non-medical case management services must have a basic knowledge of HIV/AIDS and/or infectious disease and be able to work with vulnerable targeted subpopulations as documented through personnel records.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of non-medical case management services is to provide housing and benefit coordination for people living with HIV/AIDS that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for case management non-medical are:

- 100% of Non-Medical Case Management Services are provided by case managers trained to work with the population that they serve.
- 80% of Non-Medical Case Management clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test in the measurement year.

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SERVICE STANDARDS

	Standard	Measure	Goal
1	* Non-medical case management services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	100%
2	Client file includes documentation of the date of each encounter.	Documentation of date of encounter evident in client chart.	80%
3	Client file includes documentation of the duration of each encounter.	Documentation of duration of encounter evident in client chart.	80%
4	Client file includes documentation of type of each encounter (e.g. face-to-face, phone, etc.).	Documentation of type of encounter evident in client chart.	80%
5	Client file includes documentation of key activities performed during each encounter.	Documentation of key activities of each encounter evident in client chart.	80%
6	Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client report)	80%
7	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%
Non-Medical Case Management - Benefit Coordination Only			
8	Services are focused on assisting client in obtaining access to both public and private benefit programs for which they may be eligible.	Documentation that services tie to benefit coordination evident in client chart.	80%
Non-Medical Case Management - Housing Specialist Only			
9	* Client file includes a completed individual care plan specific to housing.	* Documentation of completed housing plan evident in client chart.	80%
10	* Client file includes documentation that services are focused on housing information and referrals to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment.	* Documentation of activities evident in client chart.	80%

* Indicates Local TGA Standard of Care
 All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities on file. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibility.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information for all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. Each agency must provide for effective communication between the service provider and a person with limited English proficiency to facilitate participation in, and meaningful access to services.

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the release of information form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another Ryan White Part A provider, the agency must:

- Honor the request for transfer from the client
- Provide the client with a list of other community providers to choose from and
- Transfer a copy of all necessary client records to the new provider upon receipt of written request by the client.