

## CONTENTS

<b>Non-Medical Case Management Standards of Care.....</b>	<b>2</b>
HRSA Service Category Definition.....	3
Client Intake and Eligibility .....	3
Personnel Qualifications.....	4
Care and Quality Improvement Goals.....	5
Service Standards, Measurements, and Goals.....	6
Client Rights and Responsibilities.....	8
Client Records, Privacy, and Confidentiality .....	8
Cultural and Linguistic Competency.....	9
Client Grievance Process .....	9
Case Closure Protocol.....	9

## NON-MEDICAL CASE MANAGEMENT STANDARDS OF CARE



Non-Medical Case Management provides guidance and access to needed services to assist clients in staying engaged in medical care and becoming virally suppressed. The following standards identify the minimum expectations for Non-Medical Case Management services funded by the Arizona Ryan White Part B Program.

## HRSA Service Category Definition

**Non-Medical Case Management Services (NMCM)** is the provision of a range of client centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- 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 members' needs and personal support systems

**Program Guidance:** NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Source: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

## Client Intake and Eligibility

All subrecipients are required to have a client intake and eligibility policy on file. It is the responsibility of the subrecipient to determine and document client eligibility status as outlined in the Arizona Department of Health Services Ryan White Part B Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every 6 months.

Eligible clients must:

- Provide proof of HIV diagnosis
- Live in the state of Arizona and provide proof of residency\*
- Earn less than [400% of the federal poverty level](#)
- Participate in the insurance option for which he or she is eligible that best meets his or her medical needs
- Submit the Arizona Ryan White and ADAP application in [English](#) or [Spanish](#) and required supporting documentation. Support documents must include:
  - Documented viral load labs within the past 6 months
  - AHCCCS (Arizona's Medicaid program) approval or denial for clients under 150% of the federal poverty level
  - Proof of income
  - Proof of residency
  - Proof of insurance (if applicable)
  - Taxes for clients enrolled in an ADAP-funded Marketplace plan
  -

Additional details on support documentation requirements are outlined in the Ryan White Part B/ADAP Application, and the Eligibility Processing Guide. All eligibility policies, documents, and training materials can be found on the Health Services Portal.

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

\*Clients who reside in Maricopa County or Pinal County fall under Part A jurisdiction. If a client who resides in Maricopa County or Pinal County wishes to receive Part B services, or vice versa, a request for exception must be submitted to the Part A and B Program Managers.

## Personnel Qualifications

Non-Medical Case Managers must meet the following education and/or experience requirements:

- High school (HS) diploma or General Education Development (GED) and 1 year of experience working with persons living with HIV; or HS diploma or GED and additional health care training; or

- At least 1 year basic knowledge of HIV/AIDS and/or infectious disease and/or experience working with underserved or vulnerable populations.

Additionally, all Non-Medical Case Management staff must complete:

- An introductory training on HIV within 90 days of employment;
- At least 2) hours of cultural competency training annually; and
- At least 6 hours of HIV-specific continuing education trainings annually. Ongoing training should include, but is not limited to, (a) ADAP requirements including ADAP/Insurance training, (b) Medicaid, Medicare, SSI, SSDI, (c) HIV case management standards, and (d) cultural competency.

Completion of any and all required trainings must be documented and kept in staff personnel files. If new staff previously completed the required trainings, they do not need to be repeated, but documentation of prior trainings must be kept in personnel files.

## Care and Quality Improvement Goals

The overall goal of Non-Medical Case Management is to provide clients with guidance and assistance in accessing services that support engagement in medical care and adherence to treatment so that they may become virally suppressed.

Clinical Quality Improvement goals for Non-Medical Case Management are:

- 100% of all client files include a completed initial eligibility intake, assessment of needs, and acuity score.
- 90% of clients receiving Non-Medical Case Management services are actively engaged in medical care as documented by a medical visit in each 6 month period in a two-year measure and in the second half of a single year measure.  
\*Exception in cases with documentation from clinician stating client is seen once a year.
- 90% of clients receiving Non-Medical Case Management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 90% of clients receiving Non-Medical Case Management services are virally suppressed as documented by a viral load less than 200 copies/mL at last test.

## Service Standards, Measurements, and Goals

Standard		Measure	Data Source	Goal
1	Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Non-Medical Case Managers.	Administrative documents, personnel files	100%
2	Non-Medical Case Management clients receive an annual assessment of service needs.	Documentation of assessment of service needs.	Client file	100%
3	Clients receive coordinated referrals, assessment, and information for services.	Documentation of referrals and service coordination.	Client file	100%
4	Clients have a completed individual service plan with SMART goals signed by the client and case manager.	Documentation of a completed individual service plan with client and case manager signatures is included in the files of all clients receiving services in the measurement year.	Client file	100%
5	Client individual service plan is updated annually.	Documentation that individual service plan is updated at least once a year.	Client file	90%
6	Clients will have an acuity scale completed and documented reflecting their current acuity level updated every 6 to 12 months.	Documentation of acuity scale.	Client file	100%
7	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.	Client file, CAREWare	90%
8	Clients are retained in medical care.	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of	Client file, CAREWare	90%

Standard		Measure	Data Source	Goal
		60 days between visits.		
9	Clients have no gaps in medical care.	Documentation that the client had a medical visit in the first and second halves of a 12-month measurement period.	Client file, CAREWare	90%
10	Clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART.	Client file, CAREWare	90%
12	Clients are assessed and enrolled in insurance when eligible.	Documentation of assessment and enrollment when applicable.	Client file, CAREWare	100%
13	A discharge summary (for any discharge reason) must be placed in client file within 30 days of discharge date.	Discharge summary in client file within 30 days of discharge date.	Client file	100%
14	Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is lost to care (cannot be located), the subrecipient will:</p> <ul style="list-style-type: none"> <li>a. Make and document a minimum of 3 follow-up attempts over a period up to 3 months.</li> <li>b. Mail a certified letter to client's last known mailing address within 5 business days of the last attempt at contact. The certified letter must notify client of pending inactivation 30 days from the date of the letter if an appointment is not made to re-screen.</li> <li>c. Subrecipient refers</li> </ul>	Client file, CAREWare	100%

Standard		Measure	Data Source	Goal
		client to EIS services.		
15	Clients are virally suppressed.	Documentation of a viral load less than 200 copies/mL at last test.	Client file, CAREWare	90%
16	Supervisor chart review.	The supervisor will sign and date each client record reviewed and maintain a record of all reviewed charts. At a minimum, the sampling methodology will comply with <a href="#">HIVQUAL standards</a> or equal 20% of all client charts quarterly.	Administrative documents	90%

## Client Rights and Responsibilities

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

## Client Records, Privacy, and Confidentiality

Subrecipients 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 clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the Arizona Department of Health Services.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated



signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years.

## Cultural and Linguistic Competency

Subrecipients must adhere to the [National Standards on Culturally and Linguistically Appropriate Services](#).

## Client Grievance Process

Subrecipients must have a written grievance procedure policy in place that allows for 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 grievance procedure policy form must be kept in the client's record.

## Case Closure Protocol

Subrecipients must have a case closure protocol on file. The reason for case closure must be documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the client's request.

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