



# Non-Medical Case Management Services

## 2012 Service Area Review Summary

HRSA Support Service

Essential Access Service—  
Continuum of Care

Comprehensive Plan—YES

**Case Management (Non-Medical)** - includes the provision of 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, as medical case management does. Includes the following service activities:

**A. Benefits Counseling** - provides information related to returning to or leaving the work place, health insurance and disability benefits, and public health and income assistance programs to people living with HIV/AIDS. Also provides advocacy on behalf of individual clients who are encountering system barriers in accessing benefits through interaction with HIV specific and non-HIV specific providers.

**B. Treatment Adherence Counseling** - the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

There is currently 1 contract with metro providers and 0 contracts with greater MN providers to serve 328 clients.

### DATA SUMMARY HIGHLIGHTS

The Council current allocates resources to Benefits Counseling but does not currently allocate resources to Treatment Adherence Counseling.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 74% of the 513 respondents indicated that they had not received counseling and/or information related to returning to or leaving the work place, health insurance and disability benefits, and public health and income assistance programs within the past year. Of those who had not received counseling and/or information related to returning to or leaving the work place, health insurance and disability benefits, and public health and income assistance programs in the past year (n=381), thirty-one people (8%) indicated that they needed to receive counseling and/or information related to returning to or leaving the work place, health insurance and disability benefits, and public health and income assistance programs in the past year. The barriers or reasons listed by those 31 people who needed to but were unable to receive counseling and/or information related to returning to or leaving the work place, health insurance and disability benefits, and public health and income assistance programs during the past year included inconvenient process/poor information (12), inability to find information about services (10), personal/health issues (6), budget cuts/plan ended (2), transportation issues (2), income level too high (1), and rural area (1).

In the 2010 Comprehensive Needs Assessment, respondents answered similarly when asked, "During the past 12 months, did you receive assistance in finding the best health insurance option or benefit package that best suits your needs?" Seventy percent of the respondents (n=513) indicated that they had not received assistance in the past 12 months finding the best health insurance option or benefits package that best suits their need. Of those who had not received assistance in the past 12 months finding the best health insurance option or benefits package that best suits their need (n=359), thirty people indicated they needed assistance in finding the best health insurance option or benefit package that best suits their needs. The barriers or reasons listed by those 30 people who needed to but were unable to receive assistance in finding the health insurance option or benefit package that best suits their need during the past year included inconvenient process/poor information (16), complicated system (6), and income level too high/low (2).

If current funding streams continue to decrease, the need for triage and referral services may become even more important

### CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
13 out of 26 service areas	13 out of 25 service areas

### ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$109,000	(33%)		
2010	\$161,000	(5%)	\$161,584	100%
2009	\$168,600	17%	\$168,600	100%

### UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	338	5% (n=6,814)	8% (n=4,131)
2009	275	4% (n=6,552)	7% (n=3,700)
2008	NA	NA	NA

### ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=513)		
Accessed Service in last 12 months - n=132 - 26%	Did NOT Access Service in last 12 months - n=381 or 74%	
	Did not Need service n=350	Needed service, but unable to access n=31
	92%	8%



# Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—  
Continuum of Care

Comprehensive Plan—  
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

## DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

## CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

## ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

## UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

## ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%