

Ryan White Program
Service Area Standards: Non-Medical Case Management
Approved December 12, 2017

Purpose

The purpose of Ryan White Non-medical Case Management Standards are to ensure that uniformity of service exists in Minnesota such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard. The purpose of Non-medical Case Management Services Standards is to address access to care needs so that a person is able to engage in and maintain participation in HIV medical care.

HRSA Description: 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

Key activities that may be included for non-medical case management:

- Screening clients for eligibility for all public and private benefits and entitlement programs such as Ryan White Funded services, Program HH (including ADAP), MNSure, Disability services, Unemployment, General Assistance, Veteran Benefits (etc.)
- Periodic re-assessment of client needs for clients receiving longer term non-medical case management services
- Medical care and treatment engagement.

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.

Service Goals: The goal of non-medical case management is to promote and support client independence and self-sufficiency. As such, the non-medical case management process should be a strengths based, client-centered approach that requires the consent and active participation of the client in the decision-making process. The goal should be to support client's right to privacy and confidentiality. The service promotes the client's dignity and is respectful. Services are to be delivered with compassionate, non-judgmental and with a culturally competent approach.

The intended outcomes for non-medical Case Management for persons living with HIV/AIDS includes:

1. Engagement in maintenance of comprehensive health care and social services.
2. Improved integration of services provided across a variety of clinical and social service settings
3. Decrease in service gaps and barriers to needed services.
4. Guidance, information and assistance to improve access to medical care and support service

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.

Non-medical case management may include a variety of programs. Examples are listed below:

Patient Navigator: Refer clients within a healthcare facility, including walking them to the referral point, explaining why the referral was made and what services will be given at the referral point, and ensure the client is seen by subrecipient in a timely manner.

Linkage to Care: Link newly diagnosed persons who are HIV positive or out of care to medical and other supportive services. Follow-up encounters are provided for tracking and monitoring outcomes of services and referrals made.

Benefits Counseling: Assist clients in assessing and accessing health care coverage for which they are eligible as well as other benefits such as social security, SSI, and other financial and cash assistance.

Community Support Services: Provide short-term services to HIV positive persons to address access to housing assessments, benefits counseling, mental health navigation or other specific psychosocial needs.

Brief Services: Provide limited assistance, within a 6 month period, focusing on a specific issue for clients who are otherwise independent and engaged in medical care and/or for clients who may not be able to meet the standards of contact required by medical case management.

All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Client Focused/Programmatic Standards	Measure	Data Source
<p>1. Service Provision Policy & Procedure will address the following:</p> <p>1.1 Intake, assessment of needs, service planning, referrals, linkage, monitoring and follow up, case closures</p> <p>1.2 Ensure non-duplication of efforts or services; after a 6 month period, client should choose between non-medical case management and medical case management</p> <p>1.3 Clients should be referred to medical case management if they don't have suppressed virus and have long-term core medical and support service needs</p> <p>1.4 Referrals to and confirmed linkage to medical or crisis intervention services</p>	1.1-1.4 Policy and Procedure in Program Files.	<p>1.1 File review/Site visits.</p> <p>1.2 Policy Statement/ Site visits</p>
<p>2. Documentation of client eligibility</p> <p>2.1 The subrecipient must screen for service eligibility based on Universal Standards</p>	2.1 Policy and Procedure in Program Files.	2. File Review/Site Visits
<p>3. Referrals</p> <p>3.1 Client is informed of services available for referral and what to expect from the service.</p> <p>3.2 Each referral shall contain: name of agency, location, phone and/or e-mail, approximate date when service may begin.</p> <p>3.3. Subrecipient will follow-up and document disposition (outcome) of referral to ensure that factors such as cultural appropriateness, geographic and other factors that may affect the aptness of referrals are addressed</p>	3.1 – 3.3. Documentation in Program files.	3. Site Visits
<p>4. Additional programmatic standards (ex: Develop Care Plan)</p> <p>4.1. Development of Care Plan for each client</p> <p>4.2. Close client file once assistance is completed.</p>	4.1 - 4.2 Policies and Procedures in Program Files	4. File Review/Site Visits

Subrecipient Focused Standards	Measure	Data Source
<p>5. Subrecipient staff qualifications:</p> <p>5.1 Non-Medical Case Manager:</p> <ul style="list-style-type: none"> • Bachelor's Degree in Health or Human Services or related field, or 	5. Policy in program files	5. File Review/Site Visits

<ul style="list-style-type: none"> • Minimum one-year experience in HIV or social services related work or a combination of education and experience providing equivalent knowledge • Staff is knowledgeable about available resources to avoid duplication of services 		
<p>6. Client Intake/Application:</p> <p>6.1 Client must meet Ryan White eligibility requirements</p> <p>6.2 Agency shall have an intake or application process that includes assessment of non-medical case management needs</p> <p>6.3 Client information is collected to facilitate referrals and follow-up as needed.</p> <p>6.4 Clients must be closed and client must be informed of closure at the conclusion of service.</p>	<p>6.1-6.4 Intake or application approved by Ryan White Program and included in individual client files.</p>	<p>6.1-6.4 File Review / Site Visit</p>