Nevada Office of HIV/AIDS
Ryan White Part B Program
Standard of Care:
Non-Medical Case Management Service

I. HRSA Service Definition

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized 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 members' needs and personal support systems

Program Guidance: 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.

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Grantee Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

II. Service Goals and Objectives

To provide coordinated HIV services that improves the quality of life for clients in Nevada.

A. Provide HIV/AIDS non-medical case management benefits counseling and intervention services by identifying and minimizing barriers to care access, developing personal care plans, setting goals and obtaining needed services.

III. Currently Funded Non-Medical Case Management Services

A) Initial Assessment/Development
B) Reassessment/Redevelopment
C) Referral and Related Activities
D) General Monitoring

E) Health & Wellness Engagement/Reengagement (RiC)

IV. Non-Medical Case Management Eligibility

Before services are provided under this Service Category, Provider Agency staff must ensure current Ryan White Part B enrollment by using the client's Member ID Card with valid dates or through CAREWare's Eligibility and Enrollment Fields tab.

The following eligibility criteria are specific to non-medical case management services: Client has been referred to a RWPB Non-Medical Case Management Provider from another RWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside RWPB provider. If the client is referred to the NMCM Provider from a non-RWPB provider, the NMCM Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the NMCM Provider is responsible for logging the referral in CAREWare.

In order to assist in delivering essential services to individuals living with HIV in the most effective manner, the Nevada Office of HIV/AIDS – Ryan White Part B program is authorizing under its granted responsibility the ability for the subgranted Eligibility and Enrollment Providers to allow retroactive eligibility for up to 30 days for NMCM Services.

V. Service Delivery

Initial Assessment/Development (Service A)

Comprehensive assessment individual needs, to determine the need for any medical, educational, social, or other services. Case Management assessments will include an evidenced-based screening tool to be conducted on clients during intake and on an annual basis in order to determine referrals into substance abuse, mental health services, or other services.

Development of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.

Reassessment/Redevelopment (Service B)

Comprehensive reassessment individual needs, to determine the need for any medical, educational, social, or other services. A reassessment should be done no sooner than six months after the previous assessment. Case Management assessments will include an evidenced-based screening tool to be conducted on clients during intake and on an

annual basis in order to determine referrals into substance abuse, mental health services, or other services.

Periodic revision of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.

Referral and Related Activities (Service C)

Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

General Monitoring (Service D)

The case manager should engage in continuous contacts to assess the client's response to the care plan. This can be collaboration with the client, family or caregiver, or providers of services. The case manager should be in contact regularly with the client to be aware of any changes in the client's service needs or life events.

Retention in Care Contact (Service D)

Contacts made through the Retention in Care Project for clients who might be marginally connected to care by having an alternate payer source other than the Nevada ADAP for their medications or who have lapsed in their Nevada Ryan White HAP enrollment. These can be via telephone, digital, in-person, etc. At least one contact or two attempts to contact must be made with each client in the Retention in Care Project with the result of that contact being captured in the RiC Project Subform in CAREWare.

Staff will complete a standardized contact and short assessment with all clients to determine readiness and need for services, taking into account the following factors: (1) barriers to enrollment in RWPB and adherence to medications and medical care; (2) history of adherence, treatment, and opportunistic infections; and (3) the sufficiency of self-management and to provide referrals, when appropriate, to prevent lapses in care.

VI. Licensing, Knowledge, Skills, and Experience

Non-Medical Case Management is provided by a non-medical personnel but shall have had at least six months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, aging, supportive work with youth, corrections, or public relations. The minimum educational experience shall be a B.A. or B.S. degree in any of the following disciplines; psychology, social work, counseling, sociology, community health, and

public health or an associate's degree with three years in a related field. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV they must receive HIV specific training within six months of hire.

VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded Non-Medical Case Management. It is expected that all providers follow these standards as well as the universal programmatic and administrative standards of care. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

IX. References and further reading

All Part B funded providers should read their individual Part B contracts as well as but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative Standards of Care.

AETC National Resource Center for Case Management Activities for Persons Living with HIV.

Federally approved clinical guidelines for the treatment of HIV

HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.

HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.

Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Standards of Care, 2014-2015.

Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.

Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.

X. Revision Schedule

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XI. Contact

For further information or clarification please contact the Nevada Office of HIV Prevention and Care, Ryan White Part B Program Care Services Specialist at (702) 486-5665.