



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

SERVICE CATEGORY DEFINITION

Eligibility/Intake Specialist or Non-Medical Case Management (NMCM):

Eligibility/Intake specialist or Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Eligibility/Intake Specialist or Non-medical case managers meet with potential clients to determine clients' eligibility for RW-funded services and, if deemed eligible, assists the client to complete the appropriate paperwork; also assist clients to access benefits programs such as Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicare, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Affordable Care Act (ACA) and other services.

The Eligibility/Intake Specialist or Non-medical case manager should coordinate services with the clients assigned medical case manager to document continuity of services and care. If the client is deemed ineligible for any of the above programs, the Eligibility/Intake Specialist or Non-medical case manager refers the client to available community resources.

Services may focus on:

- Determine client eligibility for various RW-funded services (including MCM and the AIDS Drug Assistance Program [ADAP], Affordable Care Act [ACA] and other community resources;
- Obtain proper HIV status documentation and residency information;
- Conduct client intake interviews and complete intake application and all required forms;
- Schedule/coordinate MCM Assessment appointment;
- Provide client orientation for new clients;
- Perform the six-month eligibility review and obtain necessary documents as identified in the standards;
- Maintain documentation and program notes in the client records per program requirements and standards;
- Complete required data entry into CAREWare;
- Coordinate with Outreach, Peer Navigation, and Care Coordination staff to facilitate



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

- Coordinate eligibility and intake services with community agencies, hospitals, and physician practices to assist clients to access services; and
- Maintain current information on all frequently used community resources, as needed

CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's 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 Ryan White Part A—Norfolk TGA Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients must:

- ◇ Live in the Norfolk TGA (Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Hampton, Newport News, Poquoson, Williamsburg, York County, James City County, Gloucester County, Matthews County, Isle of Wight and Currituck County, North Carolina)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 400% 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 identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

PERSONNEL QUALIFICATIONS

Eligibility/Intake Specialist or Non-medical case managers are required to have:

1. A high school (HS) diploma or General Education Development (GED) and one year of experience working with persons living with HIV, or HS diploma or GED and additional health care training.



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

2. Complete a minimum training regimen within one year of their hire date that includes:
 - a. ADAP requirements including ADAP/Insurance training,
 - b. Training in HIV 101 to include HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral, and prevention,
 - c. Medicaid, Medicare, SSI, SSDI,
 - d. HIV case management standards, and
 - e. Cultural competency.

****If newly hired and have previously completed the required training(s), staff are not required to repeat it. Documentation of completion of required trainings must be kept in the personnel file.***

3. Five hours of continuing education in HIV/AIDS is required annually. Ongoing training on changes to benefits programs, such as Medicare, Medicaid, SSI, SSDI, etc. is also required annually. Documentation of completion of required trainings must be kept in the Eligibility/Intake Specialist's personnel file.
4. Documentation of completion of this training must be kept in the Eligibility/Intake Specialist or Non-Medical Case Manager's personnel file. VHARCC offers a variety of trainings and consultation services. More information can be found at:
<http://www.VHARCC.com>

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of non-medical case management is to provide coordination of services for eligibility in RW core and support services, medical case management and benefits coordination.

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

- ◆ 100% of all client files include documentation of a completed initial eligibility intake.
- ◆ 80% of clients receiving non-medical case management services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two-year measure and in the second half of a single year measure.



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

- ◆ 80% of clients receiving non-medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 80% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Eligibility/Intake Specialist or Non-medical case managers.	100%
2. Non-medical case management clients receive an annual assessment of service needs.	Documentation of assessment of service needs is included in the file of all clients at least once in the measurement year.	100%
3. Clients receive coordinated referrals, assessment, and information for services.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
4. 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 as documented.	80%
5. 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 60 days between visits as documented.	80%
6. 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 as documented.	80%



**Norfolk TGA Ryan White Part A
NON-MEDICAL CASE MANAGEMENT (NMCM)
SERVICE STANDARD**

7.	Clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented.	80%
8.	Clients are assessed and enrolled in the Affordable Care Act (ACA) when eligible.	Documentation of assessment and enrollment when applicable.	100%
9.	A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
10..	Clients lost to care have documented attempts of contact prior to discharge.	If client is "lost-to-care" (cannot be located), the subrecipient will: a. make and document a minimum of 3 follow-up attempts over a 3-month period after first attempt. b. A certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. c. Subrecipient refers client to EIS services.	100%
11.	Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	80%



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient's 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 that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Subrecipient's 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). Subrecipient's 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 on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Norfolk Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.



Norfolk TGA Ryan White Part A NON-MEDICAL CASE MANAGEMENT (NMCM) SERVICE STANDARD

CLIENT GRIEVANCE PROCESS

Each Subrecipient 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 grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the Subrecipient must honor the request from the client.