



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** Medical Case Management

## I. HRSA Service Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include: Initial assessment of service needs

- 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
- 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
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance: Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** **Medical Case Management**

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 assist RWPB clients with medication and treatment adherence through coordination and follow-up of medical treatment and through assisting clients with navigating life concerns that impact health care in order to achieve viral suppression.

Continue to provide to clients, currently in medical case management, an assessment of the client's individual HIV specific and non-specific needs, a comprehensive client-centered service plan including referrals to outpatient/ambulatory medical care, supportive services, any other referrals required to meet the clients HIV health needs, and management and review of comprehensive service plan.

## III. Currently Funded Medical Case Management Service Activities

- A) Initial Assessment/Development
- B) Reassessment/Redevelopment
- C) Referral and Related Activities
- D) General Monitoring
- E) Treatment Adherence Counseling Consultation

## IV. Medical Case Management Services 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 Medical Case Management services: Client has been referred to a RWPB MCM 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 MCM Provider from a non-RWPB provider, the MCM Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the MCM 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 MCM Services.



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** Medical Case Management

## 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 Activates (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 in 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 medical condition, service needs, or life events.



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** Medical Case Management

## Treatment Adherence Counseling (Items E)

Contacts made under Treatment Adherence Counseling are specifically to advise clients via telephone, digital, in-person, etc. about the importance of adherence to medication treatments, primary and specialty doctor visits, and laboratory visits. Treatment Adherence Counseling is to be done by and with the Medical Case Manager or Case Management Team in a non-outpatient setting.

## Discharge Planning

Unplanned discharge from case management services may affect the client's ability to receive and stay compliant with medical care. Therefore it is mandatory that at least three attempts be made over no more than a three month period to contact the clients who appear to be lost to follow-up (those who haven't had an appointment with the agency for a period of twelve months or more in moderate services or three months or more in intensive services). Clients who cannot be located after three attempts shall receive a formal letter by mail explaining their reason for discharge. A client may be discharged from case management services for any of the following conditions:

- The client is deceased.
- The client has become ineligible for services (e.g., due to relocation outside the TGA or fails to meet other eligibility criteria).
- The client no longer demonstrates need for case management due to their own ability to effectively advocate for their needs.
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client is being discharged from the correctional facility at which they are receiving jail case management services.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.
- The client cannot be located after documented three attempts for a period of no less than three months.
- The client is transitioning into another level of case management services within the Part B system. In this case to ensure a smooth transition, relevant intake documents maybe forwarded to the new service provider and case managers from both agencies should work together to provide a smooth transition for the client and ensure that all critical services are maintained.



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** Medical Case Management

## VI. Licensing, Knowledge, Skills, and Experience

Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services.

Any staff that is considered “other health care staff” positions will need prior approval by the grantee regarding the qualifications of these positions to ensure compliance with the approved program model as well as within the scope of allowable credentials approved by HRSA.

Registered Nurses and Licensed Social Workers are the primary professional staff that are designed to be a Medical Case Manager.

## VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded Medical Case Management. It is expected that all providers follow these standards as well as the universal programmatic and administrative **National Monitoring Standards**. 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 **National Monitoring Standards**.

[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, Service Standards](#)



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards** **Medical Case Management**

[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

Published	February 9, 2017	Located at <a href="http://dph.nv.gov">dph.nv.gov</a>
Revised	October 6, 2017	

## 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.