

# POLICY AND PROCEDURE NOTICE: PPPN-052 NON-MEDICAL CASE MANAGEMENT SERVICES

**Summary and Purpose of PPN**: To guide the administration of the Ryan White Part A Program to provide a standard Priority Service definition and requirements.

#### **Authority:**

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A <a href="https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf">https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf</a>
- HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
   <a href="https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN">https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN</a> 16-02Final.pdf
- Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions
   <a href="https://hab.hrsa.gov/sites/default/files/hab/Global/faq service definitions pcn final.pdf">https://hab.hrsa.gov/sites/default/files/hab/Global/faq service definitions pcn final.pdf</a>
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS
   Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal –
   Part A and B (Covers Both Fiscal and Program Requirements)
   <a href="http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf">http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf</a>

#### **Background:**

## **Atlanta EMA Quality Management Standards**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. These standards set forth the minimal acceptable levels of quality in service delivery and to provide measurement of the effectiveness of services. EMA Standards of Care may be found on the Ryan White Part A website at <a href="https://www.ryanwhiteatl.org">www.ryanwhiteatl.org</a>.

Also see PPPN-038 Compliance with Standards.

**Service Definition** 

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 provide coordination, 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. Additional services include transitional case management for incarcerated persons as they prepare to exit the correctional system.

### **Policy and Procedure:**

- 1. Services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services which may include:
  - Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
  - All types of case management encounters and communications (face-to-face, telephone contact, other)
  - Transitional case management for incarcerated persons as they prepare to exit the correctional system

**Note:** Does not involve coordination and follow up of medical treatments

- 2. Subrecipient is expected to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:
  - Where transitional case management for incarcerated persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period
  - Clear statement of required and optional case management services and activities, including benefits/entitlement counseling
  - Full range of allowable types of encounters and communications
  - Client records document at least the following:
    - Date of each encounter
    - Type of encounter (e.g., face-to-face, telephone contact, etc.)
    - Duration of encounter
    - Key activities
    - Individualized Service/Care Plan
- 3. Subrecipient is expected to ensure non-medical case management services have as their objective the provision of 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.
- 4. Non-medical case management staff should work as a coordinated team to ensure client can meet the goals of individualized care plan. Non-medical case management staff may include a community health worker, peer navigator, and social worker.

Non-Medical Case Management			
Subservice Name	Definition	Unit	Funding
Initial Enrollment - Non-Medical	Intensive enrollment visit. Includes initial intake and assessment. Includes explanation of program, education on navigating health care system, discussion of needs, and collection of eligibility information (income, etc.). May include assistance in obtaining medical, social, community, legal, financial, and other needed services.	15 minutes	<b>Sources</b> A,B,C
Face-to-Face Interim Contact - Non- Medical	Direct face-to-face contact with client. Includes obtaining updates on needs and income. May include assistance in obtaining medical, social, community, legal, financial, and other needed services.	15 minutes	A,B,C
Non Face-to-Face Interim Contact - Non-Medical	Non-face-to-face contact with client. Includes obtaining updates on needs and income. May include assistance in obtaining medical, social, community, legal, financial, and other needed services.	15 minutes	A,B,C
Benefits/Financial Counseling	Assistance enrolling clients onto ADAP, PAP, HICP And other entitlement programs; and determining eligibility for Medicaid, Medicare and other payers, regardless of credentials of staff performing activity.	Session	A,B,C
Update Service Plan	Comprehensive ISP reevaluated and updated in face-to-face interviews. Review clients progress on goals, identify additional needs, determine next steps, and set new goals. Must include the coordination and follow-up of medical treatments and treatment adherence.	15 minutes	А
Linkage to Care	Coordination of care for clients. Includes linking clients to medical care through referrals, assisting clients in accessing services and medications, and providing education about enrollment.	Session	A
Patient Navigation	Provision of patient navigation services to clients	Session	A, Other

Approved: June 2016

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