ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES
NON-MEDICAL CASE MANAGEMENT

Purpose

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.

Definitions

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, employment, vocational, and/or 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.

Non-Medical Case Management is also a range of client-centered services that link clients with health care, psychosocial, and other services. However, the focus is <u>not</u> on adherence or involves coordination and following up specifically on medical treatments. 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

Non-Medical Case Management includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication deemed appropriate by the Ryan White HIV/AIDS Program (RWHAP) Part A recipient. Non-Medical Case Management Services have as their objective providing guidance and assistance in <u>improving access</u> to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Non-Medical Case Management Services must be provided by a qualified professional with a minimum of high school diploma or equivalent. Non-Medical Case Managers or Providers of Non-Medical Case Management services must also have at least 1-2 years of experience in the field of social services or similar field.

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Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, and meetings with the Ryan White HIV/AIDS Program (RWHAP) Part A Recipient.

Application of Standards

These standards apply to any agency receiving Part A funds to provide Non-Medical Case Management services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

Mental Health, Substance Abuse, Case Management, and Legal Standardized Screening Questions

The screening process includes utilization of the Atlanta EMA Screening Tool, standardized Case Management, Mental Health, Substance Abuse, and Legal questions, which all agencies must use if receiving Part A funds to provide Outpatient Ambulatory Health Services, Substance Abuse, Mental Health, Case Management (medical or non-medical) or Referral for Health Care and Support services. The purpose of the tool is to provide a uniform way to identify persons living with HIV (PLWH) who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

Grievance Process

If a grievance is filed after the screening process and it is unable to be resolved by the agency grievance person, the client shall receive an assessment, not a second screening. If a grievance is filed after the assessment process and it is unable to be resolved by the agency grievance person, the client shall receive a second assessment completed by a different Non-Medical Case Manager or Provider of Non-Medical Case Management.

Acknowledgements

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I. Policies and Procedures	
Standard	**Measure**
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law and local regulations.	• Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services	• Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	• Current licensure on file from appropriate city/county/state/federal agency
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: ✓ Physical agency safety management and public health emergencies • Meets fire safety requirements • Complies with Americans with Disabilities Act (ADA) • Is clean, comfortable and free from hazards • Complies with Occupational Safety and Health Administration (OSHA) infection control practices • Follows recommendations of Centers for Disease Control and Prevention (CDC) guidelines during pandemics and outbreaks • Maintains and updates an emergency preparedness plan ✓ Crisis management and psychiatric emergencies • How to assess emergent/urgent vs. routine need • Verbal intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary inpatient admission ✓ Refusal and/or termination of services ✓ Personnel • Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ✓ Client/Parent/Guardian Rights and Responsibilities	• Policy on file • Site Visit/Program Monitoring

✓ Health Record Storage and Maintenance • Complies with DHHS, Office of Civil Rights HIPAA requirements ✓ Business Association Agreements on file	
E. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	• Site Visit/Program Monitoring
F. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.	• Site Visit/Program Monitoring
G. Agency is contractually required 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: o Date of each encounter o Type of encounter (e.g., face-to-face, telephone contact, etc.) o Duration of encounter o Key activities o Individualized Care Plan	• Site Visit/Program Monitoring

II. Program Staff

Standard	Measure
A. Non-Medical Case Managers or Providers of Non-Medical Case Management are trained and knowledgeable about HIV/AIDS and current resources.	• Personnel records
B. Non-Medical Case Managers or Providers of Non-Medical Case Management have appropriate skills, relevant experience and licensure to provide Non-Medical Case Management services to people living with HIV. All Non-Medical Case Managers are properly trained and meet the staff qualifications for Non-Medical Case Managers or Providers of Non-Medical Case Management as defined in the introduction to this document.	• Resumes in personnel records • Personnel and training records • Documentation in chart with Non-Medical Case Manager's signature stating they have read, understood and will abide by the code of ethics
C. Agency staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	• Training records

D. Non-Medical Case Managers or Providers of Non-Medical Case Management shall receive a minimum of 1 hour of monthly supervision.	• Personnel records
E. Non-Medical Case Managers or Providers of Non-Medical Case Management will participate in at least 6 hours of education/training annually.	• Training/education documentation in personnel files
F. Providers of Non-Medical Case Management, such as Community Health Workers and Peer Navigators, may be peer staff. Ryan White Part A Program strongly encourages integrating peers as paid staff (part-time or full-time) in the service delivery of Non-Medical Case Management Services. Peers are defined as individuals living with HIV possessing knowledge, experiences and cultural competencies that enable them to relate to the target population(s) of others living with HIV.	• Site Visit/Program Monitoring
G. Community Health Workers primarily work in the community actively interviewing and counseling clients to link and reengage clients into care and reduce barriers to care. Core activities should be: ✓ Identifies, contacts, and recruits out of care clients for engagement into care ✓ Conducts field/home visits to educate and assess clients' progress ✓ Assess risk factors, refers clients to clinic for follow-up and provides appropriate services to clients	• Client record • Site Visit/Program Monitoring
H. Peer Navigators primarily work in a healthcare setting actively linking clients to medical care by assisting in obtaining documents needed for services. Navigators aid in client retention by routinely assessing client's wellbeing and needs via phone, in person, or virtually. Core activities should be: ✓ Assess client readiness for care ✓ Facilitate linkages and referrals to HIV medical care providers ✓ Provide coaching/mentoring to clients ✓ Coordinate service needs of clients presenting to the clinic ✓ Provide education about living with HIV	• Client record • Site Visit/Program Monitoring
I. In some instances, peer staff may act as patient care coordinator by accompanying clients to services and medical visits to demonstrate how to navigate the health system and ensure clients attend first medical visit.	• Client record • Site visit/Program Monitoring
III. Access to Services	
Standard	**Measure**
A. Agency is accessible to desired target populations. Accessibility includes: ✓ Proximity to community impacted by HIV	Site Visit/Program Monitoring

✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals	
B. Agency demonstrates the ability to provide culturally and linguistically appropriate Non-Medical Case Management services according to the Atlanta EMA standards for desired target population.	• Personnel and training records • Site Visit/Program Monitoring • Client satisfaction survey
C. Agency demonstrates input from clients in service design and delivery.	• Client satisfaction survey • Existence of Consumer Advisory Board
D. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	• Policy on file
E. Agency is accessible using HIPAA-compliant applications to provide telehealth services with healthcare-specific features and security.	• Policy on file • Personnel and training records • Program Review
F. Program staff will assist clients in accessing services by accompanying clients to obtain eligibility documents	• Program Review
IV. Eligibility Determination/Screening	
Standard	**Measure**
A. Upon initial contact with client, agency will determine if client meets criteria for emergency needs, as detailed in their policy and procedures.	• Client record
B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum: ✓ Proof of HIV status ✓ Proof of income not greater than 400% Federal Poverty Level ✓ Proof of residency ✓ Proof of active participation in primary care or documentation of the client's plan to access primary care • At least 1 visit with a primary care provider every 6 months • For affected children < 4, at least 1 primary care visit within 12 months.	• Client record • Policy on file • Agency client data report consistent with funding requirements
C. Clients are informed of the client confidentiality policy and grievance policy at first face to face contact.	• Client record

	• Client satisfaction survey
D. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face to face contact from an appropriate staff immediately following eligibility determination. All clients will be rescreened annually to address any new client needs.	• Client record with Atlanta EMA Screening tool • Client data entered consistent with funding requirements (CAREWare) • Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person
E. Clients are eligible to be assigned to a Peer Navigator if they meet any of the following criteria: ✓ Newly Diagnosed ✓ Clients who are out of care ✓ Needs of clients based on Assessment ✓ Priority populations such as BMSM 19-34, Transgender clients.	• Client record • Referral form
V. Assessment and Care Plan	
Standard	**Measure**
A. Initial assessment of service needs will be completed within 10 business days of enrollment.	• Client Record
B. Each client receiving non-medical case management services must have a comprehensive individualized care plan (ICP) developed to address service needs within 15 business days of assessment. Non-medical case management staff work as a team to ensure client is able to meet goals outlined in ICP.	• Client record
C. An appropriate ICP must include behavioral goals, action steps and a timeline for each of the following areas as applicable: ✓ Income ✓ Medical ✓ Medications ✓ Treatment Adherence Counseling ✓ Insurance ✓ Housing ✓ Legal ✓ Food/nutrition ✓ Mental health ✓ Substance use ✓ Social support ✓ Clothing ✓ Transportation ✓ Risk reduction	• Client record with a signed and dated ICP • Documentation from client that he/she received a copy of their ICP

D. A client's initial individualized care plan should occur in face-to-face interview. Re-evaluation of the care plan should occur at least every 6 months with adaptations as necessary.	• Client record
E. Case managed clients will have direct contact with their Non-Medical Case Managers every month. Direct contact is bi-directional. It is defined as phone interaction (messages left do not qualify), face-to-face contact, secure videoconferencing or secure email correspondence (messages sent to and received from client). Clients receiving telehealth services with the non-medical case manager should have a face-to-face visit at least once a year.	• Client record • Agency client data report consistent with funding requirements • Client satisfaction survey
F. A client may be terminated from receiving Non-Medical Case Management services for any of the following reasons: ✓ Death ✓ Client request ✓ Client no longer residing within the Atlanta EMA ✓ Client no longer an active participant in Outpatient Ambulatory Health Services ✓ Client earns over 400% of the Federal Poverty Level ✓ Client's actions put the agency, staff, or other clients at risk ✓ Client no longer requires Non-Medical Case Management interventions ✓ Client fails to contact the agency for a period of 6 months despite at least 3 documented attempts to contact the client by the Case Manager.	• Policy on file • Client record • Agency client data report consistent with funding requirements
VI. Clients' Rights and Responsibilities	
Standard	**Measure**
A. Client confidentiality policy exists for all service settings.	• Policy on file
B. Grievance policy exists.	• Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	• Client record
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/medical consultation policy
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services annually.	• Client record initialed by client • Documentation in client chart initialed or signed by client (may include electronic signature)

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Staff Credentials

The following are considered to be providers of Non-medical Case Management Services and Activities:

1. Social Worker – A person who holds a bachelor's or master's degree in social work from an accredited university or college.

2. Non-Medical Case Manager - A social worker or agency staff member with a minimum of high school diploma /equivalent and has at least 1-2 years of experience in the field of social services or similar field.

3. Community Health Worker (CHW) – A peer with a high school diploma/equivalent with 0-2 years of experience working in communities or in healthcare settings to connect clients to care. CHW supports linkage to and retention in care by re-engaging clients lost to follow-up by building contact tracing. CHW is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/ social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
   For more information related to Community Health Workers, see resources:
   - TargetHIV : Using Community Health Workers to Improve Linkage and Retention in Care - https://targethiv.org/chw
   - Community Health Worker Supervisor Curriculum - https://targethiv.org/library/community-health-worker-supervisor-curriculum
   - A Guide to Implementing a Community Health Worker Program in the Context of HIV Care - https://targethiv.org/library/hiv-chw-program-guide

4. Peer Navigator – A peer with a high school diploma/equivalent with 0-2 years of experience working in healthcare settings to link, engage and retain in care. Peer Navigator is a type of CHW who primarily works in a healthcare setting to support retention in care by assisting clients with documentation and referrals for transportation, housing, behavioral health treatment, and other support services.
   For more information related to Patient Navigation, see resources:
   - SPNS Demonstration Model on Patient Navigation Intervention - https://targethiv.org/ihip/intervention-guide-patient-navigation-intervention
   - Utilization of a Comprehensive Training Program to Train Patient Navigators in the Effective Delivery of Navigation Services: https://targethiv.org/presentation/utilization-comprehensive-training-program-train-patient-navigators-effective-delivery