Health Resources and Services Administration (HRSA) 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 provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM 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, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM services include all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

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 six (6) months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program guidance:

NMCM services have as their objective providing 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, whereas medical case management services have as their objective improving health care outcomes.

HIV Services Program service standards:

Key services components and activities, specific to NMCM, are noted in the service standards below. All components to the Universal Service Standard must be applied in addition to the standards outlined below.

Standard	Documentation
Personnel Qualifications	
1. Services are provided by trained case managers, known as non-medical case managers (NMCM), who are funded under the Indiana Ryan White Part B Program. 2. All NMCM sanctioned by Indiana's HIV Services Program must possess the following qualifications: a. A bachelor's or master's level degree in social work, sociology, psychology, counseling, nursing, or related field is preferred. Candidate with NMCM or client management experience of two years or more will also be considered as viable applicants. Candidates will also be considered with some college education if the earned credits are in human behavior, social policy, social welfare, or counseling	1. Documentation of applicable experience and qualifications is in personnel files available for review by the Indiana Department of Health (IDOH) at each funded agency.
Eligibility Criteria	

1. Subrecipients must have established criteria for the provision of NMCM services.
2. Eligibility verification consistent with recipient requirements:
   a. Maintaining Indiana residency
   b. Proof of HIV status
   c. Verifying lack of comprehensive care coverage
	1. Non-medical case managers/appropriate agency staff must maintain up to date eligibility records for clients according to agency protocol and in any data system required by IDOH.
	2. Documentation must be made available for review by IDOH upon request.

and ensuring Ryan White is used as the payer of last resort d. Confirming household income meets current program eligibility standards established by IDOH.	

Intake	
1. Client will be contacted within three (3) business days of initial connection to schedule an intake with the first available appointment at selected agency. If the agency has a wait list, that should be documented in the client file. 2. Clients receive initial screening to evaluate the client's concern(s). The initial screening can be completed by a trained linkage-to-care staff member, or NMCM to talk with the client and determine needs and make official intake appointment. 3. In the event of any delay to accessing care three (3) reasonable attempts within 30 days of initial contact will be made to maintain communication with the client for the purpose of an intake into NMCM. 4. In the event that clients are receiving services at multiple agencies, clients have the choice of where they want to receive their primary NMCM care. Agencies should not complete referrals for clients that are not receiving their primary NMCM care at their agency without consulting the clients primary care site.	1. Subrecipient will have established policy stating client will be contacted for scheduling intake within three (3) business days of referral. If the agency has a wait list, that should be documented in the client file. 2. Documentation must be made available for review by IDOH upon request. 3. Documentation of reasonable attempts made must be in client file and available for review by IDOH upon request.

Assessment	
1. After initial screening, the NMCM will conduct the intake and determine the client's needs. The NMCM can use the Indiana Department of Health acuity tool to determine the client's acuity if needed. They will also review the	1. Signed documents listed under the assessment are to be documented in the client record. 2. Documentation of assessment and provision of NMCM services are to be documented in the client record.

Living with HIV Brochure with the client and only the NMCM will sign the:
 	
   a. Provision of Information about HIV and the law, currently the Duty to Inform form
2. The NMCM will also have the client sign the following:
   a. CAREWare Client Acknowledgement form
   b. Release of information (If needed for relevant referrals)
   c. Agency expectations of client's rights and responsibilities including termination of services
3. Clients should receive an assessment that determines their medical and supportive service needs. The NMCM should work with the client to make a care plan to address their needs.	

Service Delivery	

1. NMCM will document the client's identified needs and care plan activities while engaging the client in NMCM services that might include:
   a. Facilitating access to both public and private programs, such as Medicaid, Medicare (all parts), HIV Services Program (HSP), and other state and local healthcare and supportive services
   b. Referrals and application to housing support systems, including Housing Opportunities for Persons with AIDS (HOPWA),
   c. Referrals to mental health providers and substance use providers and programs
   d. Referrals to any other outside consumer service need
	1. Documentation of client's identified priorities in case notes in client record.
	2. If applicable, evidence of referrals to or the provision of supportive services to maintain client engagement will be included in client record.
	3. Up to date case notes from each client encounter.
	4. Services units provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided. Case notes entry is required, but the deadline for entry is determined by the funded agency.

e. All types of encounters and communications (face-to-face)	
Discharge	

1. Reasons for case closure are documented when applicable. Notes reflect attempts to provide continuity of care (such as linkage with another service, attempts to contact client, referrals made for or on behalf of client, or a plan for after-care) prior to closure. Allowable reasons for closure include:
 	
    a. The client has requested termination of services
    b. The client has moved out of the service area or is no longer eligible.
    c. The service provider has had no contact with the client for 12 months or more.
    d. The client has transferred to another service provider
    e. The client has violated the agency's client code of conduct; or
f. The client is deceased
	1. Client record documentation notes reason for case closure and appropriate referrals if indicated.

Subservices:

- NMCM – Intake
- NMCM – Case management
- NMCM – Discharge
- NMCM – Enrollment specialist

Service unit definition:

- Unit = One visit/interaction

Note: A list of NMCM key activity examples is attached to this service standard for your convenience on the next page. This is not an exhaustive list, just common examples.

NMCM key activity examples*

- Intake and initial paperwork with initial eligibility verification document collection
- Link clients to services including:
    - Medical/insurance (except: medical needs to medical case management)
    - Support service referrals like transportation, housing, food, legal, psychosocial, and basic life skills
- Client-specific case conferencing with other staff members both internal and external
- Ongoing update and completion of some type of acuity tool or assessment with client's input
- Completing applications for clients including initial, re-entry, birthday, and half-birthday
- Department of Correction intakes, referrals, and linkage to care
- Develop care plan and update care plans every six months and/or when client concerns arise
- Reconcile medication lists with clients/provider(s)
- Case notes entry and service entry for tangible client activities
- Home/community/hospital/provider visits with and for clients
- Appointment (all types) reminders
- Advocate for client needs
- Referrals to other agencies and programs for client's needs
- Collaborate/address co-pays and lab bills issues with specific insurance companies or providers
- Follow-up to specific client's needs (example: food, housing, ex)
- HIV education/client support and empowerment

***All key activities should be client specific and noted in the clients CAREWare file in the form of service entry and case notes.**