

Indiana Department of Health HIV Services Program Non-Medical Case Management Service Standard

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 includes 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.

Key Service Components and Activities:

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.

HIV Services Program Service Standards:

Standard	Documentation
1. Personnel Qualifications	
1. Services are provided by trained case managers, known as non-medical case managers (NMCM), who are funded	1. Documentation of applicable experience and qualifications are in personnel files available for review by IDOH at each funded agency.

<p>under the Indiana Ryan White Part B Program.</p> <ol style="list-style-type: none"> 2. All NMCM sanctioned by Indiana’s HIV Services Program must possess the following qualifications: <ol style="list-style-type: none"> 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 	
<p>2. Eligibility Criteria</p>	
<ol style="list-style-type: none"> 1. Sub-recipients must have established criteria for the provision of NMCM services. 2. Eligibility verification consistent with recipient requirements: <ol style="list-style-type: none"> a. Maintaining legal Indiana residency b. Proof of HIV status c. Verifying lack of Comprehensive care coverage and ensuring Ryan White is used as the payer of last resort d. Confirming household income meets current program eligibility standards established by IDOH 	<ol style="list-style-type: none"> 1. NMCM must maintain up to date eligibility records for clients according to agency protocol and in any data, system required by IDOH. 2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. 3. Documentation must be made available for review by IDOH upon request.
<p>3. Intake</p>	
<ol style="list-style-type: none"> 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, 	<ol style="list-style-type: none"> 1. Sub-recipient 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.

<p>that should be documented in the client file.</p> <ol style="list-style-type: none"> 2. Clients receive initial screening to evaluate the client’s concern(s). The initial screening can be done by a trained Linkage-to-Care Staff, or a 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. 	<ol style="list-style-type: none"> 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.
<p>4. Assessment</p>	
<ol style="list-style-type: none"> 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 Living with HIV Brochure with the client and only the NMCM will sign the: <ol style="list-style-type: none"> a. Provision of Information about HIV and the Law Form 2. The NMCM will also have the client sign the following: <ol style="list-style-type: none"> a. CAREWare Client Acknowledgement Form b. Release of Information c. Agency expectations of client’s rights and responsibilities including termination of services 3. Clients should receive an assessment that includes need for: <ol style="list-style-type: none"> a. Evaluation of client’s insurance needs, related to the ability to gain or maintain access to HIV-related medical care and medications, and stay 	<ol style="list-style-type: none"> 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.

<ul style="list-style-type: none"> adherent to treatment regimens b. Oral health care c. Vision d. Evaluation of housing, with plans to alleviate homelessness e. Mental health/psychosocial f. Substance use g. Legal h. Supportive services including, but not limited to, transportation, food, finance, and housing 	
<p>5. Service Delivery</p>	
<ul style="list-style-type: none"> 1. NMCM will document the client's identified priorities in support of stable tracking of the client's time in NMCM that includes: <ul style="list-style-type: none"> 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), if appropriate c. Referrals to mental health providers and substance use providers and programs d. Referrals to any other outside consumer service need e. All types of encounters and communications (face-to-face) 	<ul style="list-style-type: none"> 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 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.
<p>6. Discharge</p>	
<ul style="list-style-type: none"> 1. Clients will continue in NMCM until they identify self-sufficiency or the NMCM graduates the client. 2. The client may be discharged from NMCM services if the client remains 	<ul style="list-style-type: none"> 1. Documentation of the following: <ul style="list-style-type: none"> a. Reason for discharge b. Referrals made during the transition c. Dismissal letter, if applicable

<p>out of contact and unable to locate for longer than 90 days past the failure to recertify period.</p> <p>3. The discharge documentation should include the reason for discharge, referrals made during the transition, and all up to date contact information for the client for records and re-engagement purposes.</p>	<p>d. All up to date contact information for the client for records and re-engagement purposes</p>
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Subservices:

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

Service Unit Definition:

- Unit = 1 visit/interaction