Montana Ryan White Part B
Non-Medical Case Management
Service Standard

Important: Prior to reading service-specific standards, please read the HRSA/HAB National Monitoring Standards—Universal, HRSA/HAB National Monitoring Standards—Part B, and the Universal Standards outlined in this document.

Definition

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and 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, 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. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient.

Key activities

Assessment of service needs

- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Coordination of services required to implement the care plan

Program Guidance

- The objective of NMCM Services objective is to provide guidance and assistance in improving access to needed services whereas the objective of Medical Case Management services is improving health care outcomes.
- Service Unit(s) are defined as face-to-face-encounter, phone contact, (and any other forms of communication deemed appropriate by the RWHAP Part recipient) linkage to medical care, medical case management and referrals to appropriate support services.

- Part B service providers are responsible for documenting and keeping accurate records of Ryan White Program data and client information, unites of service, and client health outcome. Providers must enter this data in CAREWare or other appropriate data system.
- The Non-Medical Case Manager/Eligibility/Intake Specialist should discuss with the client how he or she prefers to be contacted (at home, work, by mail, or telephone, etc.).
- HRSA Program Monitoring Standard
  (*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards, Part B, Section C, Support Services, #11*)

Support for NMCM services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services

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*

1.0 Initial Assessment

Standard	Measure	Documentation
1.1 Initial problems or needs are identified and prioritized by the client and the non-medical case manager.	1.1 Completion of the needs assessment, using the standardized form(s)	1.1 Needs assessment in client's chart

2.0 Development and Monitoring of Individualized Care Plan

Standard	Measure	Documentation
2.1 Provider(s) work collaboratively with the client to develop a care plan that addresses the identified need(s) and provides referrals/resources	2.1 Written care plan	2.1 Care plan in client file
2.2 Non-medical case manager must address client's barriers to access necessary resources.	2.2. Barriers are identified in care plan.	2.2 Client chart includes notes about identified barriers.

2.3 The non-medical case manager must conduct follow-up to referrals/ resources	2.3 Follow-up must be conducted within 10 business days of creating the care plan	2.3 Dated notes regarding referrals/resources in client chart
2.4 The non-medical case manager assists the client to obtain core medical and support services	2.4 Client obtains core medical and support services, as needed	2.4 Services are noted in client file.
2.5 If additional problems/needs arise, the client is responsible for communicating with the non-medical case manager for additional assistance.	2.5 If applicable, additional need(s) are addressed with appropriate service(s)	2.5 Additional issues and corresponding assistance is noted in client file.

3.0 Transition/Discharge

If a client transfers to another location, agency, or service provider, (including a non-HIV/AIDS Case Manager), the Non-Medical Case Manager will provide a discharge summary and other requested records within five business days of request (or as soon as feasible). If a client moves to another area, the NMCM will make a referral for case management services in the new location.

Unable to Locate

If a client cannot be located, the agency/provider will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state that the client's case will be closed within thirty (30) days from the date on the letter if the client does not make an appointment with the NMCM.

Withdrawal from Care

If a client reports that services are no longer needed or decides to no longer participate in the Care Plan, then the client may withdraw from services. Clients may decide to withdraw for a variety of reasons. It may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or to better identify factors that are interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the case management agency, Case Managers are encouraged to refer these clients to agencies which are skilled in providing the needed services.

Administrative Discharge

Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by the NMCM'supervisor according to that agency's policies. Clients who

are discharged for administrative reasons must be provided written notification of and reason for the discharge and informed of possible alternative resources. A certified letter that includes the reason for discharge and alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart.

Standard	Measure	Documentation
3.1 The NMC Manager writes a discharge summary	3.1 Discharge summary must be written within 30 days of discharge, including reasons for the discharge	3.1 Dated discharge summary included in client's file
3.2 The NMC Manager sends a certified letter informing the client of discharge	3.2 The certified letter must include reasons for the discharge and mailed to the client's last known mailing address within five business days of discharge	3.2 Dated certified letter in client's file.

4.0 Personnel Qualifications

Standard	Measure	Documentation
4.1 The minimum education requirement for NMC Managers is a high school diploma or GED	4.1 A copy of diploma/credentials	4.1 Diploma/credentials in personnel file
4.2 NMC Managers must have completed the training for medical case management and annual participation of HIV prevention and care related trainings.	4.2 Training certificates and/or records for appropriate staff	4.2 Certificates and/or records in personnel file
4.3 The minimum education requirements for NMCM supervisors is a Registered Nurse (RN), Bachelor of Social Work (BSW), or other related health or human service degree	4.3 Copy/copies of diploma(s) from an accredited college or university	4.3 Diploma(s) in personnel file
4.4 Direct supervisors of non-medical case managers must have completed the training for medical case management and annual	4.4 Training certificates and/or records for required/appropriate topics	4.4 Certificates and/or records in supervisor's personnel file

participation of HIV prevention and care related trainings.		

5.0 Grievance Policy

Purpose

To ensure that consumers may voice a complaint or grievance

Procedures

All Ryan White providers must have a grievance policy that is posted in the facility. Additionally, all clients will receive a copy of the grievance procedure. The first step in filing a grievance is with the *agency providing the service*. Consumers may voice a complaint or grievance to their Case Manager. Clients are expected to attempt resolution at the local level. If, however, clients are unable to resolve the issue, they may pursue a second step—filing a grievance with the State Health Department. Within 30 days of the local determination, consumers may file the complaint or grievance in writing (See Appendix A for sample form) to:

Montana DPHHS
HIV/STD Program, Ryan White Part B
Attn: HIV Treatment Coordinator
1400 Broadway
Helena MT 59601

An applicant may submit a complaint on the following grounds:

- The client believes the sub-recipient is not treating them fairly.
- The client believes the sub-recipient is not providing quality services.
- The client was denied services.

The applicant (client) must state all the facts and arguments for the appeal in the form provided (Appendix B), include detailed descriptions of the action the client is appealing, and the relief or correction the applicant is requesting. The form *must* be signed by the client.

The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing the client of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed HIV/STD state staff.

Standard	Measure	Documentation
5.1.a. The Grievance Policy has been explained to each client. Clients may file a grievance if their request for services is denied or if they have any complaint	5.1.a. and b. Each client is given a copy of the Grievance Policy to sign, indicating understanding of the reasons for filing a grievance, as well as the process for doing so.	5.1.a Signed and dated Grievance Policy in client file. 5.1.b. Written Grievance Policy on file.

or concern about the services received. 5.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines. 5.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.		5.2. Policy is available in languages and formats appropriate to populations served.

6.0 Linguistic Competency

Standard	Measure	Documentation
6.1.Health services are culturally and linguistically competent, client-guided and community based.	6.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; 6.1.b.Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; 6.1.c. List of cultural competency trainings completed by staff	6.1 a and b: Documentation of cultural and linguistic experience/competence 6.1.c. Completed trainings documented in personnel files.
6.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	6.2. Interpreter(s) is/are available.	6.2 A list of interpreters and contact information in program file.

7.0 Client Rights and Responsibilities

National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.
(*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B, Section F, #2 April, 2013*)

Standard	Measure	Documentation
7.1 Services are available and accessible to any individual who meets program eligibility requirements.	7.1.a. Written eligibility requirements, following federal standards 7.1.b. Non-discrimination policy	7.1.a Proof of client's eligibility documented in client file 7.1.b. Non-discrimination policy on file.
7.2 All providers shall comply with all applicable federal, state, and local anti- discrimination laws and regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting based on the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV.	7.2 Written policies, including the federal ADA policy and specific MT laws	7.2.a. Policies are on file. 7.2.b. Policies are posted for clients to view.
7.3.a. Clients understand their rights, which include: •Be treated with respect, dignity, consideration, and compassion; •Receive services free of discrimination; •Be informed about services and options available. •Participate in creating a plan of services;	7.3.a. Client's Rights and Responsibilities policy on file 7.3.b. Policy has been explained to client.	7.3.a and 7.3.b Current Client's Rights and Responsibilities form signed and dated by client and located in client's record.

• Reach an agreement about the frequency of contact the client will have either in person or over the phone. • File a grievance about services received or denied; • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; • Voluntary withdraw from the program; • Have all records be treated confidentially; • Have information released only when: • A written release of information is signed; • A medical emergency exists; • There is an immediate danger to the client or others; There is possible child or elder abuse; or 2. Ordered by a court of law. Client responsibilities include: 3. Treat other clients and staff with respect and courtesy; 4. Protect the confidentiality of other clients; 5. Participate in creating in a plan of service; 6. Let the agency know any concerns or changes in needs; 7. Make and keep appointments, or when possible to phone to cancel or change an appointment time;		

8. Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail and 9. Not subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. 7.3.b. Explanation of Client's Rights and Responsibilities is provided to each client.		

8.0 Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
8.1) Client confidentiality is ensured	8.1.a. Client confidentiality policy that includes a Release of Information (ROI) 8.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance	8.1.a. Written client confidentiality policy on file at provider agency 8.1.b.HIPPA documentation is on file and posted where clients can view it.
8.2) Client's consent for release of information is determined.	8.2 Current Release of Information Form signed and dated by client and provider representative	8.2 Signed and dated ROI located in client file. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months.
8.3) Electronic patient records are protected from unauthorized use.	8.3 Each client file is stored in a secure location.	8.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel. 8.3.b. Electronic files are password protected with access limited to appropriate personnel.

8.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	8.4. All staff that handle client-identifying information document	8.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

9.0 Quality Management

Performance Measures:

% of clients will complete at least 1 Non-MCM session in the measurement year

% of clients will have completed referral to MCM in the measurement year

APPENDIX A

CLIENT COMPLAINT FORM

I, _____ (grievant), am requesting resolution of a complaint filed under the grievance procedures outlined by MT State Health Department, Ryan White Program regarding _____ _____ ____ (name of agency), located in_____(city/county).

Statement of Grievance:
Be sure to include relevant parties, action, specific occurrences—dates and times—and location(s). Attach documentation if appropriate.

_____
_____
_____
_____
_____

Prior Attempts to Resolve (please include dates and parties involved): _____
_____
_____
_____

Resolution Sought (clearly describe the relief or corrective action you are requesting): _____
_____
_____
_____

Print Name _____

Signature _____

Contact Info (phone and/or email). Please include the best time(s) to reach you. _____
_____
_____

1. Submit the original of this form and copies of any supporting documentation to the agency.
2. Maintain a complete copy for your personal records.

APPENDIX B: DEFINITIONS

Advocacy: The act of assisting someone in obtaining needed goods, services or benefits, (such as medical, social, community, legal, financial, and other needed services), especially when the individual has had difficulty obtaining them on his or her own. Advocacy does not involve coordination and follow-up on medical treatments and should not be confused with an appropriate Nursing intervention. Whenever possible, advocacy should build upon, rather than fragment, agency cooperation and collaboration.

Americans with Disabilities Act (ADA): A civil rights law passed by the U.S. Congress in July of 1990 to protect people with disabilities from discrimination in public and private services and accommodations. Since HIV disease is considered a disability, the ADA protections apply to PLWHA.

Broker: To act as an intermediary or negotiate on behalf of a client.

Client Record: A collection of printed or computerized information regarding a person using services currently or in the recent past.

Confidentiality: The process of keeping private information private. Information given by a client to a service provider will be protected and will not be released to a third party without the explicit written permission of the client or his or her representative. Information may be released only in the following circumstances: (1) When a written release of information is signed by the client; (2) When there is a clear medical emergency; (3) When there is a clear and imminent danger to the client, Medical Case Manager or others; (4) Where there is possible child or elder abuse; and (5) When ordered by a court of law.

Criteria: A standard, or on a or be rule, test which judgment decision can based.

Cultural Competency: Refers to whether service providers and others can accommodate language, values, beliefs, and behaviors of individuals and groups they serve.

Demographic Information: Descriptive information for an individual that may include but is not limited to, age, race, ethnicity, and gender. This information provides a profile of people receiving services from a specific agency.

Emotional Support: Emotional Support: The ability of the Medical Case Manager to listen and empathize is the essence of emotional support in the care coordination relationship. In cultivating a trusting relationship, it is important for the Medical Case Manager to strike a balance between the empathetic role--utilizing active listening skills, developing rapport, and providing emotional support--and the objective role which requires engaging and encouraging the client toward concrete actions to achieve a desired outcome. Because HIV case management is often defined as a task-oriented process, we tend to focus on the “doing” of tasks with the client and forget the importance of “being present.” Being truly available to offer emotional support is particularly important in situations where the resources to meet the needs of the client are not available.22