Application of Service Standards:

The service standards outlined below apply to any agency receiving Ryan White Part A funding to provide Non-Medical Case Management (nMCM) services within the Columbus TGA.

Service Category Definition:

Non-Medical Case Management is the provision of guidance and assistance in client-centered activities focused on improving access to and retention in medical, social, community, legal, financial, and other needed services. Key activities include:

- Screening for Medical Case Management services;
- Development of a comprehensive, individualized care plan;
- Continuous client monitoring to assess the efficacy of the service plan;
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary;
- On-going assessment of the client's and other key family members' needs and personal support systems

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, state pharmacy assistance programs, pharmaceutical manufacturer's patient assistance programs, other state or local health care and supportive services, or health insurance Marketplace plans. Non-Medical Case Management includes several methods of communication including face-to-face, telehealth, phone contact, and any other forms of communication.

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 (MCM) services have as their objective improving health care outcomes. Agencies should report referrals for health care and support services provided during a case management visit (medical and nonmedical) in the appropriate case management service category (i.e., MCM or nMCM). Agencies should take steps to ensure services are not billed in duplicate across different service categories.

Clients may simultaneously receive MCM and nMCM if they would otherwise lack access to essential case management services. Agencies that provide both services should coordinate and carefully evaluate clients who are dually enrolled to ensure that simultaneous case management is necessary and does not constitute either a duplication of services or an undue burden on clients. Documentation in client charts should demonstrate the services being provided are distinct and necessary.

Limitations:

Non-Medical Case Management is a service based on need and is not appropriate or necessary for every client accessing services. NMCM is designed to only serve individuals who are unable to access or remain in medical or support services on their own. Agencies should not use this service

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as the only access point for medical care and other agency services. Clients who do not need guidance and assistance in improving or gaining access to needed services should not be enrolled in nMCM services. Agencies should graduate clients when they are able to maintain needed services independently, or when they have needs that can be adequately addressed under another support category.

NON-MEDICAL CASE MANAGEMENT	
Standard	**Measure**
Initial Assessment	
Clients will be interviewed, assessed, and evaluated at least annually to determine client acuity and amount and/or type of care to be provided through Ryan White services. New clients will be assessed, and evaluated during the initial meeting with a case manager to determine client acuity and needs within the first 30 calendar days from assignment.	Percentage of clients who complete the interview, assessment, and evaluation process at least annually. New clients will be assessed and evaluated at the initial meeting and acuity and needs are established within 30 calendar days from assignment.
Screens	

Clients will be screened by Medical Case Managers based upon results of the Initial Assessment and/or client request/need. Clients will have the following screenings completed and documented in the client file at least annually:
• Risk Assessment (?)
• SAMISS (or other BH tool)
• Medication Adherence (?)
• Treatment Adherence (?)
   ○ Completed screens, as needed, in client file
   ○ If clients show evidence of missing medication doses and/or medical appointments based on medication adherence and/or treatment adherence screenings, medication/treatment adherence counseling must be provided and documented.
	Percentage of clients who have the following screenings at least annually:
	• Risk Assessment
	• SAMISS
	• Medication Adherence
	• Treatment Adherence to include completed screens, as needed, and adherence counseling as applicable

Service Plan	
Clients must have an individualized service plan with comprehensive goals that match	Percentage of clients with an individualized Service Plan in client file with documentation of:

the needs found during each assessment with the client. Clients must have an individual service plan that is reviewed and updated at least every six months or based on the date listed to each task to follow up – whichever occurs first.	• At least one active medical goal • Active and deferred goals for all areas of functioning related with moderate or intensive need from the Psychosocial Assessment
Clinical	
Document reviewing most recent medical appointments and viral load with client during each encounter. Document Service Plan adjustments as necessary.	Percentage of clients with documentation of review of most recent medical appointments and viral load in case notes at each encounter and service plan is adjusted as necessary.
Care Coordination	
Care coordination and follow up to services based upon need, care plan check in dates, referrals or service assistance, and/or scheduled appointment must be documented in the client file.	Percentage of clients with documentation of care coordination and follow up to services based on need, care plan, check in dates, referrals or service assistance and/or scheduled appointment
Case Note Documentation	

All contact with and/or on behalf of the client will be documented in case notes
• Case note documentation in client file including information:
   o about the provision of translation and/or interpretation services;
   o about the service provided to the client;
   o exchanged and/or released with a third party;
   o provided by the Medical Case Manager to the client;
   o provided by the client to the Medical Case Manager; and/or
   o related to eligibility, care, and/or follow-up
	Percentage of clients with documentation in client file including the following:
	• Provision of translation and/or interpretation services;
	• Service provided to the client
	• Exchanged and/or released with a third party;
	• Information provided by the MCM to the client;
	• Information provided by the client to the MCM; and/or
	• Any information related to eligibility, care, and/or follow-up

Client Transfer	
Clients may transfer to another Case Manager or Medical Case Management subrecipient at the request of the client, due to a medical case manager leaving their position, and/or due to the service needs of the client.	As applicable, percentage of clients who have been transferred to another MCM at their request due to the medical case manager leaving and/or service needs of the client.
Case Closure	

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Clients will be closed and documented from Medical Case Management for the following circumstances:	Percentage of clients who are closed out of Medical Case Management with documentation in client file with reason for closure that could include any of the following circumstances:
• Client moves outside of the service area; • Client is/will be incarcerated for more than six months; • Client request; • Client has zero or low need; • Client is lost to care when certification is 30 days past due and does not reply after a combination of three attempts; and/or • Client death	• Client moves outside of the service area; • Client is/will be incarcerated for more than six months; • Client request; • Client has zero or low need; • Client is lost to care when certification is 30 days past due and does not reply after a combination of three attempts; and/or • Client death
Documentation of Closure	
In client file of the following items for case closure includes: • Documentation on how clients can reestablish services • Coordination and linkage to services if moving to a new agency • Coordination to NMCM or other services for graduating clients, and • Closing all open/active MCM individual service plans.	• Client is provided contact information and process for re-establishment in MCM at the time of case closure • Client is provided coordination and linkage to services if moving to a new agency • For graduating clients, client is provided coordination to NMCM or other services, and • All open/active MCM individual service plans are closed