



Maricopa County
Ryan White Part A Program
Policy and Procedures

Non-medical Case Management Services

Effective Date: 03/01/2013

Revised Date: 03/01/2016

Reviewed Date: 03/01/2016

PURPOSE:

To guide the administration of Ryan White Part A Program's Non-medical Case Management program. The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines support services as services needed by individuals with HIV/AIDS to achieve medical outcomes. Medical outcomes are defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

POLICIES:

- The funds are intended to provide non-medical case management services to link eligible clients to medical care and other support services available to ensure continuity of care and increase the likelihood of desired health outcomes.
- Non-medical case management is a support service which includes supportive activities that focus on the psychosocial aspects of coordinating services and meeting the needs of the client.
- All services reported in CAREWare for any client level Non-medical Case Management service must include an identification of the Case Manager/staff member who provided the service.
- Case managers will meet the educational and experience requirements outlined in the HRSA Monitoring Standards.
- Case management training may include psychosocial assessment of clients; interdisciplinary care coordination; monitoring of health and social service delivery to maximize efficiency/cost- effectiveness; knowledge of the resources available to target populations; development and utilization of client-centered care plans; data privacy and confidentiality.
- Nonmedical case managers responsible for Health Insurance and Premium Cost Sharing Assistance responsibilities will follow the procedures outlined in the Health Insurance Premiums and Cost Sharing Assistance policies and procedures.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief



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summary of what was communicated in adherence with the client charting definition.

- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.
- Beginning with all new clients as of March 1, 2015, service providers will enter the date of their client's first medical appointment and indicate if the visit was confirmed or client self-reported.

DEFINITIONS:

Non-medical case management services:

Support for Case Management (Non-medical) 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 including Medicaid, Medicare and private insurance initial and re-enrollment applications.
- All types of case management encounters and communications (face-to-face, telephone contact, other).

Note: Non-medical case management does not involve coordination and follow up of medical treatments.

Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment



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Non-medical Case Management Services plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

CLIENT ELIGIBILITY CRITERIA:

To be eligible for case management services, a client must meet the standard eligibility criteria as defined in Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.

Non-medical case managers may provide retention specialist units for clients who were previously enrolled in RWPA services, but have lapsed eligibility. An updated Release of Information must be collected from this client. Retention specialist units do not count towards the requirement for 50% of direct service time to be billed for current clients.



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Time Unit	Retention Specialist	Retention Specialist units include time spent relinking clients who were previously eligible for RWPA services. The purpose of this unit is to assist clients with renewing RWPA or ADAP eligibility. This unit reflects contacts with client, client's representatives and providers on behalf of the client.	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	\$0
Time Unit	Non-Medical Case Management	Time spent providing non- medical case management to eligible clients to review, coordinate referrals to core services, or create and reevaluate the care plan to maintain continuity of care. This unit reflects contacts with the client, client's representatives and providers on behalf of the client.	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	HIV Med Appt Complete – Self Report	Date of completed, client medical appointment or HIV medical lab.	Entered into CAREWare under actual client name. ROI must be on file.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Service Unit	HIV Med Appt Complete – Confirmed	Date of completed, client medical appointment or HIV medical lab.	Entered into CAREWare under actual client name. ROI must be on file.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Service Unit	CE Risk Assessment Conducted	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of risk assessments for new clients.	Entered into CAREWare under actual client name. ROI must be on file.	Date service was completed	1 unit = 1 Complete Assessment	\$0
Service Unit	CE Full New Enrollment Processed	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of eligibility packet/application for new clients.	Entered into CAREWare under actual client name. ROI must be on file.	Eligibility date identified in application	1 unit = 1 Complete Application	\$0
Service Unit	CE Full Re-enrollment Packet Processed	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of eligibility packet/application for previous clients.	Entered into CAREWare under actual client name. ROI must be on file.	Eligibility date identified in application	1 unit = 1 Complete Application	\$0
Service Unit	CE Birthday Renewal Packet Processed	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of	Entered into CAREWare under actual client name.	Eligibility date identified in	1 unit = 1 Complete Application	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		CAREWare. Unit reflects completion of eligibility packet/application for existing clients.	ROI must be on file.	application		
Service Unit	CE Half Birthday Renewal Packet Processed	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of eligibility packet/application for existing clients.	Entered into CAREWare under actual client name. ROI must be on file.	Eligibility date identified in application	1 unit = 1 Complete Application	\$0
Service Unit	CE Change Processed	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of a formal client change request.	Entered into CAREWare under actual client name. ROI must be on file.	Date service was completed	1 unit = 1 Confirmed Change	\$0
Service Unit	CEF – Conditional Eligibility	Central Eligibility (CE) units are only used by the Central Eligibility Office within the Central Eligibility domain of CAREWare. Unit reflects completion of conditional eligibility for new clients.	Entered into CAREWare under actual client name. ROI must be on file.	Date service was completed	1 unit – 1 Complete Form	\$0
Line Item Unit	NMCM - 01... through NMCM - 10...	Corresponding units are named NMCM – O1 Salaries, NMCM – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost