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Alabama Ryan White Part B Service Standards

Medical Case Management Services

Effective Date: January 1, 2025

Purpose

This Service Standard was prepared by the Alabama Department of Public Health (ADPH) Office of HIV Prevention and Care (OHPC) and the United Way of Central Alabama (UWCA) in consultation with Organizational Ideas (a technical assistance provider), with stakeholder input to guide the delivery of high-quality services for people with HIV (PWH). This document contains the minimum requirements Ryan White Part B (RWPB) providers are expected to meet when delivering HIV care and support services funded by RWPB. Providers may exceed these standards. These standards will also provide a basis to evaluate the RWPB services. Please note that all RWPB Service Standards expectations also apply to Health Resources and Services Administration (HRSA) Ending the HIV Epidemic in the U.S. (EHE)-funded services unless exceptions are noted.

Definitions and Descriptions

The description under the “Standard” column outlines the required activities that must be provided to the client receiving the RWPB service. The “Documentation” column provides the documents that must be maintained by the provider delivering the service. The Service Standards contain the following major elements:

- **Agency & Personnel Requirements:** The minimum required education, certification, experience, and facility requirements that are needed to provide the

RWPB service.

- **Eligibility & Intake:** Eligibility refers to the current statewide criteria for receiving services through RWPB as outlined in the RWPB Universal Standard. The agency must determine or confirm RWPB eligibility for the client prior to provision of services. Eligibility may occur during intake or through a stand-alone process. Intake is the process of collecting information to determine the client's immediate service needs.
- **Assessment:** The Assessment is an evaluation of need conducted by qualified personnel to determine if there is a need for the RWPB service. The evaluation must render the determination for referral or provision of service. It must include the elements listed in the standard. The documentation of the evaluation of need is determined by the agency.
- **Provision of Services:** The provision of services are the activities or services that are provided to the client. Where appropriate, a Service Plan should address the client's assessed needs with a timeline to resolve the need(s).
- **Transition/Discharge:** Transition/Discharge refers to the release or cessation of the RWPB service. Transition or Discharge may occur in conjunction with the transition or discharge from the agency's program, when the client no longer needs or meets the criteria for the service, when the client is transitioned to another care provider, or when a client is deceased.
- **Case Closure:** When a client is discharged or transitioned to another care provider, the services will cease and the case is closed.

I. HRSA Service Category Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

II. Program Guidance

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

III. Key Service Components and Activities

Allowable 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
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

For common components required for all RWPB services, please see the RWPB Universal Service Standard. Key service components and activities are noted in the Service Standards

below.

ADPH Service Standards:

Standard	Documentation
1. Agency & Personnel Requirements	
1.1) Degreed Nurse or Social Worker, or a minimum of a Bachelor's degree in a related field with an adequate combination of training and experience working with people living with HIV.	1.1) Proof of graduation from an accredited college/university in personnel file.
1.2) Case manager must complete both Case Management 101 training hosted by United Way and the Service Coordination Core Training prior to providing services or billing for Ryan White services. Licensed MSW and BSW may be waived from Case Management 101 requirements by request.	1.2) Copies of Certificates of Completion for training in personnel file.
1.3) Case manager must acquire 8 hours of additional training throughout the grant year in cultural humility, ethics, or other fields related to their job description, or fields that may assist with the competent provision of services. These trainings may be provided by UWCA, ADPH, or other outside agencies.	1.3) Copies of Certificates of Completion in personnel file.
1.4) Staff must continue to fulfill the requirements of their individual disciplines to maintain their license, if applicable.	1.4) Copies of continuing education and related licensure or certification renewals with license/certificate number in personnel file.
2. Eligibility & Intake	
2.1) Subrecipient must conduct or confirm eligibility consistent with statewide eligibility requirements. All clients must have an active eligibility at the time of service.	2.1) Active eligibility for RWPB in client's record during the service delivery period.
2.2) Complete intake within 5 business days of referral. <ul style="list-style-type: none"> • The case manager will make 2 attempts to contact the client via phone, as well as one additional attempt via email, if applicable. 	2.2) Intake completed within 5 business days of referral.

<ul style="list-style-type: none"> • The case manager will leave a voicemail for the client including only the case manager's name and return phone number <ul style="list-style-type: none"> ○ The case manager will not mention the name of the agency or the purpose of the phone call for reasons of confidentiality. 	
<p>2.3) <u>Expedited Intake</u>: Attempt to contact certain clients with apparent higher risks within 1 business day of referral to complete intake. Those clients include pregnant women, people who are newly diagnosed, and people who have been recently released from incarceration without continuing access to antiretroviral medications.</p>	<p>2.3) Contact attempted to higher risk clients within 1 business day of referral.</p>
<p>3. Assessment</p>	
<p>3.1) The case manager will conduct a psychosocial assessment of client needs during the initial request for services that includes an assessment of acuity of need. Each agency may choose the assessment tool and acuity scale that best fits their program and clients.</p> <p>Criteria which would result in higher acuity include:</p> <ul style="list-style-type: none"> • critical behavioral health needs • unstable housing • newly diagnosed • out of care for greater than 12 months • risk of intimate partner violence • justice system involvement or returning from incarceration • uninsured • unemployed • pregnant • linked from ER 	<p>3.1) Initial client assessment that includes acuity assessment in client's record.</p>
<p>3.2) Initial assessment must occur within 10 business days of intake.</p>	<p>3.2) Initial assessment dated within 10 business days of completed intake in client's record.</p>

<p>3.3) Reassessment must occur at least once every 6 months or as needed, updating the acuity level and care needs with an emphasis on clinical data such as CD4 count, viral load suppression, care retention, and medication adherence.</p>	<p>3.3) Reassessments at least every six months, with changes to acuity and needs as appropriate in client's record.</p>
<p>4. Provision of Services (includes Service Plan)</p>	
<p>4.1) Needs of the client and client family (if applicable) are aligned to the client service plan assessment. Each service need is actively addressed with the client until the service need is resolved. Initiation of service should begin within 10 business days of assessment.</p>	<p>4.1) Dated progress notes of service delivery or referrals with outcomes and follow-up based on needs identified in assessments in client's record.</p>
<p>4.2) The client's service plan must be updated based on acuity level and care plan needs identified during reassessments. The case manager should be aware of clinical and medical services being used by the client, as the client is comfortable disclosing. The client acuity may be reduced after resolution of any challenges.</p>	<p>4.2) Service plan updated based on acuity level and care plan needs identified during reassessments in client's record.</p>
<p>4.3) If a client needs a service unable to be provided by the case manager, the case manager must refer this client to an agency that will provide this service.</p>	<p>4.3) Date and reason for client referrals in client's record.</p>
<p>4.4) The case manager will follow up with the client after service is provided to ensure the client successfully completed the referral.</p>	<p>4.4) Date and outcome of client referrals in client record to ensure referral success or challenges in client's record.</p>
<p>5. Transition/Discharge</p>	
<p>5.1) See Universal Standard</p>	
<p>6. Case Closure</p>	
<p>6.1) See Universal Standard</p> <p>In addition to following guidelines established in the Universal Standard, case manager will:</p>	<p>6.1) Updated acuity assessment in client's record.</p>

Update an assessment of the acuity level of the client	
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Resources

- 1. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

- 2. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>