

**Ryan White Part B  
HIV Case Management  
Non-Medical Case Management**

**Standards of Service**

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**Virginia Department of Health  
Division of Disease Prevention  
HIV Care Services**

**October 2015**

## **HRSA DEFINITION for NON-MEDICAL CASE MANAGEMENT:**

*Case Management (non-Medical)* includes the provision of assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-Medical Case Management (NMCM) does not involve coordination and follow-up of medical treatments, as does Medical Case Management (MCM).

Funds awarded under the Ryan White (RW) HIV/AIDS Program may be used to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, enrollment in qualified health plans through the Affordable Care Act (ACA) enrollment, Pharmacy Assistance Programs (PAP), Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services. Assisting clients to complete AIDS Drug Assistance Program (ADAP), ACA and PAP applications may be counted if the client is a Case Management client and this is the only service provided during that visit (such assistance may be provided under Treatment Adherence Counseling if the client is not a Case Management client). Sometimes the Non-Medical Case Manager/Eligibility/Intake Specialist gives referral information for such needs as Legal Aid, social service (i.e. food banks) and community (i.e. Housing Opportunities for Person with AIDS or HOPWA). These referrals, usually brief, are communicated to the Medical Case Manager, but are documented as NMCM.

## **THE RYAN WHITE PART B HIV CASE MANAGEMENT MODEL IN VIRGINIA:**

The RW Part B-funded HIV Case Management model in Virginia provides MCM and NMCM services as part of an HIV Case Management team that recognizes the need for three distinct areas of expertise:

- 1) eligibility determination/benefits counseling/helping clients access medical treatment payers and benefits programs,
- 2) psychosocial service/behavioral health coordination and management,
- 3) medical care and treatment engagement.

Under this model:

The Non-Medical Case Manager/Eligibility/Intake Specialist provides NMCM and is responsible for all eligibility determination roles, enrollment/re-enrollment in RW programs, and assistance with determining eligibility for other benefits. The Non-Medical Case Manager/Eligibility/Intake Specialist also is responsible for performing an assessment of the client's need for MCM as part of the intake/eligibility determination process. If the Medical Case Manager performs the intake, the units are to be recorded as NMCM units in the database.

## **NON-MEDICAL CASE MANAGER/ELIGIBILITY/INTAKE SPECIALIST ROLES and RESPONSIBILITIES:**

The Non-Medical Case Manager/Eligibility/Intake Specialist meets with potential clients to determine clients' eligibility for RW-funded services and, if deemed eligible, assists the client to complete the appropriate paperwork. The Non-Medical Case Manager/Eligibility/Intake Specialist is responsible for completing eligibility determination and Case Management intakes for callers and prospective clients with HIV disease.

Non-Medical Case Manager/Eligibility/Intake Specialists also assist clients to access benefits programs such as Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicare, Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP), and other services. The Medical Case Manager assigned to the client should be informed for follow-up purposes.

If the client is deemed ineligible for any of the benefits programs listed above, the Non-Medical Case Manager/Eligibility/Intake Specialist refers the client to a Certified ACA Counselor (CAC) or into available community resources.

## **FUNCTIONAL ROLES of the NON-MEDICAL CASE MANAGER/ELIGIBILITY/INTAKE SPECIALIST:**

- Determine client eligibility for various RW funded services (including MCM and the Virginia ADAP and other community resources)
- Obtain proper documentation for proof of HIV status, residency information, proof of income, and uninsured or underinsured status as part of the RW Part B for initial and recertification eligibility determinations.
- Conduct client intake interview(s) and complete intake application and all required forms
- Schedule MCM Assessment appointment
- Provide orientation to the clinic operations for new clients
- Perform the six-month eligibility review and recertification and obtain necessary documents as identified in the NMCM standards
- Maintain documentation and program notes in the client records according to Virginia Department of Health (VDH) requirements and NMCM standards
- Complete client data entry into VDH's client-level database
- Coordinate with Outreach, Patient/Peer Navigation, and VDH Care Coordination staff to facilitate access to care or referral to re-engage out-of-care clients
- Coordinate eligibility and intake services with community agencies, hospitals, and physician practices to assist clients to access services
- Maintain current information on all frequently used community resources, as needed, and provide to clients who need identification of new resources.

**NON-MEDICAL CASE MANAGER/ELIGIBILITY/INTAKE SPECIALIST  
EDUCATION REQUIREMENTS and TRAINING:**

- 1) High school (HS) diploma or General Education Development (GED) and one year of experience working with persons living with HIV and/or health care training for example certified medical assistance or medical clerk.
- 2) All Non-Medical Case Manager/Eligibility/Intake Specialists complete a minimum training regimen within one year of hire date that includes: (a) ADAP requirements and application, (b) Medicaid, Medicare, SSI, SSDI, (c) VDH’s HIV Case Management standards (d) cultural competency, and (e) RW eligibility. If newly-hired Non-Medical Case Manager/Eligibility/Intake Specialists have previously obtained all of the required training, they do not need to repeat it. Documentation of completion of required trainings must be kept in the Non-Medical Case Manager/Eligibility/Intake Specialist's personnel file.
- 3) Five hours of continuing education in HIV/AIDS is required annually. Ongoing training on changes to benefit program and their eligibility, such as Medicare, Medicaid, SSI, SSDI, RW etc. is also required annually. Documentation of completion of required trainings must be kept in the Non-Medical Case Manager/Eligibility/Intake Specialist's personnel file.

**NON-MEDICAL CASE MANAGEMENT ELIGIBILITY/INTAKE STANDARDS:**

**1.0 INTAKE**

In some agencies, Medical Case Managers conduct the intake, which includes eligibility determination, while some agencies utilize the Non-Medical Case Manager/Eligibility/Intake Specialist, or other staff to perform these duties. This activity is typically recorded as NMCM contact.

**STANDARDS & MEASURES:**

<b>Standard</b>	<b>Measure</b>
1.1 All prospective clients who contact the agency will talk with a Non-Medical Case Manager/Eligibility/Intake Specialist within three business days of the initial client contact.	1.1 First Contact documentation completed by each agency.
1.2 Each prospective client scheduled for an intake appointment will be informed verbally and, whenever possible, in writing of date and time of intake appointment and what documents should be brought to appointment.	1.2 Dated in medical record the conversation regarding date and time of client’s intake appointment and required documentations needed to be brought to appointment Should indicate how it was communicated
1.3 Each prospective client who is referred or who requests RW Part B-funded (and other parts where appropriate) services will receive a comprehensive in-person intake. The intake must be completed within 10 business days of the first contact for clients (see 1.4 below) and will include at least the completion of an Eligibility/Intake Review Form*	1.3 Completed and dated Eligibility/Intake Review Form, within 10 business days of first client contact, and required documentation as outlined in Eligibility section below.

	(varies by agency) and gathering of required documents. The official intake date will be the date the intake process was initiated.	
1.4	The intake process will be expedited for clients who are newly diagnosed, pregnant, or recently released from incarceration.	1.4 Completed and dated Eligibility/Intake Review Form.
1.5	If the intake completion is delayed because of missing documents during the 30-day calendar period, the Non-Medical Case Manager/Eligibility/Intake Specialist must notify the client at least three times about what documents are missing. These three contacts will occur on different days and can be by phone, person, and/or mail over the 30-day calendar period. The final notification must be in writing and include information that the client's file will be closed if the missing documentation is not timely provided.	1.5 File client progress notes and a copy of the final written notification (if applicable).
1.6	RW eligibility (including income, # in household, verification of HIV + status, Virginia residency and uninsured /underinsured status) must be reviewed and recertified <b>every six months</b> .	1.6 Completed and dated Eligibility and Recertification Determination Form. Note: Clients who do not have these documents in their files will be considered officially ineligible for ANY Ryan White Service.
1.7	Every client who completes the intake process will have: <ul style="list-style-type: none"> <li>a. A signed and dated Informed Consent*</li> <li>b. A copy of the agency's Grievance Procedures*</li> <li>c. A copy of the agency's Confidentiality Statement*</li> <li>d. A signed and dated (ROI)* form</li> <li>e. A copy of the Client Rights and Responsibilities*</li> </ul>	1.7 Copy of signed and dated Informed Consent and Release of Information (ROI) forms in client file. Copy of client signature on Documents Received form to denote receipt (form varies by agency).
1.8	If the client answers "yes" to any of the questions in the MCM Referral section of the Eligibility/Intake Review Form the client must be referred to MCM within two working days after the completion of the intake process.	1.8 Documentation on the Eligibility/Intake Review Form and in the progress notes.
1.9	There must be at least one progress note for each client encounter regardless of whether the encounter was directly with the client or on behalf of the client. The progress note must match the data entered into the database in terms of date, service, and units of service delivered.	1.9 Progress notes in the client file matched to the service entries in the database.

\* Forms may be developed by agencies that meet their agencies' internal requirements. Samples forms are located at: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/CaseManagement.htm>

## **Purpose of the Intake**

The intake process gathers information necessary to determine a client's eligibility for benefit programs and refers clients to Case Management. The Non-Medical Case Manager/Eligibility/Intake Specialist is the first contact for new clients and plays an important role in educating the client about the HIV Case Management or other benefit programs, as well as how a client can successfully navigate the process. For new clients, the Non-Medical Case Manager/Eligibility/Intake Specialist orients the client to the HIV Case Management or other benefit programs, conducts the initial intake, and schedules the MCM Assessment (if referral to MCM is made). In some agencies where Medical Case Manager performs the intake and the Assessment, these can be completed on the same day. For existing clients the Non-Medical Case Manager/Eligibility/Intake Specialist conducts the six-month eligibility review and documents outcomes.

## **Process**

The Standards provide a step-by-step process for conducting an intake and determining eligibility for services. The process steps below provide additional information in implementing these roles.

1. Some clients may need immediate assistance from a Medical Case Manager. The client will be referred immediately to a Medical Case Manager for assistance if the following applies:
  - a. The client is taking medication but the supply will run out within the next seven days.
  - b. The client states that he/she may be a danger to himself/herself or others. In this event, the Case Manager and/or Non-Medical Case Manager/Eligibility/Intake Specialist should immediately initiate their agency emergency crisis protocol. Additional information on Suicide and Threat Management should be found in their agency's emergency crisis protocol and must be reviewed annually. In these cases, the Non-Medical Case Manager/Eligibility/Intake Specialist must complete the intake process after assisting the client to receive the needed services.
2. Clients must be informed of their right to confidentiality and the law regarding this for the professional staff participating on the HIV Case Management team. It is important not to assume that anyone - even a client's partner/spouse or other family member - knows that the client is HIV-positive. 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, code word on the telephone, etc.). When trying to contact the client (phone calls, letters, etc.), Case Management staff should identify themselves only by name and never give an organizational affiliation that would imply that the client has a particular health status or receives RW or other services.
3. Many of the programs and services available to assist clients have income eligibility requirements. Therefore, an important part of the intake process is determining the income level of clients and number of family members in the household. This documentation will be necessary for the client to access other programs, including Part B-funded support services managed both by local community-based organizations, by other RW service providers, and by VDH.
4. The Case Management Agency shall develop an Eligibility/Intake Form that includes

questions to assess whether a client should be referred to MCM Services. As stated in the Standards, clients shall be referred to MCM services within two working days if they answer “yes” to the referral questions.

5. RW Part B eligibility will be determined according to the current **“HIV Care Services Contractor Guidelines”** under Standards and Review Documents link at the following address: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/>

## **Documentation**

- a. Complete and dated Eligibility Intake Review Form
- b. Signed Informed Consent Form
- c. Signed ROI Form
- d. Agency-specific Grievance Procedure and Confidentiality Statement
- e. Agency Client Rights and Responsibilities document
- f. Client Eligibility Determination and Eligibility Recertification Record with documentation (reviewed under the Peer review Universal Administration Standard)
- g. Referrals: If a client needs a referral to another provider agency, the Non-Medical Case Manager/Eligibility/Intake Specialist will make the appropriate referrals and document them in the progress notes.
- h. Progress Notes\*\*

\*\* Progress Notes: Progress notes are a section in a client’s chart or record where HIV Case Management team members document all client interactions, including direct client interactions and roles undertaken on behalf of a client. The documentation serves as a legal record of events during a client’s participation in the service. It also allows Case Management team members to compare past status to current status, communicates findings and plans, and can be used to support invoicing for services. Progress notes should be updated within 48 hours of encounter or action, note the type of encounter (in-person, telephone, mail, etc.), and must be signed with case manager’s full name and title (or according to agency’s electronic medical record protocol).

## Client Intake/Eligibility Determination

<input type="checkbox"/> Intake or Annual Review Date Completed:	<input type="checkbox"/> 6 Month Review – <b>Changes</b> Date Completed:	<input type="checkbox"/> 6 Month Review – <b>No Changes</b> Date Completed:
Social Security number:	Age:	DOB:
Date of HIV Diagnosis:		Date of AIDS Diagnosis (if applicable):

**PERSONAL INFORMATION**

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE INITIAL	OTHER NAMES USED
STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT	CITY	STATE	ZIP

( )	<input type="checkbox"/> YES; <input type="checkbox"/> NO	GENDER:	<input type="checkbox"/> Male; <input type="checkbox"/> Female; <input type="checkbox"/> Transgender (M → F); <input type="checkbox"/> Transgender (F → M)
HOME PHONE #	OK to leave message	ETHNICITY:	<input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Non-Hispanic/Latino
( )	<input type="checkbox"/> YES; <input type="checkbox"/> NO	RACE:	<input type="checkbox"/> White/Caucasian; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Asian; <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native; <input type="checkbox"/> Other
CELL PHONE #	OK to leave message	PRIMARY LANGUAGE:	
( )	<input type="checkbox"/> YES; <input type="checkbox"/> NO	Need interpreter including ASL?	<input type="checkbox"/> YES; <input type="checkbox"/> NO
MESSAGE PHONE #	OK to leave message		
( )	<input type="checkbox"/> YES; <input type="checkbox"/> NO		
E-MAIL ADDRESS	OK to e-mail		

**MEDICAL HEALTH INSURANCE:**

<input type="checkbox"/> PRIVATE	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OTHER	<input type="checkbox"/> NO INSURANCE
Company: _____ ID #: _____ ACA Enrolled: _____ COBRA (end date): _____ Dental Insurance (name): _____	<input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D; _____ <input type="checkbox"/> Enrolled in MPAP <input type="checkbox"/> Low income subsidy <input type="checkbox"/> Qual. Medicare Ben.	<input type="checkbox"/> HMO _____ <input type="checkbox"/> Standard (Blue & White Card) <input type="checkbox"/> Dual Eligible MCO: _____	<input type="checkbox"/> VA Benefits #: _____ <input type="checkbox"/> Champus #: _____ <input type="checkbox"/> #: _____	<b><u>Comments:</u></b>  

**KEY CONTACTS:**

EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER	( ) <input type="checkbox"/> YES; <input type="checkbox"/> NO
PRIMARY CARE PHYSICIAN	PHONE NUMBER	PHARMACIST	PHONE NUMBER
HIV SPECIALIST	PHONE NUMBER	OTHER AGENCY	PHONE NUMBER

Client Name: _____	ID #: _____	CM Initial: _____	Date: _____
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(Form Revised April 2014)

## HOUSING FAMILY/DEPENDENT CHILDREN

Do you have dependent children (including children you are paying child support for):	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If yes, how many:
	If yes, do they live with you? <input type="checkbox"/> NO; <input type="checkbox"/> YES

### HOUSEHOLD MEMBERS:

NAMES	RELATIONSHIP	AGE	AWARE OF HIV STATUS	INCOME
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$

ELIGIBILITY CATEGORY	DOCUMENTATION PRESENTED (Copies of all documentation are to be filed with this form and retained by the provider agency)	
<p><b>HIV+ diagnosis</b> Required only at intake. Check one:</p>	<input type="checkbox"/> Lab test (viral load, Western Blot, etc.) sent from lab or physician <input type="checkbox"/> Documentation submitted from the healthcare provider who is providing medical care <input type="checkbox"/> Previously obtained/Is in client file.	
<p><b>Verification of Identity</b> Required annually (as long as document is not expired). Client must provide one of the following:</p>	<p><b>Unexpired (all in column):</b></p> <input type="checkbox"/> Virginia Driver License <input type="checkbox"/> Tribal ID <input type="checkbox"/> Virginia State ID card <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Student ID	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Citizenship/Naturalization <input type="checkbox"/> Student visa <input type="checkbox"/> Birth certificate <input type="checkbox"/> Virginia Learner's Permit or Temporary License <input type="checkbox"/> Other official document (list):
<p><b>Verification of Residency</b> Client must provide one of the following: (Documentation must include client's full legal name and match residential address on application.)  <i>(Required every 6 months for eligibility and documentation)</i></p>	<p><b><u>Tier 1 (one of the following)</u></b></p> <input type="checkbox"/> Unexpired Virginia Driver License <input type="checkbox"/> Unexpired Tribal ID (current address) <input type="checkbox"/> Unexpired Virginia State ID <input type="checkbox"/> Utility Bill (cell phone bills not accepted) <input type="checkbox"/> Lease, rental, or mortgage agreement <input type="checkbox"/> Current property tax document <input type="checkbox"/> <b>Residency Verification Form</b>	<p><b><u>Tier 2 (two of the following if none from Tier 1 available)</u></b></p> <input type="checkbox"/> Current Virginia Voter Registration card (current address) <input type="checkbox"/> Letter from lease holding roommate <sup>1</sup> <input type="checkbox"/> Copy of public assistance/ benefits document <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Homeowner's association <input type="checkbox"/> Military/Veteran's Affairs <input type="checkbox"/> Virginia vehicle title or registration card <input type="checkbox"/> Other:

Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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<sup>1</sup> Must include the lease holder's name, address that matches the client's application, relationship to the client and lease holder's telephone number.

## VERIFICATION OF INCOME

**Current Client** (If not, proceed with income verification below)

Type of Income	Person(s) Receiving Income	Monthly Gross Income	Annual Gross Income	Required Documentation
Work income (wages, tips, commissions, bonuses)				➤ 2 months current, consecutive paystubs or earnings statements for ALL jobs
Self-employment income				➤ Most recent quarterly tax returns <i>or</i> ➤ Business records for 3 consecutive months prior
Unemployment/ Disability benefits				➤ Compensations stubs <i>or</i> ➤ Award letter
Stocks, bonds, cash dividends, trust, investment income, royalties				➤ Documentation from financial institution showing income received, values, terms & conditions
Alimony/child support Foster care payments				➤ Benefit award letter <i>or</i> ➤ Official document showing amount received regularly
Pension or retirement income (not social security)				➤ Annual benefit statement
Social security retirement/survivor's benefit				➤ Annual benefit statement
Veterans benefits				➤ Benefit award letter
Social Security income (SSI/SSDI)				➤ Annual benefit statement or bank statement showing deposit
Public Assistance/TANF (not SNAP)				➤ Most recent payment statement <i>or</i> ➤ Benefit notice
Worker's Compensation or Sick Benefits				➤ Benefit award letter
Other Income:				➤ Document:
<b>TOTAL</b>		<b>Monthly Total=</b> \$	<b>Annual Total =</b> \$	

**Family size:** \_\_\_\_\_ **Federal Poverty Level:** \_\_\_\_\_

Does client have a payee?

NO  YES

If yes, Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_ ID #: \_\_\_\_\_ CM Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(Form Revised April 2014)

**NO INCOME STATEMENT**

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month eligibility/recertification review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

\_\_\_\_\_  
**Client (or legal guardian) Signature**

\_\_\_\_\_  
**Today's date (day/month/year)**

Additional Comments:

**NO INCOME STATEMENT (6 Month Review)**

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month eligibility review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

\_\_\_\_\_  
**Client (or legal guardian) Signature  
(6 month review)**

\_\_\_\_\_  
**Today's date (day/month/year)  
(6 month review)**

I know if the agency is not able to contact me, that after 90 days trying, I agree to the agency mailing me a Certified Letter to notify me of discharge from services.

\_\_\_\_\_  
**Client (or legal guardian) Signature**

\_\_\_\_\_  
**Today's date (day/month/year)**

Client Name: \_\_\_\_\_ ID #: \_\_\_\_\_ CM Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(Form Revised April 2014)

**MEDICAL CASE MANAGEMENT REFERRAL:**

A "Yes" answer to any of the following questions requires a referral to Medical Case Manager.

Are you newly diagnosed with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you recently (within last 6 months) incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think your housing is unsafe or are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been unable to pay your rent, utilities, buy food, or pay for transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you uninsured or do you have unpaid medical bills that should have been covered previously by Ryan White (i.e., received bill in error, collection or past due notices)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any problems or delays in getting medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you missed any medical, mental health or substance abuse treatment appointments in the last three (3) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been out of medical care (for HIV) for 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced any changes to your mental health in the last three (3) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had unprotected sex or shared needles in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently using drugs/ alcohol or tobacco products would you like assistance in seeking treatment or more information about how to stop using drugs/alcohol or stop smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to speak to a Medical Case Manager for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If client answered "yes" to any of these questions, refer to a Medical Case Manager.**

**PLAN:**

Referred to Medical Case Manager: _____ Date: _____
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**SIGNATURE and CREDENTIALS/TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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