

**Ryan White Part B
HIV Case Management
(Medical and Non-Medical)**

STANDARDS OF SERVICE

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

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INTRODUCTION

HIV Case Management Task Force which included the Virginia Department of Health (VDH), Division of Disease Prevention (DDP), and HIV Care Services (HCS) Unit met between 2013-2014 to revise and update the Virginia Ryan White (RW) Part B Case Management Model. The goals of the task force were to:

1. Improve the quality and effectiveness of the HIV case management services (both medical and non-medical) funded by VDH HCS.
2. Align the HIV case management activities provided with the changing needs of People with HIV (PWH) as HIV disease becomes a more manageable chronic disease.
3. Improve the communication between the HIV Case Manager and the client's health care provider to encourage access to and successful adherence with medical treatment.
4. Create a model that complies with the federal RW legislative requirements to provide Medical Case Management (MCM) and meets the goals of the National HIV/AIDS Strategic Plan and the Ending the HIV Epidemic Plan for America.
5. Align HIV MCM with potentially billable services under the Patient Safety and Affordable Care Act (ACA) if applicable, if nursing staff is available.
6. Provide greater access to expertise in key areas of client need: (a) assessment and interventions for treatment adherence, oral health, nutrition and liver health/Hepatitis C disease management; (b) benefits counseling; (c) chronic disease management/self-management training; (d) behavioral healthcare; and (e) supportive services information, referral and access coordination.
7. Develop standards of care and standardized forms for the improved HIV case management model.

HIV CASE MANAGEMENT MISSION, VISION and GOALS

Mission:

The mission of the Virginia RW Part B HIV case management program is to coordinate culturally competent medical and support services that enable PWH in Virginia to navigate complex health and human service systems to successfully access and adhere to medical treatment, resulting in increased sustained self-sufficiency and improved health outcomes and quality of life.

Vision:

The vision of Virginia's RW Part B HIV case management program is that all PWH across the Commonwealth will have access to quality medical care and necessary support services, free from stigma and discrimination. This will result in optimal health outcomes, lower morbidity, reduced HIV transmission, and cost savings to the Virginia health system.

The **GOALS** of Virginia's RW Part B HIV case management program are to:

- Develop a resource and referral network of medical, healthcare and supportive services;
- Identify client needs and eligibility through a client-centered assessment process;
- Educate clients about HIV disease processes, treatment adherence, chronic disease management and service availability;

- In collaboration with the client, develop a plan to help overcome the barriers to accessing medical care;
- Empower clients to navigate the health system to the best of their ability;
- Advocate for client access to medical and supportive services;
- Provide culturally competent services;
- Promote chronic disease self-management training and skills building; and
- Provide cost-effective services that reduce the costs to the health care system including reduced emergency room (ER) visits and hospitalization rates.

STANDARDS OF SERVICE PURPOSE

VDH’s RW Part B HIV Case Management Standards of Service describes the minimum standards of care that are essential in meeting the needs of PWH. These standards apply to programs providing RW Part B-funded HIV case management services in Virginia, and others are welcome to use this document or its parts. These are the minimum standards and providers are encouraged to exceed these standards in regards to quality of care.

Subrecipients providing Part B-funded HIV case management services in the Commonwealth of Virginia provide services under a broad spectrum of service delivery models, including rural community-based organizational models and hospital-based settings. These standards provide a framework of quality HIV case management that may be delivered with variation in actual services provided. The model is a (1) client-centered, (2) multi-disciplinary approach for (3) chronic disease management. Please see *Appendix C* for more details about these concepts. Ongoing development and review of this document is maintained through collaboration with Case Managers, subrecipients and policymakers to ensure these standards of service meet the needs of PWH.

Definitions:

HRSA Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

Medical Case Management, including Treatment Adherence Services

Description:

Medical Case Management (MCM) 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).

Key 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).

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.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or 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, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key 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
- Client-specific advocacy and/or review of utilization of services
- 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

Program Guidance:

Non-Medical Case Management (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 Services have as their objective improving health care outcomes.

THE RW 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 coordination/behavioral health coordination and management; and
3. Medical care and treatment engagement.

Under this model:

- The Eligibility/Intake Specialist provides NMCM and is responsible for all eligibility determination activities, enrollment/re-enrollment, Client Access Reviews (CAR), and assistance with determining eligibility for other benefits. The 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.
- The Medical Case Manager is responsible for assisting the client to manage their disease specifically related to the medical treatment plan from the client's medical providers, supporting optimal treatment adherence. The Medical Case Manager is also responsible for all behavioral health coordination and management, supportive services coordination and for assisting the client to successfully engage in medical care.

These Standards are intended to provide direction to the practice of RW Part B-funded HIV case management in the Commonwealth of Virginia. They are also intended to provide a framework for evaluating the practice of HIV case management and to define the professional accountability of the case managers to both the client and the public.

Each of the following sections defines the STANDARDS, including the criteria to be used to measure compliance with the standard, the PURPOSE of the activity, and the PROCESS or step-by-step method to conduct the activity. Where appropriate, a list of the appropriate DOCUMENTATION required is also included.

MEDICAL CASE MANAGER ROLES AND RESPONSIBILITIES

Medical Case Managers may be social workers, nurses or any similar professional with related health and human services experience. Medical Case Managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services in order to assist the client to successfully adhere to their HIV treatment program. Medical Case Managers participating on a multidisciplinary team work in partnership with the other professionals to assess the needs of the client, the client's family, and support systems to develop an individualized client Service Plan. Medical Case Managers also arrange, coordinate, monitor, evaluate, and advocate for a comprehensive package of services to meet the specific client's complex needs.

Functional roles of the Medical Case Manager:

- Face-to-face, telehealth, phone contacts, and any other forms of communication for assessment and re-assessment (including assessment of adherence to treatment);
- Development of a comprehensive, individualized Service Plan;
- Coordination of the services and activities required in implementing the Service Plan;
- Case conferencing with other members of the HIV treatment team as appropriate, if warranted, and as required by acuity level;
- Monitoring of HIV medication therapy to include education of client concerning risks and side effects, monitoring client adherence and tolerance of medications;
- Reviewing and monitoring CD4 and viral load (VL) lab values, to include making sure the most current CD4 and VL lab values are recorded in the client file/database;
- Client education about HIV, its transmission, complications, and risk reduction;
- Active linkages of client to appropriate agencies required to assist the client in achieving the goals and objectives identified in their Service Plan;
- Insurance and entitlement education, navigation and enrollment support;
- Client monitoring to assess the efficacy of the Service Plan;
- Periodic re-evaluation and revision of the Service Plan as necessary according to acuity level over the life of the client;
- Client-specific advocacy (e.g., with a landlord, medical team, substance use counselor, etc.);
- Review of client utilization of services;
- Outreach and case finding activities (for existing MCM clients if there is no Early Intervention funding in the funded area);
- Treatment adherence support;
- Transfer and inactivation processes; and
- Documentation in progress notes, on the required forms and in the required database.

MEDICAL CASE MANAGER EDUCATION REQUIREMENTS AND TRAINING

1. The minimum education and/or experience requirements for Medical Case Managers are:
 - a. Bachelor of Social Work (BSW), (Master of Social Work (MSW) and licensure preferred), or other related health or human service degree from an accredited college or university, or;

- b. Current Virginia licensed Registered Nurse (RN) with additional Association of Nurses in AIDS Care (ANAC) Certification preferred; ***or,***
 - c. Related experience for a period of two years, regardless of academic preparation.
- 2. If licensed, a copy of the most current Virginia license must be kept in the Medical Case Manager's personnel file.
- 3. All Medical Case Managers must complete a minimum training regimen within one year of their hire date that includes: (a) HIV Case Management Standards, (b) training in HIV 101 to include HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, (c) cultural competency (d) Virginia Medication Assistance Program (VA MAP)/Insurance training, and (e) Motivational Interviewing (f) VDH client-level database training. If newly hired Medical Case Managers 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 Medical Case Manager's personnel file. See Appendix C for MCM training path.
- 4. All Medical Case Managers, except Virginia Licensed Clinical Social Worker (LCSW) or nationally Certified Case Manager (CCM) must complete a VDH-approved basic case management training program (Foundations of Case Management) within one year of their hire date. Documentation of completion of this training must be kept in the Medical Case Manager's personnel file. MidAtlantic AIDS Education and Training Center (MAAETC) and Virginia HIV/AIDS Research and Consultation Center (VHARCC) offer a variety of trainings and consultation services. More information can be found at: <http://www.maaetc.org> and <http://www.VHARCC.com>
- 5. All Medical Case Managers must complete at least 12 hours of continuing education in HIV/AIDS each year. Appropriate continuing education opportunities will be identified by Case Managers. Documentation of completion of continuing education must be kept in the Medical Case Manager's personnel file. See Appendix B for an illustrative documentation form.

ELIGIBILITY/INTAKE SPECIALIST OR NON-MEDICAL CASE MANAGER ROLES AND RESPONSIBILITIES

The Eligibility/Intake Specialist meets with potential clients to determine clients' eligibility for RW-funded services, ongoing Client Access Reviews (CARs) and, if deemed eligible, assists the client to complete the appropriate paperwork. 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), Supplemental Nutrition Assistance Program (SNAP), and other services. The case manager assigned to the client should be informed for additional follow-up purposes. If the client is deemed ineligible for any of the above programs, the Specialist refers the client to available community resources. The Eligibility/Intake Specialist is responsible for completing eligibility determination and case management intakes for callers and prospective clients with HIV disease.

Functional Roles of the Eligibility/Intake Specialist:

- Determine client eligibility for various RW funded services including MCM and the Virginia ADAP (known as VA MAP) 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 Ryan White Part B for initial and continuation eligibility determinations every 24 months;
- 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;
- Conduct ongoing Client Access Reviews, if this task is not being done by another staff member under psychosocial support services;
- Maintain documentation and program notes in the client records according to VDH requirements and NMCM standards;
- Complete client data entry into VDH's client-level database;
- Coordinate with Outreach, Patient/Peer Navigation, and Virginia Department of Health (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.

ELIGIBILITY/INTAKE SPECIALIST EDUCATION REQUIREMENTS AND TRAINING

- 1) High school (HS) diploma or General Education Development (GED) ***and*** one year of experience working with PWH and/or health care training (e.g., certified medical assistant, 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) VA MAP requirements and application, (b) Medicaid, Medicare, SSI, SSDI (annually), (c) VDH's HIV Case Management standards (d) cultural competency, (e) Ryan White eligibility, (f) Motivational Interviewing, and (g) VDH client-level database training. If newly-hired Non-Medical Case Manager/Eligibility/Intake Specialists have previously obtained all 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. See Appendix B for NMCM training path.
- 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, Ryan White 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.

HIV CASE MANAGEMENT STANDARDS

1.0 INTAKE

In some agencies, Case Managers also conduct an intake, which includes eligibility determination. Some subrecipients utilize a Non-Medical Case Manager/Eligibility/Intake Specialist, or other staff to perform these duties. This activity is typically recorded as NMCM. If needed, the form on page 35 is a model and can be adjusted for subrecipients'

Electronic Medical Records (EMRs), and corporate letterheads.

Standard	Measure
1.1 All prospective clients who contact the subrecipient will talk with a Non-Medical Case Manager/Eligibility/Intake Specialist within three (3) business days of the initial client contact.	1.1 First Contact documentation completed by each subrecipient.
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 the 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 Assessment Determination and gathering of required documents. The official intake date will be the date the intake process was initiated.	1.3 Completed and dated Eligibility Assessment Determination Form, within 10 business days of first client contact, and required documentation as outlined in Eligibility section below.
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 Assessment Determination 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 every 24 months .	1.6 Completed and dated Eligibility Assessment Determination Form. Note: Clients who do not have these documents in their files will be considered officially ineligible for ANY Ryan White Service.

<p>1.7 Every client who completes the intake will have:</p> <ul style="list-style-type: none"> a. A signed and dated Informed Consent* b. A copy of the subrecipient's Grievance Procedures* c. A copy of the subrecipient's Confidentiality Statement* d. A signed and dated Release of Information (ROI)* form e. A copy of the Client Rights and Responsibilities* 	<p>1.7 Copy of signed and dated Informed Consent and ROI forms in client file. Copy of client signature on Documents Received form to denote receipt (form varies by subrecipient).</p>
<p>1.8 If the client answers "yes" to any of the questions numbered 8-20, in the Non-Medical Case Management Service Plan / MCM Referral section of the Eligibility Assessment Determination Form the client must be referred to MCM within two (2) working days after the completion of the intake process and a plan must be developed for each area with a due date. **</p>	<p>1.8 Documentation on the Non-Medical Case Management Service Plan / MCM Referral form and in the progress notes.</p>
<p>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.</p>	<p>1.9 Progress notes in the client file matched to the service entries in the database.</p>
<p>1.10 Documentation of ongoing Client Access Reviews (CARS) must be contained within the client's record, regardless of who in the subrecipient is conducting this.</p>	<p>1.10 Documentation of ongoing Client Access Reviews (CARS) at regular interviews.</p>
<p>1.11 Every client followed by the agency will be screened by the Non-Medical Case Manager every six (6) months using the NMCM Service Plan / MCM Referral form to determine and re-evaluate Non-Medical needs and Medical Case Management referrals.</p>	<p>1.11 Completed NMCM Service Plan / MCM Referral form every six (6) months for all Level 1 clients. (See page 44.)</p>
<p>1.12 If the client answers "no" to every question except #1 on the NMCM Service Plan / MCM Referral form they will be considered as not being followed by case management. However, the Non-Medical Case Manager, Eligibility Specialist, or other agency staff will complete the Non-Medical Case Management Service Plan / MCM Referral form every 24 months as they are completing Unified Eligibility</p>	<p>1.12 Completed NMCM Service Plan / MCM Referral form every 24 months for clients who initially answer "no" to all questions except 1, on the Non-Medical Case Management Service Plan / MCM Referral form.</p>

*Forms may be developed by subrecipients that meet their internal requirements.

Samples forms are located at: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ryan-white-part-b-standards/>

**Immediate MCM referral if client will run out of medication within 7 days or is a danger to self or others (Follow Agency Protocol)

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 assessment, and schedules the MCM Assessment (if referral to MCM is made). With subrecipients where the 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 24-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 they may be a danger to themselves 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 included 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.

Clients must be informed of their right to confidentiality by 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 they prefer 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 Ryan White or other services. *If the client notes during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letters will be sent. If this is the case, case managers will document this on the intake form or in future progress notes if applicable.*

2. 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.
3. The Non-Medical Case Manager/Eligibility/Intake Specialist shall complete the Eligibility Assessment Determination Form that includes questions to assess Non-Medical Case Management needs and 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 any of the questions 8-20 on the NMCM Service Plan / MCM Referral form. Additionally, documentation should be made on the form indicating service plan goal and due date for each “yes” identified.
4. RW Part B eligibility will be determined according to the current Virginia Ryan White Part B Unified Eligibility Policy located at: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>

Documentation

- a. Complete and dated Eligibility Intake Review Form
- b. Signed Informed Consent Form
- c. Signed ROI Form
- d. Subrecipient-specific Grievance Procedure and Confidentiality Statement
- e. Subrecipient Client Rights and Responsibilities document
- f. Client Eligibility Assessment Determination and Continuation Eligibility Determination Record with documentation (reviewed under the Peer Review Universal Administration Standard)
- g. Referrals: If a client needs a referral to another provider or agency, the Non-Medical Case Manager/Eligibility/Intake Specialist will make the appropriate referrals and document them in the progress notes.
- h. Bi-annual completion of the NMCM Service Plan / MCM Referral form for all Level 1 clients
- i. Completion of the NMCM Service Plan / MCM Referral form during Unified Eligibility every 24 months for clients not followed by case management
- j. 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 the case manager’s full name and title (or according to subrecipient’s electronic medical record protocol).

2.0 MEDICAL CASE MANAGEMENT ASSESSMENT

Standard	Measure
2.1 Each MCM client will participate in at least one face-to-face interview to assess their needs, at a minimum of every 12 months while they are in active HIV case management. Initial Assessment will be completed within 30 days of intake. Re-assessments will occur according to acuity level assigned.	2.1 Completed and dated MCM Assessment Form* within past 12 months. Initial Assessment signed and dated within 30 days of intake.
2.2 The key findings of the MCM Assessment must be briefly summarized at the end of the MCM Assessment form.	2.2 A brief summary of the findings noted on last page of the MCM Assessment form.
2.3 Treatment Adherence must be assessed, and if identified as a need, included in the Service Plan.	2.3 Documentation on the MCM Assessment Form* and in the Service Plan if indicated as a need.

* Forms may be developed by subrecipients that meet their internal requirements.

Sample forms are located at:

<https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ryan-white-part-b-standards/>

Purpose of the Assessment

The MCM Assessment is an information gathering process which includes a face-to-face interview between a client and Medical Case Manager that allows for the acquisition of secondary data from health and human services professionals and other individuals. It is a cooperative and interactive process during which a client and Medical Case Manager collect, analyze, synthesize, and prioritize information which identifies client needs, resources, and strengths, for purposes of developing a Service Plan to address the needs identified.

Clients are assessed annually to evaluate progress, identify unresolved and/or emerging needs, guide appropriate revisions in the Service Plan, and inform decisions regarding discharge from HIV case management services and/or transition to other appropriate services. Assessment should also be conducted in the event of significant changes in the client's life.

Areas of Assessment include:

1. The extent and nature of client needs;
2. The capacity of the client to meet personal needs;
3. The capacity of the client's support network to address client needs; and,
4. The capacity of available human services agencies/organizations to address client needs.

Assessment is directed at reaching a mutual agreement between the client and the Medical Case Manager concerning priority needs and client strengths and limitations.

Process

1. If the MCM Assessment was not completed or scheduled during the intake process, the client is contacted to schedule an appointment for the Assessment. The Assessment can be conducted in face-to-face, telehealth, and phone meeting(s) between the client and Medical Case Manager. Home visits are encouraged for clients who either have difficulty accessing the case management subrecipient or where visiting the client's home would assist in the identification of need. A protocol should be in place within the agency regarding home visits that includes safety measures, standard rules, and privacy.
2. Assessments should be completed within 30 days from the intake date. Documentation of any delays in completing the MCM Assessment must be included in the progress notes.
3. The Assessment is conducted by a Medical Case Manager and is performed in accordance with the Virginia HIV Case Management Standards and any written policies and procedures established by each respective subrecipient, especially those related to confidentiality requirements and confidential meeting location. The Assessment is documented on the MCM Assessment Form. The Assessment process utilizes an Acuity Scale to assist in summarizing the results of the assessment.
4. The process of identifying client needs and strengths should be a participatory activity that involves client self-assessment and supports client self-determination. Equally important is the ongoing collaboration between the Medical Case Manager and other health and human service providers and individuals involved with the client. Case conferencing with the medical treatment team and consultation with other agencies providing services to the client should be an ongoing activity of case management and appropriate documentation of these activities should be included in a consistent way in the progress notes.
5. Adherence to medical and medication treatment must be assessed, and if identified as a need, be included in the Service Plan.
6. Client needs are systematically screened and documented. This involves the active participation of the client, health and human services professional, and other individuals, as agreed to by the client. Client needs should be identified in the following areas (items included on Assessment):
 - a. Health status and history of HIV/AIDS complications and treatments, including adherence concerns/issues;
 - b. Health literacy;
 - c. Current medications and side effects;
 - d. Income (including benefits issued through Social Security or other sources);
 - e. Health coverage benefits and ability to use those benefits (health insurance, Medicaid, Medicare, Veterans' benefits, eligibility for ACA services) or participation in clinical trials;
 - f. Housing/shelter (residential support, adaptive equipment and assistance with decision making);
 - g. Assessment of dental history and current needs, as well as payer sources for dental care;
 - h. Employment;
 - i. Educational status/literacy, primary language read and spoken, prognosis for employment, educational/vocational needs, appropriateness and/or availability of educational, rehabilitation and vocational programs;
 - j. Mental health and emotional status;

- k. History of violence and abuse;
- l. Cultural, ethnic, racial background, spirituality and religion;
- m. Communication skills, language literacy, and/or translation requirements;
- n. Social relationships and support (informal care givers, formal service providers, significant issues in relationships, and social environments);
- o. Client's physical environment, as well as ability to meet activities of daily living;
- p. Recreation and leisure;
- q. Transportation;
- r. Legal needs, if appropriate (guardian relationships, child custody, pending court dates, criminal history and other involvement with the legal system);
- s. Knowledge of HIV disease transmission and risk reduction strategies;
- t. Accessibility of health and community resources which the client needs or wants;
- u. Assessment of alcohol, tobacco, and other drug use; and
- v. Knowledge of legal rights and responsibilities, including living will, health care power of attorney or durable power of attorney options.

Documentation

- a. A completed MCM Assessment Form, including Acuity Scale that is signed and dated by the Medical Case Manager and the client.
- b. A brief summary of the findings at the end of the Assessment Form.
- c. Progress notes.

3.0 ACUITY SCALE

Standard	Measure
3.1 Each MCM client will have an Acuity Scale completed and documented, reflecting their current Acuity level.	3.1-2 Completed and dated Acuity Scale, signed by the Medical Case Manager and the client on the date of completion.
3.2 Every active client will have their Acuity Scale updated as frequently as indicated in each Acuity level according to level 1, 2, or 3.	

Purpose of the Acuity Scale

Virginia’s RW Part B HIV case management program strives to provide the greatest level of support to clients with the greatest need. A three-stage Acuity Scale is used as an additional part of the MCM Assessment process and is completed after the intake and MCM Assessment are complete. The Acuity Scale:

- Is a tool for the Medical Case Manager to use, which complements the MCM Assessment to determine the level of case management needed;
- Is intended to provide a framework for documenting important assessment elements and for standardizing key questions that should be asked as part of a professional assessment;
- Helps provide consistency from client to client and is a tool to assist in an objective assessment of a client's need, thereby minimizing inherent subjective bias;
- Helps develop priority need areas to be addressed in the Service Plan.

Instructions for use of the Acuity Scale:

1. Interview the client following the Intake and Assessment/Re-Assessment Standards.
2. Review all pertinent client documents, secondary assessments done by other professionals, and any relevant information available about the client's needs.
3. Check the appropriate indicators in each Life Area on the Acuity Scale.
4. An Acuity Score for each Life Area is assigned using professional judgment. If there are indicators that are potentially disabling to a client such as: newly diagnosed, pregnant, currently unhoused, recently released from correctional facility, a higher level will be assigned to that Life Area so that higher levels of program support may be provided to stabilize the client. Use of professional judgment is used to determine the appropriate level of program support/services.
5. The score is assigned based on the number criteria checked in each Life Area. Multiply the number of criteria checked in each Life Area by the number of the column. For example, if three criteria are checked in column 2, then the score at the bottom of column 2 is "6" (2 x 3).
6. **Please note:** The following criteria, at a minimum, will result in an automatic Case Management Level 3, during the first 90 days of service: (a) released from a correctional facility within the past 90 days, (b) diagnosed with HIV in the last 180 days, (c) pregnant and (d) unhoused. This will ensure that the client receives the additional amount of case management service that may be warranted.
7. Clients who score a "15" or less are considered Level 1 and shall be referred back to Non-Medical Case Management. A Medical Case Management Service Plan is not needed. Medical Case Managers shall discharge Level 1 clients down back to Non-Medical Case Management for ongoing follow-up after an initial assessment and acuity have been completed. Medical Case Managers should note on the discharge summary the following: *"discharged to non-medical case management for ongoing eligibility follow up and low-level needs."* Thus, all clients who answer "no" on all 20 questions on the Non-Medical Case Management Service Plan / MCM Referral form and all clients who have been assessed by a Medical Case Manager with a score of 15 or below on the Acuity Scale shall be followed by Non-Medical Case Management.
8. Total the points at the end of Acuity Scale for all clients who have been assessed by a Medical Case Manager. Assign appropriate program support activities (See Appendix D).

<p>Level 1 11-15 points = low</p>	<ul style="list-style-type: none"> • Initial MCM Assessment and Acuity completed by MCM • Minimum contact every 6 months by NMCM • Reassessed every 6 months by Non-Medical Case Manager using NMCM Service Plan /MCM Referral form and referring to Medical Case Manager should any question 8-20 change to a “yes” • Documentation in progress notes • Should any of answers to questions 8-20 noted on the Non-Medical Case Management Service Plan / MCM Referral form change to a “yes” during the year, Non-Medical Case Managers shall refer client to Medical Case Management for further assessment.
<p>Level 2 16-27 points = medium</p>	<ul style="list-style-type: none"> • Initial Assessment and Acuity • Annual MCM Re-Assessment • Assess Acuity every 6 months • Minimum contact (telephone or face-to-face) every six months to verify address/phone number, to check on client’s current status • Service Plan update every 6 months • Documentation in progress notes
<p>Level 3 28-44 points = high/urgent</p>	<ul style="list-style-type: none"> • Initial Assessment & Acuity • Minimum MCM Re-Assessment every 6 months • Minimum contact (telephone or face-to-face) every 30 days • MCM Service Plan updated minimum every 3 months • Acuity updated minimum every 3 months • Documentation in progress notes

Documentation

- a. A completed Acuity Scale (included with Assessment) that is signed and dated
- b. Progress notes

4.0 MEDICAL CASE MANAGEMENT SERVICE PLANNING

Standard	Measure
<p>4.1 After completion of the MCM Assessment, every client (except those with an Acuity Score of 15 or less) will participate in the development of an MCM Service Plan that must be completed within 45 calendar days from the completion of the Assessment. If the MCM Service Plan is not completed within this time frame, documentation that explains the delay must be included in the progress notes in the client file.</p>	<p>4.1 Completed and dated MCM Service Plan in the client file to include both client and MCM signatures within 45 days of the Assessment.</p>
<p>4.2 The MCM Service Plan will reflect that the client was included in the development of the MCM Service Plan. The MCM Service Plan will include area for notation as to whether or not the client was offered and received a copy of the Service Plan.</p>	<p>4.2 Notation in the progress notes that MCM Service Plan was developed. Notation on MCM Service Plan whether the client received a copy.</p>

Purpose of Assessment-Based Planning

For the most efficient use of time and for effective outcomes to occur, there must be a clear plan that directs the activities of the client and Medical Case Manager. This plan becomes the basis for evaluating what services were provided and whether they achieved the desired outcomes. Once the Medical Case Manager has gathered sufficient information from the intake and assessment and has identified the priority needs areas, this information will form the basis of Service Planning.

Client Involvement in Planning

Service Planning provides the basis from which the Medical Case Manager and the client work together, as partners, to access the resources and services which will enhance the client's quality of life and their ability to cope with the complexity of living with HIV. The client plays a vital role in the process of developing a plan of care. The process supports client self-determination and self-management of a chronic disease whenever possible and empowers a client to actively participate in the planning and delivery of services.

When developing a Service Plan, it is necessary to have concurrence on expected responsibilities and have an agreement on the tasks assignments to be completed by the Medical Case Manager and the client. Most clients will count on the Medical Case Manager to guide them through the health and human services system and to present options and help them develop contingency plans, should the initial efforts fail to produce the desired results. There should be ongoing and joint assessments of the appropriateness of the Plan.

Process

1. In an ongoing interactive process with the client, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the mutual

development of goals, assigned activities and reporting outcomes. The MCM Service Plan Form should contain the following:

- Identification of problems/primary barriers;
- Prioritization of goals and issues;
- Planning tasks and action steps to be completed to help a client meet their goals-- keeping in mind the client’s ability to attain only one goal at a time and that goal should be attainable based on the client’s perspective;
- The name of the person who will be responsible for the assigned task: either the client, the Medical Case Manager, or both;
- Documentation of the target date of tasks and goals;
- The Task Completion Date;
- The Service Plan signed and dated by the client and Medical Case Manager on the date it is developed; and
- Documentation in the progress notes regarding completion of the plan and whether the client received a copy.

Documentation

- a. A completed Service Plan signed and dated by both the Medical Case Manager and the client on the date it is developed.
- b. Progress notes.

5.0 SERVICE PLAN IMPLEMENTATION

Standard	Measure
5.1 All Level 2 & 3 clients and their Medical Case Manager will work together to develop and meet Service Plan goals and move toward task completion.	5.1 Update on goals and progress made on attaining goals in progress notes that matches required time frames based on Acuity level.
5.2 Every active Level 2 & 3 client will have their Service Plan updated as frequently as indicated by level of Acuity.	5.2 Completed and current Service Plan (according to Acuity level) in the client file.
5.3 Ongoing documentation of Service Plan activities related to goal completion status must be in the progress notes.	5.3 Progress notes to be completed within 48 hours.

Purpose of Service Plan Implementation

Activities related to Service Plan Implementation should be used as tools for helping the client resolve crises and to develop sustaining strategies to cope with their problems and service needs independently. This involves:

- evaluating the effectiveness and relevance of the plan;
- measuring client progress toward stated goals and activities; and
- revising the plan as needed (with minimum frequency according to Acuity level).

Process

1. The goals and activities developed during the planning process should be regularly reviewed to determine progress and whether any changes in the client’s situation warrant a change in the Service Plan according to Acuity Level.
2. Case conferences with the client’s medical team and other treatment teams (e.g., mental health treatment teams) can help ensure that all providers involved in a client’s care and treatment work together to achieve the best mix of services, which also minimizes service duplication.
3. Clients and Medical Case Managers must at least maintain contact according to Acuity Level to build trust, communication, and rapport. Careful planning by the client and the Medical Case Manager can determine how often contact is needed to minimize crisis situations and to best meet the client’s anticipated needs.
4. Clients should be encouraged to contact the Medical Case Manager when changes occur in their health condition, in social factors that impact their day-to-day living, or in their practical support systems.
5. Follow-up and monitoring activities can occur through direct contact (i.e. face-to-face meetings, telephone communication, texting, email, instant messaging) with the client or their representative.
6. Indirect contact regarding the client, with the client’s family or caregiver, primary medical provider, service providers, and other professionals also provides information. This can happen through meetings, telephone contact regarding the client, written reports, and letters.

Documentation

- a. Implementation activities should be documented in the progress notes.
- b. A revised Service Plan must be completed according to Acuity Level.
- c. Documentation should include dates of follow-up, referral contacts, and specific activities.

6.0 DISCHARGE OR TRANSFER

Standard	Measure
6.1 A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date from either Medical Case Management services or from the entire agency.	6.1 Discharge summary in client file within 30 days of discharge date.
6.2 If client transfers to another Medical Case Management subrecipient, case management	6.2 Documentation in the progress notes of client file.

services are transferred to new subrecipient within five business days of request.	
<p>6.3 If client cannot be located:</p> <p>a. For ongoing assessment, acuity, or Unified Eligibility then the subrecipient will make and document a minimum of 3 follow-up attempts over a 3-month period after first attempt. Contact attempts should be initiated no later than 3 months prior to due dates.</p> <p>b. A certified letter must be mailed to the client’s last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-engage in care. <i>Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p>	<p>a. Documentation of attempted follow-up in progress notes.</p> <p>b. Copy of dated certified letter in client file.</p>
<p>6.4 If client is administratively discharged, a certified letter must be mailed to the client’s last known mailing address within five business days of discharge, noting reason for discharge and possible alternative resources.</p>	<p>6.4 Copy of dated certified letter in client file.</p>

Purpose

A client is considered active within the subrecipient when they actively seek and receive services and have been seen or contacted within the time frame required by the Acuity Scale. The client’s case may be closed for a variety of reasons, including:

1. Client has satisfactorily met goals.
2. The client moves out of state.
3. The client decides to transfer to another subrecipient.
4. The client withdraws from or refuses Case Management services, reports that services are no longer needed, or no longer participates in the Case Management plan.
5. The client can no longer be located.
6. The client becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program.
7. The client’s needs are more appropriately addressed in other programs.
8. The client exhibits a pattern of abuse as defined by subrecipient’s policy.
9. The client is deceased.

Process for Discharge

1. Discharge from both MCM services and/or the entire agency should be discussed with the client. The discussion should include the reason(s) for discharge and explore options for other service provision, all of which should be documented. Whenever possible, the Case Manager should meet with the client in a face-to-face interview prior to discharge. If a face-to-face meeting is not possible, the Case Manager should attempt to talk with the client by phone. If no verbal contact is possible, the Case Manager must send a certified letter to the client's last known address to notify the client of discharge and the certified letter* must have a return receipt with client signature only. If the client is not present to sign the letter, it must be returned to the Case Manager.
** Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*
2. A discharge summary for all closed cases must be placed in each client's file within 30 days of discharge date. This summary must include:
 - a. Client's name
 - b. Date services began
 - c. Special client needs
 - d. Services needed/actions taken if applicable
 - e. Date of discharge
 - f. Reason(s) for discharge
 - g. Referrals made at time of discharge if applicable

Transfer:

If a client transfers to another location, subrecipient, or service provider, (including a non-Ryan White Case Manager), the 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 Case Manager will make a referral for case management services in the new location.

Unable to Locate:

If a client cannot be located, the case management subrecipient 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. The three attempts should start no later than three months prior to the due date. 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 Case Management case will be closed within thirty (30) days from the date on the letter if the client does not make an appointment with the Case Manager.

** Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*

Withdrawal from Service:

If a client reports that services are no longer needed or decides to no longer participate in the Service Plan or subrecipient services, 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 subrecipient, Case Managers are encouraged to refer these clients to other agencies that 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 Case Manager's supervisor according to that subrecipient's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources either in person or by mailing a copy to the client's last known mailing address using Certified Mail* within five business days after the date of discharge, and a copy must be filed in the client's chart.

** Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*

Documentation

- a. A discharge summary must be placed in each client's file within 30 days of discharge.
- b. A copy of a certified letter informing client of discharge must be placed in each client's file.
- c. Progress notes.

APPENDIX A: DEFINITIONS

DEFINITIONS:

ADAP: the HIV medication assistance program funded by the Health Resources and Services Administration for eligible Ryan White clients. In Virginia, the VA Medication Assistance Program (**VA MAP**) in VDH's central office coordinates ADAP services.

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 their 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, subrecipient 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 PWH.

Case Managed: Refers to clients assigned to a RWHAP B Medical Case Management (MCM) or Non-Medical Case Management (NMCM) to assist with access to services and maintenance of care.

Client Access Reviews (CARs): Periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility. CARs should include assessment of changes in income, residency, and insurance coverage. Subrecipients determine the interval for these checks; VDH recommends checking during patient encounters.

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 their 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, rule, or test on which a judgment or decision can be 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 subrecipient.

Eligibility Assessments: A process used to verify and document that a client is eligible for RWHAP B services by meeting all of Virginia RWHAP B client eligibility conditions

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.

Grievance: A real or imaginary wrong causing resentment and regarded as grounds for complaint.

HIV Disease Health Education/Risk Reduction: Activities that include information dissemination about methods to reduce the spread of HIV, HIV disease progression, and the benefits of medical and psychosocial support services. This activity does not include medication or treatment information that is part of Adherence activities.

Health Insurance Portability and Accountability Act (HIPAA): The first comprehensive federal protection of patient privacy passed by the U.S. Congress in 1996. HIPAA sets national standards to protect personal health information, standardize the way it’s used, and make health insurance more portable for the public. Key provisions include: (1) guaranteed access for clients to their medical records; (2) the ability of the client to limit the information that entities like VDH and its contractors can disclose; (3) the ability of the client to review their medical records for accuracy and to request changes; and (4) allows health information to be disclosed without authorization for certain national priority purposes, such as research or public health disease outbreaks.

May: Permissive, but not to be interpreted as an enforceable requirement.

Must: Indicates condition, action, etc., as mandatory and enforceable.

Multi-Disciplinary Team: A team that includes professionals representing the disciplines required for a holistic approach to meeting the needs of a client, as identified through the Assessment. At a minimum, a medical team for HIV care consists of the Medical Provider, Medical Case Manager, and Treatment Adherence Advocate.

Not Case Managed: Refers to clients not currently assigned to any RWHAP B case manager through MCM or NCMCM to access RWHAP B services. This client might only receive VA MAP services or decline to receive case management support.

Outreach/Case Finding: Activities that have as their principal purpose to identify individuals with HIV disease so that they may become enrolled in care and treatment services. Outreach

activities should be coordinated with the local HIV prevention outreach program. Activities should be targeted to populations known to be at disproportionate risk; conducted at times and places where such individuals are likely to be reached; and be reportable and evaluated for effectiveness in getting new clients with HIV enrolled in care coordination and medical care.

Quality Assurance (QA): Refers to a broad spectrum of ongoing/continuous evaluation activities design to ensure compliance with minimum quality standards. An ongoing monitoring of services for compliance with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections, and adherence to state and federal laws, rules, and regulations.

Quality Improvement (QI): Generally used to describe the ongoing monitoring, evaluation, and improvement process. It includes a client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. This focus is a means for measuring improvement to access quality of HIV services.

Ryan White HIV/AIDS Treatment Extension Act of 2009: Passed by the U.S. Congress in 1990, the purpose of this federal act is to provide emergency assistance to communities that are most affected by the HIV epidemic and to make financial assistance available to state and other public or private nonprofit entities. This assistance provides for the development, organization, coordination and operation of more effective and cost-efficient systems for the delivery of essential services to individuals and families with HIV disease.

Service Plan: A written plan that directs the activities of the client and the Medical Case Manager. The Service Plan delineates the case management goals and objectives required to coordinate and link the client to the continuum of health and support services required to manage their disease.

Service Planning: An ongoing interactive process with the clients, where problems are identified and prioritized. Identified problems are addressed through a planning process that includes the development of goals, assigned activities, and reporting outcomes. Clients and their support systems also have strengths that should be incorporated into Service Planning.

Shall: Indicates condition, action, etc. as mandatory and enforceable, unless an exception is granted and/or required under funding regulations and/or VDH discretion.

Should: Indicates accepted industry or professional practice standard and/or what is expected. May or may not be enforceable, but is subject to remediation.

Standard: An authoritative statement by which a profession describes the responsibilities, ethics, and behaviors for which its practitioners are accountable. A rule or basis of comparison in measuring or judging capacity, quantity, content, extent, value, and/or quality.

Therapy/Counseling: Therapy or counseling refers to professional mental health interventions aimed at reducing clinical symptoms that interfere with an individual's ability to meet the demands of daily life, and participate actively in their own health care. It falls outside the role of a Medical Case Manager to provide mental health therapy or counseling to clients. Referring clients to

appropriate mental health resources, and facilitating access to those services is the appropriate role for the Medical Case Manager

Treatment Plan: A written plan of treatment and therapy developed by a medical provider.

Unified Eligibility: A process to assess an individual's eligibility for all RWHAP B services, including HIV medication access (VA MAP), through one assessment/application on an interval determined by VDH.

USEFUL RYAN WHITE ABBREVIATIONS AND ACRONYMS:

ACA:	Affordable Care Act
ADA:	Americans with Disabilities Act
ADAP:	AIDS Drug Assistance Program
ANAC:	Association of Nurses in AIDS Care
BS:	Bachelor of Science
BSW:	Bachelor of Social Work
CD4:	Cluster of Differentiation 4
CCM:	Certified Case Manager
DDP	Division of Disease Prevention
ED:	Emergency Department
GED:	General Educational Development
HIPAA:	Health Insurance Portability and Accountability Act
HCS	HIV Care Services
HS:	High School
LCSW:	Licensed Clinical Social Worker
LPC:	Licensed Professional Counselor
MAAETC:	MidAtlantic AIDS Education & Training Center
MCM:	Medical Case Management
MSW:	Master of Social Work
NMCM:	Non-Medical Case Management
PWH:	People with HIV
QA:	Quality assurance
RN:	Registered Nurse
ROI:	Release of Information
RW:	Ryan White
SNAP:	Supplemental Nutrition Assistance Program
SSDI:	Social Security Disability Insurance
SSI:	Social Security Insurance
TANF:	Temporary Assistance for Needy Families
VA MAP:	Virginia Medication Assistance Program
VDH:	Virginia Department of Health
VHARCC:	Virginia HIV/AIDS Research and Consultation Center
VL:	Viral load

APPENDIX B: TRAINING LOG TEMPLATE

Employee _____ Hire Date _____

**Virginia Ryan White Part B
Medical Case Management Employee Training Log**
(Attach Training Certificates to Log)

Date of Training	Name of Training <i>Required Trainings (within one year of hire date)</i>	Number of Hours	Supervisor Signature
	The Facts	11.5	
	The Fundamentals of Prevention Counseling	6.5	
	Foundations of Case Management *	6.5	
	Ryan White Case Management Part B Standards	6.5	
	Introduction to Motivational Interviewing	6.5	
	Motivational Interviewing Client Simulation	1	
	Motivational Interviewing 2.0	6.5	
	Benefits 201 initial training	6.5	
	Benefits 101 annual updates (required annually for NMCM)	3	

* Unless LCSW or CCM

For a list of all training dates and locations, visit <https://www.maaetc.org> or <http://www.vharcc.com>

APPENDIX C: RYAN WHITE PART B CASE MANAGEMENT TRAINING GUIDE

This training guide is meant to help new case managers and their supervisors understand Ryan White Part B HIV Case Management Standards of Service training requirements and classes provided through the MAAETC/ VHARCC that meet those requirements. For questions about training classes, please contact VCU's HIV Education Program at 804.828.2475. For questions about your specific grant requirements, please contact your VDH HIV Care Services Coordinator.

For up to date training dates, locations, and to registration visit <https://www.maaetc.org/> and <http://vharcc.com/>

Medical Case Management Training Path

(pgs. 6 & 29 of Standards)

Requirement (Within 1st yr. of hire, training in...)	Course That Meets Requirement	Frequency Offered
Basic CM Concepts & Client-Centered CM*	Foundations of CM	2X per year
HIV CM Standards	RW CM Part B Standards	2X per year
HIV 101	The Facts	Monthly
Counseling, Referral & Prevention	The Fund. of Prev. Counseling	Monthly
Cultural Competency	Online CM Curriculum	Online
ADAP & Insurance Training	Benefits 101 & 201	3X per year
Motivational Interviewing	Intro to MI & MI 2.0	2x each per year

*Exemption for LCSWs & CCMs

Non-Medical Case Management / Eligibility Specialist Training Path

(pgs. 7 & 29 of Standards)

Requirement (Within 1st yr. of hire, training in...)	Course That Meets Requirement	Frequency Offered
Basic CM Concepts & Client-Centered CM	Foundations of CM	2X per year
HIV CM Standards	RW CM Part B Standards	2X per year
HIV 101	The Facts	Monthly
Counseling, Referral & Prevention	Foundations of Prevention Counseling	Monthly
Cultural Competency	Online CM Curriculum	Online
ADAP & Insurance Training	Benefits 101 & 201	3X per year
Medicaid, Medicare, SSI, SSDI	Benefits 101 & 201	3X per year
Ryan White Eligibility	RW CM Part B Standards	2X per year
Motivational Interviewing	Intro to MI & MI 2.0	2x each per year

APPENDIX D: KEY CONCEPTS FOR HIV CASE MANAGEMENT

Successful application of the RW Part B-funded HIV case management model in Virginia requires the implementation of three concepts: the client-centered approach, chronic disease management, and a multidisciplinary team. The information in this section provides a reference on these topics.

CLIENT-CENTERED APPROACH TO HIV CASE MANAGEMENT

The client-centered model is based on the key ingredients of a helping relationship: empathy, respect, and genuineness. The fundamental tenet of the approach is that all people have an inherent tendency to strive toward growth, self-actualization, and self-direction. A client-centered approach places the needs, values, and priorities of the client as the central core around which all interaction and activity revolve. Understanding how the client perceives their own needs, resources, and priorities for utilizing services is essential if the relationship is truly going to be client-centered.

Each client has the right to personal choice, though these choices may conflict with reason, practicality, or the case management team's professional judgment. The issue of valuing a client's right to personal choice is a relatively simple matter when the case management team and client's priorities are compatible. It is when there is a difference between the priorities that the case management team must make a diligent effort to distinguish between their own values and judgments and those of their client. One of the most difficult challenges for a member of the case management team is to see their client making a choice that may result in negative outcomes, and which opposes the case management team's best counsel. In these situations, however, the case management team must respect the client's autonomy and be willing to let the client make decisions and act on them accordingly; the exception is if the client is planning to harm themselves or others. The team can underscore the goal of further counseling, including peer referrals, to support the client as much as possible. Maintaining a positive relationship will keep lines of communication open, as well as the opportunity for Case Managers to continue supporting the client achievement of greater self-reliance and self-determination.

It is the HIV case management team's responsibility to:

- Offer accurate information to the client;
- Assist the client in understanding the implications of the issues facing them, and of the possible outcomes and consequences of decisions;
- Present options to the client from which they may select a course of action or inaction; and
- Offer direction when it is asked for, or when necessary to avoid clients harming themselves or others.

CHRONIC DISEASE MANAGEMENT

Chronic disease management is an approach to health care that involves supporting individuals to maintain independence and stay as healthy as possible through early detection and effective management of chronic conditions to prevent deterioration, reduce risk of complications, prevent

associated illnesses and enable people living with chronic conditions to have the best possible quality of life. A client's ability to follow medical advice, accommodate lifestyle changes, and access appropriate support are all factors that influence successful management of an ongoing illness.

PWH need support and information to become effective managers of their own health. Chronic conditions require not only medical interventions, but also behavioral interventions. Clients with chronic conditions such as HIV/AIDS play a large role in managing their health. Each client is at a different place in the process, and appropriate interventions are driven largely by each client's desired outcomes. To meet these needs, it is essential for clients to have the following:

- Basic information about HIV/AIDS disease and its treatment;
- Understanding of and assistance with self-management skill building; and
- Ongoing support from members of the health care/case management team, family, friends, and community.

Improving the health of people with chronic illness requires transforming a health care system that primarily responds when a person is sick and/or in crisis to one that is proactive and focused on keeping a person as healthy as possible. This requires not only determining what care is needed, but also clarifying roles and tasks in a structured, strategic way to ensure that everyone understands each person's role as part of the client's care team. It also requires making coordinated follow-up a part of standard procedure, so clients are not left on their own once they leave the doctor's or Case Manager's office. More complex clients need more intensive case management for a longer period to optimize the clinical care, the effectiveness of their treatment regimen and their self-management behavioral skills.

Effective self-management support is not telling clients what to do. It is acknowledging the client's central role in their care, fostering a sense of responsibility for their own health. It includes the use of proven programs that provide basic information, emotional support, and strategies for living with chronic illness. Self-management, however, cannot begin and end with a class. Using a collaborative approach, Case Managers and clients work together to define problems, set priorities, establish goals, create care plans and solve problems along the way. The key principles of chronic disease management and client self-management are:

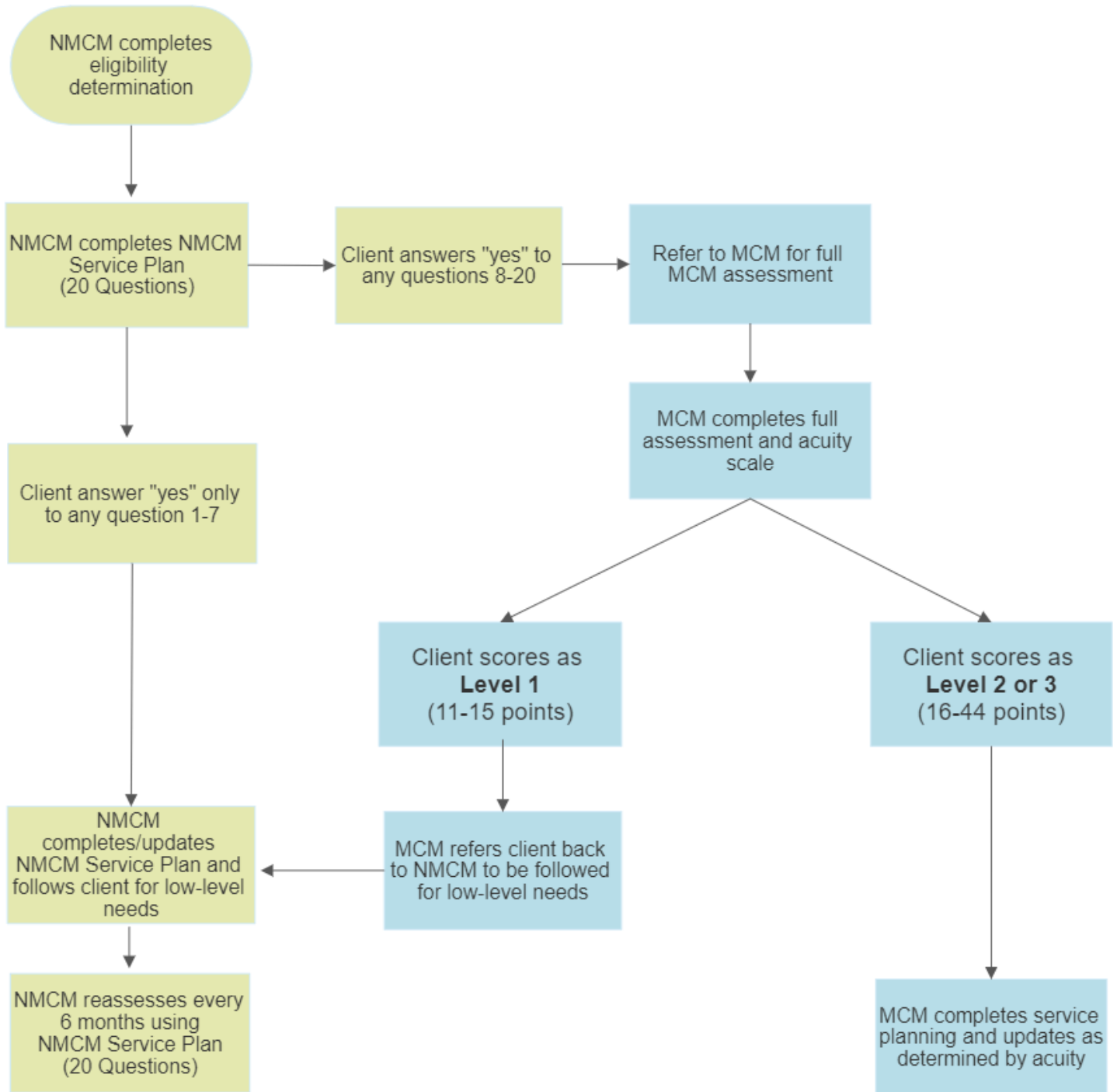
- Emphasizing the client's role;
- Standardized assessment;
- Effective, evidence-based interventions;
- Care planning (goal-setting) and problem solving; and
- Active, sustained follow-up.

A MULTI-DISCIPLINARY HIV CASE MANAGEMENT TEAM

An HIV case management team provides formal and professional services which link clients with chronic conditions and multiple service needs to a continuum of medical and supportive services. Case management teams incorporate case management activities provided by medical services, psychosocial, and social work professionals with access to care, outreach, information and referral, eligibility determination, and benefits counseling activities. Each ensure that clients with complex needs receive timely, coordinated services to successfully navigate a complex network of health and human services for successful disease management. The HIV Medical Case Manager assesses the medical needs of the client, the client's family, and the client's support system, and arranges, coordinates, monitors, evaluates and advocates for access to core medical services to meet the specific client's complex needs.

The first and highest priority of all HIV case management systems must be to ensure that PWH are enrolled and retained in coordinated health care for HIV disease that optimizes their health and well-being.

APPENDIX D: RYAN WHITE PART B CASE MANAGEMENT LEVELS FLOW CHART



Eligibility Assessment Determination

<input type="checkbox"/> New Assessment Date Completed:	<input type="checkbox"/> Priority Reassessment Date Completed:	<input type="checkbox"/> Reassessment Date Completed:	<input type="checkbox"/> Reengagement Date Completed:
SSN:	Age:	DOB:	
Date of HIV Diagnosis:	Date of AIDS Diagnosis (if applicable):		

PERSONAL INFORMATION

Legal Last Name:	Legal First Name:	Middle Initial	Name Suffix (Jr., Sr., I, II, Etc.):	Other Names Used
Street Address	City	State	Zip	OK to send mail <input type="checkbox"/> YES; <input type="checkbox"/> NO
Mailing Address, If Different	City	State	Zip	OK to send mail <input type="checkbox"/> YES; <input type="checkbox"/> NO

I agree and understand that if the subrecipient does not hear from me within 90 days, the subrecipient will mail me a Certified Letter to notify me of discharge from services. YES; NO

Client (or legal guardian) Signature

Today's date (day/month/year)

Housing Status: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Permanent	Housing Type: <input type="checkbox"/> HOPWA funded housing assistance; <input type="checkbox"/> Institutional setting; <input type="checkbox"/> Owning and living in an unsubsidized house or apartment; <input type="checkbox"/> Permanent housing for formerly unhoused; <input type="checkbox"/> Renting and living in an unsubsidized room or house or apartment; <input type="checkbox"/> Subsidized non-HOPWA house/apt including Section 8/HOME/public housing; <input type="checkbox"/> Subsidized non-HOPWA house/apt including Section 8/HOME/public housing; <input type="checkbox"/> Unsubsidized permanent placement with families or other self-sufficient arrangements; <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher; <input type="checkbox"/> Other temporary arrangement such as a RWHAP housing subsidy; <input type="checkbox"/> Temporary arrangement to stay or live with family or friends; <input type="checkbox"/> Temporary placement in an institution; <input type="checkbox"/> Transitional housing for homeless people; <input type="checkbox"/> Emergency shelter or a public or private place not designed as regular sleeping; <input type="checkbox"/> Hotel or motel paid for with emergency shelter voucher; <input type="checkbox"/> Jail or prison or a juvenile detention facility
Veteran: <input type="checkbox"/> Yes; <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Legal Separation <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Widowed

1	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Family <input type="checkbox"/> Other	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____
Primary Phone #	Phone Type	OK to leave message	Sex At Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Family <input type="checkbox"/> Other	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Gender Pronoun	<input type="checkbox"/> She/Hers <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____
Secondary Phone #	Phone Type	OK to leave message	Ethnicity:	<input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Non-Hispanic/Latino
<input type="checkbox"/> Yes; <input type="checkbox"/> No	()		Ethnicity Subcategory:	<input type="checkbox"/> Mexican; <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other
OK To Send Text Message	Message Phone #	Cell Phone Carrier	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
<input type="checkbox"/> Yes; <input type="checkbox"/> No			Race Subcategory:	Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Native Hawaiian/Pacific Islander: <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan
OK To E-Mail	E-Mail Address			
Primary Language:				
Secondary Language:				
Preferred Spoken Language:				
Preferred Written Language:				

Care Team:

		()
Primary HIV Care Clinic/Facility/Practice	Physician Providing HIV Care	Phone Number
		()
HIV Case Management Agency	HIV Case Manager	Phone Number
	()	()
Authorize Representative	Phone Number	Other Subrecipient Phone Number

2	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Household:

Total Household Size	
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Household Members:

Names	Relationship	Date Of Birth	Ok To Contact	Do They Have Income? (If Yes, You Will Need To Include Their Income In The Calculations Below)
			<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
			<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

Monthly Income Adjustments		
Type of Income	Person(s) Receiving Income	Monthly Gross Income
Wages, salaries, tips, etc. (Form W-2)		
Taxable interest (1099-INT form)		
Tax-exempt Interest (Form 1099-INT box 8)		
Ordinary Dividends (1099-DIV box 1a)		
Exempt Interest Dividends (Form 1099-INT box 10)		
Taxable refunds of state/local income taxes		
Alimony/child support Foster care payments		
Business or Self Employed income/loss (Schedule C or C-EZ)		
Capital gain/loss (Schedule D)		
Other gains/losses (Form 4797)		
IRA distributions – taxable amount		

Monthly Income Adjustments		
Type of Income	Person(s) Receiving Income	Monthly Gross Income
Pension and Annuities		
Rental real estate, trusts (Schedule E)		
Farm income/loss (Schedule F)		
Unemployment Income		

3	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Retirement Income from Social Security		
Social Security Disability (SSDI)		
Supplemental Social Security Income (SSI)		
Other Client Income (Jury Duty Pay, Gambling Winnings)		
Child Support, Workman's Compensation, or Monetary Gift		
TOTAL		Monthly Total= \$

Monthly Income Adjustments		
Type of Adjustments	Person(s) Receiving Income	Monthly Gross Income
Educator expenses		
Business expenses (Form 2106 or 2016-EX)		
Health Saving Account (8889)		
Moving Expenses (Form 3903)		
Deductible part of Self-Employment Tax (Schedule SE)		
Self-employed SEP, SIMPLE Plans		
Self-employed Health Insurance Deduction		
Penalty on early withdrawal of savings		
Alimony paid		
IRA deduction		
Monthly Income Adjustments		
Type of Adjustments	Type of Adjustments	Type of Adjustments
Student loan interest deduction		
Tuition and fees (Form 8917)		
Domestic Production Activities (Form 8903)		

4	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Household has no adjustments		
TOTAL		Monthly Total= \$

The Income Adjustments are expenses that the client household may have that qualify as “deductions” against their Gross Income to come up with the Client Household MAGI. These do not in any way impact the Household Gross Income used in determining FPL for VA MAP eligibility.

Family size: _____	Federal Poverty Level: _____
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 client access 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

Today's date (day/month/year)

Additional Comments:

5	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Each client must meet all four (4) of the eligibility criteria below every 24-months to be eligible for VA RWHAP B services including ADAP medication services coordinated by VA MAP. Upload copies of supportive documentation into Provide Enterprise® for each criterion and retain a copy at the provider agency.

Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies as outlined in HRSA HAB PCN 16-02.

ELIGIBILITY CRITERION	DOCUMENTATION PRESENTED/UPLOADED	
<p>HIV+ diagnosis Required only once at intake and upload to Provide® for clients' initial assessment.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Confirmatory HIV test results (Western Blot) <input type="checkbox"/> Letter from medical provider or case manager patient navigator, confirming diagnosis of HIV disease <input type="checkbox"/> HIV viral load testing result with detectable HIV viral load (viral load testing results with an undetectable viral load will not be accepted on their own as proof of diagnosis) <input type="checkbox"/> Documentation from electronic medical/health record (EM/HR) of HIV disease diagnosis (progress note, etc.) 	
<p>Proof of Residency in Virginia Documentation must include client's full legal name</p>	<p><u>Tier 1 (one of the following)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unexpired Virginia State ID including drivers and motorcycle licenses, ID cards, Real IDs, or other VA state-issued ID cards that contain an address <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they have addresses listed. <input type="checkbox"/> Utility Bill not more than 2 months old with the applicant's name (*cell phone bills not accepted) <input type="checkbox"/> Lease, rental, or mortgage agreement, property deed <input type="checkbox"/> Current VA property tax document <input type="checkbox"/> Case Manager-attestation of Virginia residency on their agency's letterhead 	<p><u>Tier 2 (two of the following if none from Tier 1 available)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from lease holding roommate (must include the lease holder's name, address that matches the client's application, and relationship to the client) <input type="checkbox"/> Copy of public assistance/ benefits document <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Official document or correspondence from a federal, state, or local government agency displaying the applicant's name and current address within the last year. <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they do NOT have addresses listed. <input type="checkbox"/> Unexpired/current Virginia vehicle title or registration card <input type="checkbox"/> Current student photo ID issued by a Virginia college or university

6	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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<p>Insurance Status Must provide Health Insurance information to help determine eligibility and payor of last resort</p> <p>Not Insurance Coverage, but important information to provide for HIV medication services:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of card for Health Insurance Marketplace coverage (ACA plan) <input type="checkbox"/> Copy of insurance card through Employer-Based insurance <input type="checkbox"/> Copy of Medicaid card or print out from DMAS portal look-up for coverage (client might not qualify for ADAP/VA MAP services, but may for other Ryan White services) <input type="checkbox"/> Copy of Medicare card (and Prescription Drug Plan card if applicable) <input type="checkbox"/> Copy of Tricare card (active duty, reserves, retired military, and eligible family members) <input type="checkbox"/> Copy of card through other type of Private Insurance (such as Farm Bureau; off-Marketplace plans, or insurance through state-based exchanges) <input type="checkbox"/> IF the client is participating in a clinical trial for new medications, treatments, or approaches for HIV management at the time of eligibility assessment, please upload any documentation that shows participation (copy of informed consent, letter from Principal Investigator, or letter from Clinical Trial Manager)
<p>Proof of Low-Income Status -- Household income must be at or below 500% FPL to qualify for services. The information in the documents uploaded must match data entered in Provide® for the calculation of income based on Modified Adjusted Gross Income.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of current participation in Housing Choice Voucher, SNAP, WIC, Medicaid, or other federal/state benefit program with income limits at or below 500% FPL <input type="checkbox"/> Employment income (copies of pay stubs <u>for the most recent month</u> showing gross income and payroll deductions) <input type="checkbox"/> Self-employment (complete copy of most recent <i>individual</i> Federal Income Tax Return to include form 1040 and Schedule C or one month's accounting records that clearly show income paid to owner) <input type="checkbox"/> Government benefits and/or award, (e.g., Social Security Income/Disability) <input type="checkbox"/> Income and unemployment benefits (copy of award letters showing current dollar amount received; if a bank statement or other document is used to verify government benefits, additional information required to document deductions for Medicare premiums) <input type="checkbox"/> Veteran's or retirement benefits (copy of benefit award letter or other official document showing the amount received on a regular basis.) <input type="checkbox"/> Offer letter or other letter from employer with start date, hours worked, and rate of pay <input type="checkbox"/> Client self-attestation of cash income not verifiable through other means <input type="checkbox"/> Letter from employer verifying cash income <input type="checkbox"/> Net rental income -after expenses (complete copy of most recent Federal Income Tax Return) <input type="checkbox"/> Alimony/child support (copy of benefit letter or other official document showing amount received on a regular basis) <input type="checkbox"/> Income from participation in clinical trials that do not target a rare condition and therefore do not meet the income the income exclusion for SSI recipients (from the "Orphan Drug Act")

7	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Proof of No Income	<input type="checkbox"/> Proof of No Income Termination or layoff notice on company letterhead <input type="checkbox"/> Letter from Case Manager on agency letterhead stating client has no income based on the Case Manager's assessment <input type="checkbox"/> Proof of "No Income" Letter from other individual providing financial or other support to the applicant. The letter must state the following: <ul style="list-style-type: none"> • The individual's relationship to the applicant • A statement describing the extent/amount of support provided • The individual providing financial support has no knowledge of any other income received by the applicant. <p>For convenience, use the template for this letter on the program's website.</p>
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Benefits Tab:

<input type="checkbox"/> Medicare		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other
Effective Date: _____	<input type="checkbox"/> Part C: Carrier Name: _____ Plan Name: _____ Pharmacy Benefits: _____ <input type="checkbox"/> Part D Carrier Name: _____ Plan Name: _____	<input type="checkbox"/> Medicaid Checked <input type="checkbox"/> Medicaid Changed Medicaid Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> No Benefits Date Effective: Medicaid Category:	Category: _____	Medicaid ID Number: _____	<input type="checkbox"/> VA Benefits #: _____ <input type="checkbox"/> Tricare #: _____ <input type="checkbox"/> _____ #: _____
<input type="checkbox"/> Low-Income Subsidy		<input type="checkbox"/> Full Low Income Subsidy	<input type="checkbox"/> VA Medical Services		<input type="checkbox"/> Indian Health Services
Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> No Benefits Date Effective:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> No Benefits Date Effective:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> No Benefits Date Effective:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> No Benefits Date Effective:		

8	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised September 2022)
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Insurance Tab:

<input type="checkbox"/> Primary Private Insurance		<input type="checkbox"/> Dental Care	<input type="checkbox"/> Vision Care
Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> COBRA <input type="checkbox"/> No Benefits Start Date: _____ End Date: _____ <input type="checkbox"/> No Benefits Effective Date: _____ Policy Source: <input type="checkbox"/> ACA Federal Exchange Marketplace <input type="checkbox"/> Employer <input type="checkbox"/> Individual	Insurance Company Name: _____ Insurance Plan Name: _____ Private Member ID: _____ Family Plan: <input type="checkbox"/> Yes <input type="checkbox"/> All family members on plan HIV+ <input type="checkbox"/> No <input type="checkbox"/> Medical Coverage <input type="checkbox"/> Mental Health Coverage <input type="checkbox"/> Substance Use Disorder Residential Benefits <input type="checkbox"/> Pharmacy Benefits	Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> COBRA <input type="checkbox"/> No Benefits Carrier Name: _____ Plan Name: _____	Status: <input type="checkbox"/> Active <input type="checkbox"/> Applied <input type="checkbox"/> COBRA <input type="checkbox"/> No Benefits Carrier Name: _____ Plan Name: _____

Medical Tab:

HIV Status	
Status of Disease: <input type="checkbox"/> CDC Defined AIDS <input type="checkbox"/> HIV Negative <input type="checkbox"/> HIV Positive AIDS Status Unknown <input type="checkbox"/> HIV Indeterminate (Infant <2 years only) <input type="checkbox"/> HIV Positive Not AIDS Estimated Date HIV Diagnosed: _____	Modes of Transmission: <input type="checkbox"/> Receipt of Blood Transfusion, Blood Components, or Tissue <input type="checkbox"/> Hemophilia/Coagulation Disorder <input type="checkbox"/> Heterosexual Contact <input type="checkbox"/> Injection/Intravenous Drug Use <input type="checkbox"/> Men Who Have Sex with Men <input type="checkbox"/> Mother-at-Risk (Perinatal) <input type="checkbox"/> Other <input type="checkbox"/> Risk factor not reported or identified/Unknown Currently Taking Antiretroviral Therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Antiretroviral Therapy Started?

9	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Revised September 2022)
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Non-Medical Case Management Service Plan / MCM Referral

Required form

A "Yes" answer to any of the following questions requires a NMCM Individual Service Plan. Additionally, any "yes" to questions 8-20 require referral to a Medical Case Manager for further assessment and acuity.

Non-Medical Case Management Service Plan (Q1 - Q7)		NMCM Service Plan Tasks / Action Steps	Target Date	Date Achieved / Outcome
1. Are you accessing services today to complete Unified Eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you need transportation assistance (gas card, bus pass, etc.) to be able to attend appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you need assistance enrolling in Medicaid, ACA, or other insurance programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you have any HIV-related outstanding medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Are you seeking assistance accessing dental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Are you seeking assistance accessing vision services?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Have you been unable to pay your rent, utilities, or buy food?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Case Management Referral (Q8 – Q20)				
8. Are you newly diagnosed with HIV?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Were you recently (within last 6 months) incarcerated?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you pregnant? (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are you currently unhoused?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you feel unsafe in your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you had any problems or delays in getting medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Has your viral load been detectable in the lasts 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. 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	
16. Have you experienced any negative changes to your mental health in the last three (3) months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Have you been out of medical care (for HIV) for 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Have you had condomless sex or shared needles in the past 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. 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	
20. Would you like to speak to a Medical Case Manager for any other reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Question 8-20 NMCM goal: Referred to Medical Case Manager: _____				

Signature/Title _____

DATE: _____

VDH

**HIV MEDICAL CASE MANAGEMENT PROGRAM
ASSESSMENT/RE-ASSESSMENT**

Client:	Client #:
Initial Assessment Date:	MCM Name:
Re-Assessment Date:	MCM Name:

HIV Status:

HIV Risk Factors (check all that apply):

<input type="checkbox"/> HIV positive (not AIDS)	dx date:	<input type="checkbox"/> MSM <input type="checkbox"/> Heterosexual <input type="checkbox"/> IDU <input type="checkbox"/> Perinatal
<input type="checkbox"/> HIV positive (AIDS unknown)	dx date:	<input type="checkbox"/> Receipt of blood or tissue
<input type="checkbox"/> CDC-defined AIDS	dx date:	<input type="checkbox"/> Hemophiliac coagulation disorder
<input type="checkbox"/> Unknown or not reported/identified		<input type="checkbox"/> Other:

Medical Care:

None Publicly-funded clinic or HD Private practice Hospital Outpatient ER Other

CARE PROVIDER CONTACT INFORMATION (name and phone#):

Primary Care Provider	()
HIV/AIDS Provider	()
Pharmacy	()
Dentist	()

Current Medication Profile:

Date Prescribed	Medication	Dose	Frequency	Route	Date d/c'd

1	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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HIV Medication Adherence Assessment: **No Change**

Is client currently taking antiretroviral medications?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No
If no, why? <input type="checkbox"/> Does not want to take <input type="checkbox"/> Wants to/considering taking	
If yes/sometimes, client's understanding of meds:	<input type="checkbox"/> Thorough <input type="checkbox"/> Average <input type="checkbox"/> Basic <input type="checkbox"/> Confused
If yes/sometimes, who is responsible for ordering/picking up refills? <input type="checkbox"/> self <input type="checkbox"/> other: _____	
Are meds outdated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are meds prescribed by multiple providers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are meds properly stored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are meds borrowed from others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are meds taken on schedule every day/every time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, number of missed doses in past week: _____ number of late doses in past week: _____	
Possible reason(s) for late or missed doses (check all that apply): <u>Medication side effects:</u> <input type="checkbox"/> dizziness <input type="checkbox"/> nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> drowsiness <input type="checkbox"/> headache <input type="checkbox"/> other: _____	

Barriers:

<input type="checkbox"/> depression/mental health	<input type="checkbox"/> complex medication regime
<input type="checkbox"/> substance use	<input type="checkbox"/> number of pills
<input type="checkbox"/> mental status changes	<input type="checkbox"/> size pills
<input type="checkbox"/> doubts medication effectiveness	<input type="checkbox"/> taste of medication
<input type="checkbox"/> lack of information	<input type="checkbox"/> eating habits (e.g., loss of appetite)
<input type="checkbox"/> works outside the home	<input type="checkbox"/> lack of regular schedule
<input type="checkbox"/> caregiving responsibilities	<input type="checkbox"/> needs assistance with ADLs
<input type="checkbox"/> lack of social support	<input type="checkbox"/> undisclosed HIV status
<input type="checkbox"/> difficulty getting refills	<input type="checkbox"/> other: _____

AVAILABILITY OF BASIC NEEDS (check if need assistance): **No Change**

<input type="checkbox"/> Food; <input type="checkbox"/> Utilities; <input type="checkbox"/> Personal care/hygiene	
<input type="checkbox"/> Access to food programs (describe):	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Safe childcare available (if needed):	<input type="checkbox"/> NO <input type="checkbox"/> YES (describe)
<input type="checkbox"/> Other basic needs (describe):	

2	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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HOUSING/LIVING ARRANGEMENT: **No Change**

<input type="checkbox"/> Permanently housed: (describe)	
<input type="checkbox"/> Not permanently housed: (describe)	
<input type="checkbox"/> Type of housing:	<input type="checkbox"/> Rent home/apartment <input type="checkbox"/> Living with family <input type="checkbox"/> Own home <input type="checkbox"/> Transitional living facility/half-way house <input type="checkbox"/> Nursing Home/medical facility, etc. <input type="checkbox"/> Unhoused, on street/in car <input type="checkbox"/> Unhoused, in shelter <input type="checkbox"/> Unhoused, living with others
<input type="checkbox"/> Receiving housing assistance (HOPWA, public housing, Section 8):	
<input type="checkbox"/> At risk of losing current housing:	
<input type="checkbox"/> Concerns about current housing:	
<input type="checkbox"/> Needs help finding affordable housing or shelter:	

INSURANCE and OTHER COVERAGE: **No Change**

Have any type of insurance?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Don't Know
If Yes, check all types that you currently have:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare A/B <input type="checkbox"/> Medicare D <input type="checkbox"/> Private Insurance
<input type="checkbox"/> Other coverage:	
<input type="checkbox"/> Issues with understanding, navigating and using insurance benefits:	
<input type="checkbox"/> Needs help with health insurance enrollment:	

TRANSPORTATION: **No Change**

<input type="checkbox"/> If no problem with transportation, note "N/A":	
<input type="checkbox"/> Access to and funds for transportation (gas, bus pass, etc.):	
<input type="checkbox"/> Needs help arranging transportation (HandiRide, volunteer, etc.):	
Barriers to accessing transportation:	

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EDUCATION: No Change

Highest grade completed in school:		
Degrees/certificates earned:		
Primary Language:		
Difficulty reading primary language	<input type="checkbox"/> NO <input type="checkbox"/> YES	Difficulty writing primary language <input type="checkbox"/> NO <input type="checkbox"/> YES
Difficulty reading English	<input type="checkbox"/> NO <input type="checkbox"/> YES	Difficulty writing English <input type="checkbox"/> NO <input type="checkbox"/> YES
Special education classes in school	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, what type:
Have you ever been told you have a Developmental Disability/Cognitive Impairment? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify:		
If yes, are services in place <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NA		What services?

EMPLOYMENT/INCOME: No Change

Currently working/employed:	<input type="checkbox"/> NO <input type="checkbox"/> YES, If yes, employer/position:
Does client show up for work on a regular basis?	<input type="checkbox"/> NO <input type="checkbox"/> YES If no, what is reason:
Barriers to employment (check all that apply)	Give specifics:
<input type="checkbox"/> Health related issues	
<input type="checkbox"/> Fear of losing benefits	
<input type="checkbox"/> Applying for jobs	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Childcare needed	
<input type="checkbox"/> Education	
<input type="checkbox"/> Negative past experiences	
<input type="checkbox"/> Other	
Can client do the kinds of work done previously?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what kinds of work?	
If no, what kinds of work is client interested in?	
Household income:	\$
Other Income:	<input type="checkbox"/> SSI/SSDI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child support <input type="checkbox"/> Other:

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LEGAL ISSUES: **No Change**

Does client have:	<input type="checkbox"/> Trust <input type="checkbox"/> Will <input type="checkbox"/> Physician's Directive <input type="checkbox"/> Living Will <input type="checkbox"/> Healthcare POA <input type="checkbox"/> Durable POA <input type="checkbox"/> Guardian/Conservator for self/dependents
If Power of Attorney:	Name: Phone #:
Changes in legal status:	<input type="checkbox"/> Arrest(s) <input type="checkbox"/> Conviction(s) <input type="checkbox"/> Restraining order(s) <input type="checkbox"/> Parole/probations <input type="checkbox"/> Name change
	<input type="checkbox"/> Change in legal status of relationship like marriage, separation, or divorce Describe:

ORAL HEALTH:

When is the last time you saw a dentist?	
Do you have a dentist you visit regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Do you have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Do you have any urgent dental needs? (Describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	

VISION:

When is the last time you had an eye exam?	
Do you wear glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an optometrist you visit regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Do you have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Do you have any urgent vision needs? (Describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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SOCIAL SUPPORT: No Change

Relationship (spouse, partner, parent, child, sibling, friend, relative, pet, other)	Aware of HIV Status?	Type of Support (Emotional/moral, financial, transportation, shelter, medical/adherence, none, other)	Signed Release?
	<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
	<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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMUNITY RESOURCES: No Change

Organization/Agency (church, support group, community based organization, shelter, treatment center, other)	Aware of HIV Status?	Services Provided (Support received such as transportation, shelter, financial, emotional, other)	Signed Release?
	<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
	<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
	<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
Are you interested in learning more about our CAB and the VACAC?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SEXUAL HISTORY/RISK ASSESSMENT: No Change

Current spouse or partner:	
Is partner aware of client's HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client currently sexually active?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What makes it difficult for client and their partners to practice safer behaviors?

<input type="checkbox"/> When sexually excited	<input type="checkbox"/> When think there's not much risk
<input type="checkbox"/> When feel angry or upset	<input type="checkbox"/> When partner pressures client to not use protection
<input type="checkbox"/> When with a new partner	<input type="checkbox"/> When client not expecting to have sex
<input type="checkbox"/> When drinking or using drugs	<input type="checkbox"/> Hypersexual Disorder/addiction
<input type="checkbox"/> When feel bad about self	<input type="checkbox"/> Other:
Does client disclose HIV status to sexual partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does client have past or current experiences with sexually-transmitted infections in addition to HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does client have past or current experiences about potential trauma of sexual abuse/assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If not currently engaging in sex with partners, does client have a plan to keep themselves and their partner safe if they were to become sexually active?	Describe:

6	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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SUBSTANCE USE/ADDICTION HISTORY AND SCREENING:

No Change

Does client inject drugs with needles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does client use needles for tattoos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does client share needles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all needle-sharing partners been informed of client's HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How does client protect self and drug-using partners?	<input type="checkbox"/> Does not share needles;
	<input type="checkbox"/> Uses clean needles/works;
Does client have access to condoms, clean needles and other safe sex/risk reduction supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What additional information does client request about harm reduction / risk reduction?	

Substance (use/abuse/addiction)	Use P = past; C = current	Amount	Frequency (daily/weekly/ monthly)	Duration (<1 yr; 1-2 yr; >2 yr)	Last Use (<1 mo; 1-6 mo; 6 mo-2 yr; >2 yr)	Problem for client? ✓ = yes	Wants treatment ✓ = yes
Gambling							
Nicotine (cigs/chew/vape)							
Alcohol							
Marijuana							
Speed/Meth							
Cocaine/crack							
Heroin							
Hallucinogens							
Rx Medications							
Other							

PLAN:

Refer for substance abuse treatment/ harm reduction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/details/other:
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MENTAL HEALTH SCREENING

No Change

Does client report history of mental health (MH) diagnosis? If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has client ever been prescribed medication for a MH condition? If yes, what conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client taking medications for a MH condition <u>now</u> ? If yes, what medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has client ever been hospitalized for a MH condition? If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does client report any of the following a problem in the <u>past year</u> ?	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Insomnia <input type="checkbox"/> Withdrawal/isolation <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Delusions <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Dementia <input type="checkbox"/> Other:	
How troubled has client been in the <u>past 3 months</u> with any of above listed problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely	
Is client interested in mental health counseling, therapy or support group referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	
Has client ever attempted to hurt self or others in past?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Does client have currently thoughts of hurting self or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have a <u>specific plan</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have the means to carry out the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

If answered "yes" to any of last 3 questions, case manager must follow the subrecipient emergency crisis protocol for appropriate response.

PLAN: Refer for Mental Health Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments/details:
--

Counseling/therapy social support group referral for client:	<input type="checkbox"/> Individual counseling <input type="checkbox"/> MSM group <input type="checkbox"/> 12-Step Program <input type="checkbox"/> Anger Management <input type="checkbox"/> Prevention group <input type="checkbox"/> HIV / CAB / VACAC group <input type="checkbox"/> DV/IPV Support <input type="checkbox"/> Other:
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8	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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Overall Assessment or Re-assessment Key Findings: Summary of Strengths and Needs

(Initial Assessment)

Medical Case Manager Signature: _____ **Date:** _____

(Re-Assessment)

Medical Case Manager Signature: _____ **Date:** _____

9	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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RYAN WHITE MEDICAL CASE MANAGEMENT SERVICE PLAN (Rev. 2/2018) Required Form

Client Name		Date Service Plan Started (Initial /Annual)	
Client ID #		Date Service Plan Due to be Updated	
Medical Case Manager			
Baseline Acuity Points/Level:	Date	Updated Acuity Points/Level:	Date Updated Acuity completed:

Is this a reassessment for Acuity Level Three Yes No

Problem/Primary Barriers			
Access Caregiving responsibilities Child care Child welfare Communication Complex med. regime Dental care Difficulty w/ follow-through	Disability determination Discrimination Doubts med. effectiveness Education End of Life Services Financial Food Health Home support/placement	Household/personal needs Housing Insurance Lack of eligibility documentation Lacks a regular schedule Language Legal Medication adherence Medication side effects	Mental health/depression Social/emotional support Substance use Transportation Undisclosed HIV status Fear of HIV status disclosure Work-related issues Other

Prioritized Issues/Goals

Goal #	Planned Tasks/Action Steps	CM/CL	Target Date	Task completion date and Outcome

Client received / declined (circle one) a copy of this service plan on _____ Date _____ Client Initials _____

Client's Statement and Agreement: I have participated in the creation of this plan for my care. I understand that I take responsibility for MY plan in order for the plan to succeed. My case manager has explained to me what portions of the plan I am solely responsible for and those with which my case manager will assist me. I agree to follow all aspects of this plan and advise case manager if there are significant changes in my life that make it necessary to change this plan. I agree to stay in contact with case manager as planned.

CLIENT SIGNATURE

MEDICAL CASE MANAGER SIGNATURE

DATE

DATE

MEDICAL CASE MANAGEMENT ACUITY SCALE

(check one level in each category – multiply number of checks by level number to calculate points per level)

If any of the following conditions apply, the acuity level is automatically 3 and the acuity must be reassessed in 90 days: Released from a correctional facility within the past 90 days Diagnosed with HIV in the last 180 days Currently unhoused Pregnant

Life Area	1 (lowest)	2	3	4
Knowledge & understanding of HIV as a medical diagnosis, transmission, & medications	<input type="checkbox"/> Complete understanding of HIV disease process, transmission & medications	<input type="checkbox"/> Periodic education of client on HIV disease process, transmission, and/or medications	<input type="checkbox"/> Minimal knowledge of HIV, transmission, and/or medications	<input type="checkbox"/> No knowledge of HIV, transmission risks, and/or medications
Basic Needs	<input type="checkbox"/> Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.	<input type="checkbox"/> Occasional help to access assistance	<input type="checkbox"/> Difficulty accessing assistance. Often w/o basics.	<input type="checkbox"/> Has limited access to food. Without most basic needs.
Transportation	<input type="checkbox"/> Has reliable transportation. Is able to cover costs of transportation. OR Minimal assistance needed in the form of bus tickets /gas cards	<input type="checkbox"/> Needs occasional assistance setting up rides, needs are able to be addressed by NMCM	<input type="checkbox"/> No means. Under or un-served area for public transportation. Needs assistance several times per year.	<input type="checkbox"/> Serious impact on access to medical care. Needs assistance multiple times per year.
Health Insurance/medical care coverage	<input type="checkbox"/> Has own medical insurance and payer. Able to access medical care.	<input type="checkbox"/> Enrolled in medical care benefits program. Needs occasional assistance accessing medical care < 2 times per year. Needs are able to be addressed by NMCM	<input type="checkbox"/> Needs referral to access insurance or medical care benefits program. No medical crisis. Needs assistance accessing medical care 3-6 times per year.	<input type="checkbox"/> Needs immediate assistance to access insurance or medical care benefits program. Medical crisis. Does not have access to medical care.
Self sufficiency	<input type="checkbox"/> Independent. Can follow-up on referrals and can access services.	<input type="checkbox"/> Sometimes requires assistance in follow-up and completing forms.	<input type="checkbox"/> Difficulty with follow-up, completing forms and accessing services.	<input type="checkbox"/> Never follows-up, unable to complete forms, burns bridges.
Housing/Living arrangement	<input type="checkbox"/> Living in clean, habitable, stable housing. Does not need assistance.	<input type="checkbox"/> Stable housing subsidized or not. Occasionally needs assistance with paying for housing <2 times per year. Needs are able to be addressed by NMCM	<input type="checkbox"/> Unstable housing subsidized or not. Housing subsidy violation or eviction imminent. Frequently accesses housing assistance 3-6 times per year.	<input type="checkbox"/> Unable to live independently. Recently evicted. Unhoused. Temporary housing. Accesses assistance > 7 times per year.

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Risk Behavior	<input type="checkbox"/> Understand risks & practices harm reduction behavior.	<input type="checkbox"/> Poor understanding of risk and no exposure to high risk situations. Risks explained but continue to engage in risky behaviors.	<input type="checkbox"/> Has poor knowledge and/or occasionally engages in risky behaviors.	<input type="checkbox"/> Lacks knowledge and/or engages in significant risky behaviors.
Substance Use	<input type="checkbox"/> No difficulties with substance use. No need for referral.	<input type="checkbox"/> Past problems- less than 1 yr. recovery, recurrent problems. Not impacting ability to pay bills or health.	<input type="checkbox"/> Current substance use – willing to seek help. Impacts ability to pay bills and access to medical care.	<input type="checkbox"/> Current substance use – not willing to seek help. Unable to pay bills or maintain medical care because of addiction.
Dental	<input type="checkbox"/> Has own medical insurance and payer. Able to access dental care.	<input type="checkbox"/> Aware of dental services offered and requires assistance accessing dental care < 2 times per year, Referral needed by NMCM	<input type="checkbox"/> Unaware of dental services Referral to access services is needed. No dental crisis. Needs information or education on dental services available.	<input type="checkbox"/> Needs immediate assistance to access dental care benefits program. Dental crisis. Does not have access to dental care.
Vision	<input type="checkbox"/> Has own vision insurance. Able to access vision care.	<input type="checkbox"/> Aware of vision services offered and requires assistance accessing vision care < 2 times per year, Referral needed by NMCM	<input type="checkbox"/> Unaware of vision services Referral to access services is needed. No vision crisis. Needs information or education on vision services available.	<input type="checkbox"/> Needs immediate assistance to access vision care benefits program. Vision crisis. Does not have access to vision care.
Mental Health	<input type="checkbox"/> No history of mental health problems. No need for referral	<input type="checkbox"/> Past problems and/or reports current difficulties/ stress – is functioning or already engaged in mental health care.	<input type="checkbox"/> Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care.	<input type="checkbox"/> Danger to self or others, needs immediate intervention. Needs but not accessing therapy.
Points Per Column				
Acuity Score:			Case Management Level:	

(Initial Assessment)

Medical Case Manager Signature: _____ **Date:** _____

(Initial Assessment)

Client Signature: _____ **Date:** _____

2	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised August 2022)
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Common Indicators for HHS-funded HIV Programs and Services

Measure	Numerator	Denominator
HIV positivity	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
Late HIV diagnosis	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
Retention in HIV Medical Care	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6-month period of the 24-month measurement period, with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6 month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period
Antiretroviral Therapy (ART) Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Viral Load Suppression Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Housing Status	Number of persons with an HIV diagnosis who were unshoused or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months