Maricopa County General Government
Ryan White Part A Program
Policy and Procedures
Medical Case Management Services

SERVICE DEFINITION:

Medical Case Management Services (including treatment adherence) are a range of client-centered, core medical services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

PURPOSE:

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

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 defines core medical services (including co-occurring conditions) as including: outpatient and ambulatory health services; medications; pharmaceutical assistance; oral health care; early intervention services; health insurance premium and cost sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services.

POLICIES:

- The funds are intended to provide medical case management services to link eligible clients to primary medical care and to ensure readiness for, and adherence to, complex HIV/AIDS treatments available. These efforts will insure continuity of care and increase the likelihood of desired health outcomes.
- Medical case management is the primary service that is considered a core service and involves clinical review and two-way communications with medical providers, mental health providers along with coordination of linkage to core services from a comprehensive assessment based on clinical and non-clinical factors that increase the likelihood of desired health outcomes as determined by both the clinical review and client assessment.
- Case Managers who provide the direct client service of Medical Case Management will have a Bachelor's degree from an accredited college/university in a field related to case management such as social work, nursing, public health or other human services field. Comparable professional knowledge, skills and abilities that document at least four (4) years of experience specific to case management may be substituted for the degree.
- Only staff members who meet the Case Manager educational requirements above will be able to bill for Medical Case Management services.
- All services reported in CAREWare for any client level Medical Case Management service must include an identification of the Case Manager/staff member who provided the service.
- Case management providers will be responsible for the eligibility and payment processing for eligible clients that need emergency financial assistance as defined in the policy and procedures for emergency financial assistance.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoke with and brief summary of what was communicated.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.
- All reimbursements made under this service are limited to the current AHCCCS (Arizona Health Care Cost Containment System) reimbursements rates, as applicable, or a reasonable rate approved by the Administrative Agency.

- Specific clinical outcomes (as defined by the Maricopa County General Government's Ryan White Part A Office) need to be measured and reported for this service.
- All activities are only billable when an initial face-to-face assessment has been performed with appropriate eligibility and release of information being attained and recorded in the client chart.

CLIENT ELIGIBILITY CRITERIA:

To be eligible for case management services, a client must meet all of the following conditions:

- Document HIV positive serostatus
- Document Maricopa or Pinal County residency
- Document income within the Federal Poverty Level (FPL) limits for the service as approved by the Planning Council and Administrative Agent as listed in the current Menu of Services
- Proof that Ryan White Part A is the payer of last resort, i.e. all other funding sources have been exhausted

In certain circumstances, a client who has previously received case management services, and is currently "Not Eligible" according to the Central Eligibility status in CAREWare, may need minimal assistance in continuing care to meet his/her needs. Services may be provided by the agency on a restricted basis, without first collecting eligibility documents with the following limitations:

- For each client in this circumstance, services are limited to no more than two (2) units of service per quarter of the Ryan White Part A grant year.
- These services will be limited to non face-to-face service units.
- Not more than 5% of any Part A funded Case Manager's time per month can be reported without a reduction in the personnel charges corresponding to their actual time spent on eligible clients.
- These units must be reported under the "No Funding" funding source in CAREWare.

ELIGIBLE COSTS AND SERVICES:

Medical Case Management (Core Service)

Medical Case Management Assessment:

- Provide face-to-face comprehensive assessments to eligible clients to determine the care plan that meets the client's needs and the clinical requirements of care. This includes face-to-face contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Other Medical Case Management Assessment:

- Provide non face-to-face activities that relate to the comprehensive assessment to eligible clients to determine the care plan that meets the needs from the client's needs and the clinical requirements of care. This includes telephone contacts with client, client's representatives and providers on behalf of the client and development of the care plan.

1 unit = 15 minutes

Initial Case Management Contact:

- Provide initial contact, non face-to-face activities, to inform potential clients of the services available and the steps needed for the individual to begin receiving services.

1 unit = 15 minutes

Medical Case Management:

- Provide face-to-face case management to eligible clients to review, coordinate referrals to core services and reevaluate the care plan to maintain continuity of care focused on the coordination of the client's needs and the clinical requirements of care. This includes face-to-face contacts with the client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Other Medical Case Management:

- Provide non face-to-face case management to eligible clients to review, coordinate referrals to core services and reevaluate the care plan to maintain a continuity of care focused on the coordination of the client's needs and the clinical requirements of care. This includes telephone contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Other Initial Case Management Contact:

- Provide initial contact, non face-to-face activities, to inform potential clients of the services available and the steps needed for the individual to begin receiving services.

1 unit = 15 minutes

Registered Nurse (RN) Case Management:

- Provide face-to-face nurse case management to eligible clients to review, coordinate referrals to core services and reevaluate the care plan to maintain continuity of care focused on the coordination of the client's needs and the clinical requirements of care. This includes face-to-face contacts with client, client's representatives and providers on behalf of the client.

Services must be performed by a licensed RN

1 unit = 15 minutes

Other RN Case Management:

- Provide non face-to-face nurse case management to eligible clients to review, coordinate referrals to core services and reevaluate the care plan to maintain a continuity of care focused on the coordination of the client's needs and the clinical requirements of care. This includes telephone contacts with client, client's representatives and providers on behalf of the client.

Services must be performed by a licensed RN

1 unit = 15 minutes

EFAP (Emergency Financial Assistance Payments) Medical Case Management Assessment:

- Provide face-to-face case management to eligible clients to evaluate financial assistance requests relating to a core service to ensure they meet the requirements for financial assistance and to process payments according to the EFAP policies and procedures. This includes face-to-face contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.

1 unit = 15 minutes

EFAP Other Medical Case Management Assessment:

- Provide non face-to-face case management to eligible clients to evaluate financial assistance requests related to a core service to ensure they meet the requirements for financial assistance and to process payments according to the EFAP policies and procedures. This includes telephone contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.

1 unit = 15 minutes