

## **DESCRIPTION OF HIV NON MEDICAL CASE MANAGEMENT**

HIV Non-Medical Case Management is a specialized form of case management for individuals diagnosed with HIV infection. Non-Medical Case Management consists of goal-oriented activities that create, locate, coordinate, and monitor a wide range of HIV-related health and human services. Non-Medical Case Managers assist HIV-infected individuals, including those who are Medicaid eligible, to gain access to needed medical, psychological, social, or other services.

**Non-Medical Case Management Services (NMCM)** provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- 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

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

A minimum level of contact must be maintained between the client and the Non-Medical Case Manager in the process of completing the above activities and in accordance with the statewide HIV Non-Medical Case Management program guidelines.

The client and Non-Medical Case Manager are to have contact based on client needs and assessment of those needs. The NMCM can determine with the client how often to meet based on needs assessment. All meetings should be documented in CAREWare with clear notes and care plans.

In accordance with established policies and procedures, services may be amicably terminated if a client no longer feels in need of assistance. Termination may also occur if there is insufficient contact with the client to justify the maintenance of a client file or if the client presents a threat or disruption to the case management staff (or is, in any other way, deemed non-compliant according to agency guidelines).

# HIV Non-Medical Case Management Informed Participation Agreement



## **FREEDOM OF CHOICE**

HIV Non-Medical Case Management assures the client's freedom of choice in the selection of services, service providers, Non-Medical Case Management sites, and (to the extent possible) Non-Medical Case Managers. The client is expected to fully participate in determining the most appropriate services to be sought and accessed. In regions where there are multiple services providers, it is expected that agencies communicate with each other on shared clients.

*Clients should not be enrolled into a service agency without their knowledge.*

## **CLIENT ELIGIBILITY**

The eligibility requirements for clients being billed to Ryan White; 1) maintaining legal Indiana residency; 2) proof of HIV status; and 3) confirming Federal Income Levels are under 300% per household size. For clients that are over income, services can still be provided, but ineligible client services can only be billed to the State Funded contract in CAREWare.

If a client moves or changes location in the State, causing them to be located in a new region, the client must notify both the current and the new care site of this intent. The two care sites should have communication on the clients needs and work together to make sure that the client has a successful transition.

# HIV Non-Medical Case Management Informed Participation Agreement



I have received an explanation of HIV Non-Medical Case Management services. I have reviewed and understand the description and hereby choose to participate in this program of the Indiana State Department of Health (IDOH).

**I would like to work with \_\_\_\_\_ (Agency Name) to receive my Non-Medical Case Management Services.**

The program has been explained to me and I understand that:

1. There is no charge to me for HIV Non-Medical Case Management services.
2. I will have a Non-Medical Case Manager to work with me, my family of choice, and/or my designated representative.
3. The Non-Medical Case Manager and I, or my designated representative, will identify my needs and develop a care plan.
4. The Non-Medical Case Manager will help me to locate services and will work with relevant agencies to assist me in addressing my medical, financial, legal, psycho-social, and other needs.
5. Some services may not be available and are beyond my Non-Medical Case Managers' ability to locate.

I also understand that:

1. I may terminate HIV Non-Medical Case Management services at any time, but I should notify my Non-Case Manager about that intent.
2. I may request a transfer to another agency if I feel like my needs are not met at my current agency. If I do wish to change agencies, I am expected to notify both the current and new provider of my intent to transfer.
3. My care site and/or Non-Medical Case Manager may decide to no longer provide services after giving me adequate notice and assisting me in locating another HIV Non-Medical Case Management provider, if one is available.
4. My confidentiality will be maintained, according to Indiana State statutes. The information that I have provided will remain a part of my case file. Electronic case file information is stored in a secure data base called CAREWare. When signing the CAREWare agreement, I am giving my permission for my personal data to be entered into this system.
5. Under State statutes, the care site is obligated to notify the appropriate authorities (identifying me by name) if any of the following circumstances arise:
  - I am in clear and immediate danger of harming myself;
  - I am in danger of harming another person;
  - There is a suspicion of abuse or neglect of a child or other dependent;
  - I am engaging in sexual or needle-sharing activities with another person, and I do not inform that person of my HIV-positive status;

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- There is a court order in accordance with State law demanding for the release of information.
6. My signature below allows for relevant facts about my HIV status and personal information to be shared only with those persons with a legitimate need to know, in order to provide me with comprehensive care. This will include the statewide HIV Non-Medical Case Management program management personnel located within IDOH and appropriate staff at contracted agencies within the HIV Non-Medical Case Management program network. Release of information to other entities will be authorized only upon my written consent.

My signature below confirms my intent to participate in the Indiana Department of Health's HIV Non-Medical Case Management program. I understand and consent to the above noted conditions.

X

\_\_\_\_\_  
Printed Name of Client/Guardian/POA

X

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Client/Guardian/POA

X

\_\_\_\_\_  
Date