



Maricopa County
Ryan White Part A Program
Policies and Procedures
for Non-medical Case Management Services

PURPOSE:

To guide the administration of Ryan White Part A (RWPA) Program's **Non-Medical Case Management Services** (a support service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

DEFINITIONS:

Non-Medical Case Management are services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. Services may include: benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible including Medicaid, Medicare and private insurance initial and re-enrollment applications.

Note: Non-medical case management does not involve coordination and follow up of medical treatments.

POLICIES:

- The funds are intended to provide non-medical case management services to link eligible clients to medical care and other support services available to ensure continuity of care and increase the likelihood of desired health outcomes.
- Non-medical case management is a support service which includes supportive activities that focus on the psychosocial aspects of coordinating services and meeting the needs of the client.
- All services reported in CAREWare for any client level Non-medical Case Management service must include an identification of the Case Manager/staff member who provided the service.
- Case managers will meet the educational and experience requirements outlined in the Planning Council Standards of Care
- Case management may include psychosocial assessment of clients; interdisciplinary care coordination; monitoring of health and social service delivery to maximize efficiency/cost- effectiveness; knowledge of the resources available to target populations; data privacy and confidentiality.



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- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

NOTE: Nonmedical case managers responsible for Health Insurance and Premium Cost Sharing Assistance responsibilities will follow the procedures outlined in the Health Insurance Premiums and Cost Sharing Assistance policies and procedures.

ALLOWABLE SERVICES

PERSONNEL QUALIFICATIONS AND TRAINING REQUIREMENTS

CLIENT CHARTING:

All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes.

All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Time Unit	Non-Medical Case Management	Time spent providing non-medical case management to eligible clients to review, coordinate referrals to core services, or create and reevaluate the care plan to maintain continuity of care. This unit reflects contacts with the client, client's representatives and providers on behalf of the client.	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	\$0
Line Item Unit	NMCM - 01... through NMCM - 10...	Corresponding units are named NMCM – 01 Salaries, NMCM – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost



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 for *Non-medical Case Management Services*

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		identified expense.				

CLIENT RIGHTS AND RESPONSIBILITIES

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY AND CONFIDENTIALITY

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's CAREWare record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the RWPA Program.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years following the completion of the grant year.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipients must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record