

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM**

CASE MANAGEMENT (NON-MEDICAL)

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

Definition of Services (HRSA)

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

I. Care and Treatment Goal(s)

Case Management (non-medical) is available to all clients in the TGA to ensure and improve coordination of supportive services and to help clients access and maintain their connection to HIV medical care.

II. Service Goal

The goal of Case Management (non-medical) is to assist individuals in attaining and maintaining a maximum level of health and independent functioning through the coordination of resources. Staff assesses client needs; helps establish and evaluate goals and links clients to community resources, including partner services and testing. The Case Manager is also an advocate on behalf of their clients.

A. Service Objectives

1. To ensure timely access to medical, social and other needed services through appropriate referrals.
2. To foster a sense of patient empowerment and responsibility for their own health.
3. To provide an opportunity to describe components of Medical Case Management services and referrals as appropriate to all HIV positive clients.

B. Description of Services:

Eligibility for Case Management (non-medical) services is dependent on client need.

C. Service Components

Initial Intake/Assessment

1. A brief initial intake/assessment is developed within 15 days from referral.
2. Initial and ongoing assessment of client's acuity level (minimum = upon intake and as needed to determine need for Medical Case Management.).
3. When appropriate, this initial assessment should be made available for development of the client's Care Plan.
4. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of Case Management (non-medical). If a client receiving Case management (non-medical) presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Case Managers will discuss budgeting with their clients, in order to maintain access to necessary services.

Screening/Referrals

1. Screening for domestic violence, mental health, substance use, advocacy needs, and other issues is conducted.
2. Clients are assisted with referrals and linkages to medical, mental health, substance abuse, psychosocial services, and other services as needed.
3. Whenever possible and appropriate, the Case Manager will provide clients a choice of referrals to address gaps in their support network.
4. Clients will be assisted with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards and other emergency financial assistance.

Education

1. Educate clients regarding allowable services for family members, significant others and friends in the client's support system (i.e. education on HIV disease, care and treatment issues, prevention education) with the goal of developing and strengthening their support system to help maintain their connection to medical care.
2. Educate or provide referrals to agencies that educate clients about health education, risk reduction, and self-management.

3. Educate clients about their rights as well as their roles and responsibilities in the services system.

D. Limitations:

There are no service-specific limitations for Case Management (non-medical).

III. Service-Specific Staff Qualifications

Case managers are trained and knowledgeable about HIV/AIDS and current resources.

All case managers will comply with agency standards and code of ethics.

Please refer to the Common Standards of Care for general staff qualification requirements.

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.