New York State Department of Health AIDS Institute
Bureau of Community Support Services
Ryan White Part B Supportive Services Initiative

Service Summaries
for
Case Management and Supportive Services Contracts
and
Medical Transportation Contracts

Ryan White Part B Supportive Services Initiative – Service Summaries

CASE MANAGEMENT

Definition

- Case management is a multi-step process to ensure timely access to and coordination of medical and psychosocial services. Case management includes the following required processes:
    - Intake
    - Assessment of needs
    - Service planning
    - Service plan implementation
    - Service coordination
    - Monitoring and follow up
    - Reassessment
    - Crisis intervention
    - Case closure

- Agencies funded for case management services will be expected to meet the **AIDS Institute Standards for HIV/AIDS Case Management** for the **Supportive** model of case management services for the majority of their clients. For clients with comprehensive needs who are not Medicaid eligible (i.e., cannot enroll in the Community Follow up Program/COBRA case management), agencies will need to provide the **Comprehensive** model of case management services. AIDS Institute Standards for HIV/AIDS Case Management may be downloaded from http://www.health.state.ny.us/diseases/aids/standards/casemanagement/index

- Case management providers will be expected to serve clients who have active, current case management needs. Clients needing social support only should not be maintained in case management, but instead be referred to an appropriate supportive service.

Service Requirements

- Secure and coordinate services which address the psychosocial and health care needs of HIV-infected clients, with an emphasis on removing barriers that prevent receipt of regular HIV primary care and adherence to treatment.

- Provide clients with information, support, advocacy, referral and linkage to services in order to promote independence and self-sufficiency.

- Outreach to engage in program services HIV-infected individuals who know their status.

- Identify and locate HIV+ clients who are out of care or need support to remain in care.

- Establish a clear bi-directional process with medical care providers for the receipt and provision of relevant information on the medical and psychosocial status of enrolled clients. This includes ongoing and regularly scheduled communication, coordination and case conferencing.

- Meet projected service targets, including numbers of clients to be served and expected amount of service encounters. Refer to the AIDS Institute's *Standards for HIV/AIDS Case Management* for active caseload expectations.

- Track and record in AIRS all client referrals and the outcomes of those referrals. Referrals are defined as appointments arranged by the case manager. (In addition to referrals, encounters and intake information, other client level data may be required in AIRS).

- Collect and record in AIRS at Intake/Assessment and at Reassessment for purpose of determining engagement in care and service plan goals:
    - Current HIV primary care provider name and address
    - Date of most recent HIV primary care visit
    - Date of most recent CD4 count and test results
    - Date of most recent Viral Load test and results

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PSYCHOSOCIAL SUPPORT

Definition

- Psychosocial Support is the provision of support and counseling activities to individuals or groups, with the intention of improving medical outcomes. Examples include HIV/AIDS related support groups, individual or group caregiver or bereavement support, and individual crisis intervention.

- Counseling is a short-term (3-5 sessions/client) focused process of helping persons who are fundamentally psychologically healthy resolve developmental and situational issues. Staff providing psychosocial support services will be expected to screen for mental health care needs and refer to mental health services if needed. Psychosocial support services do not include therapeutic or mental health care services to individuals, groups or the family.

- Recreational and socialization activities cannot be funded under this initiative.

Service Requirements

- For each *group* session, develop a plan that contains the following:
    - Goals and objectives of the group
    - Expected number of individuals to be served
    - Target population and geographic location
    - Frequency and duration of the group
    - Topic outline
    - Staff responsible for implementation
    - Indicate how groups will be structured to support client access to care, adherence to treatment and improved medical outcomes

- For each client in group or individual supportive services, perform an intake with the client's reasons for participating in the specific service and what the client hopes to accomplish. Intake process must include a signed consent to receive this specific service and HIV disclosure releases as appropriate.

- At intake, record the following baseline medical information in AIRS:
    - Current HIV primary care provider name and address
    - Date of most recent HIV primary care visit
    - Date of most recent CD4 count and test results
    - Date of most recent Viral Load test and results

- For each service provided, whether individual or group, record the encounter in AIRS.

- Ensure referrals are made for clients who need other services. Track referrals and referral outcomes in AIRS.

- After each *group* session, record group attendance and group progress notes summarizing the session. Using pre and post tests or evaluation mechanisms, determine to what degree group goals were met. At completion of group services, complete a summary which includes these results.

- After each *individual* session, record an individual progress note. At completion of services, summarize the client's participation, progress, accomplishments, further needs and referrals in client record. Record in AIRS client's ending primary care status (date of most recent primary care visit; date and results of most recent CD4 count and Viral Load testing).

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HEALTH EDUCATION AND RISK REDUCTION

Definition

- HIV education and risk reduction services include short-term individual and/or group level activities to address medical and/or health related education intended to increase a client's knowledge of and participation in their health care, address secondary HIV prevention, improve health, and decrease the risk of transmission of HIV.

- Education and risk reduction services should be structured to enhance the knowledge base, health literacy, and self-efficacy of HIV-infected persons in accessing and maintaining HIV medical services and staying healthy. Agencies may provide education services in any categories below based on need.

    - **General Education/Risk Reduction**: Individual or group level activities that provide general HIV/AIDS information and risk reduction activities, while motivating consumers to initiate/maintain behavioral change independently (example: HIV 101).
    - **Advanced Education/Risk Reduction**: Individual or group level activities that identify methods and activities to achieve specific goals and objectives in order to increase consumer health while decreasing risk of transmission (example: condom use negotiation skills).
    - **Peer Education**: Individual or group level activities that provide general health information, education, and risk reduction support to participants.

- Recreational and socialization activities cannot be funded under this initiative.

Service Requirements

- For each *group* session, develop a plan that contains the following:
    - Goals and objectives of the group
    - Expected number of individuals to be served
    - Target population and geographic location
    - Frequency and duration of the group
    - Topic outline
    - Staff responsible for implementation
    - Indicate how groups will be structured to support client access to care, adherence to treatment and improved medical outcomes

- For each client in group or individual supportive services, perform an intake with the client's reasons for participating in the specific service and what the client hopes to accomplish. Intake process must include a signed consent to receive this specific service and HIV disclosure releases as appropriate.

- At intake, record the following baseline medical information in AIRS:
    - Current HIV primary care provider name and address
    - Date of most recent HIV primary care visit
    - Date of most recent CD4 count and test results
    - Date of most recent Viral Load test and results

- For each service provided, whether individual or group, record the encounter in AIRS.

- Ensure referrals are made for clients who need other services. Track referrals and referral outcomes in AIRS.

- After each *group* session, record group attendance and group progress notes summarizing the session. Using pre and post tests or evaluation mechanisms, determine to what degree group goals were met. At completion of group services, complete a summary which includes these results.

- After each *individual* session, record an individual progress note. At completion of services, summarize the client's participation, progress, accomplishments, further needs and referrals in client record. Record in AIRS client's ending primary care status (date of most recent primary care visit; date and results of most recent CD4 count and Viral Load testing).

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TREATMENT EDUCATION

Definition

- Short-term individual and/or group level activities used to provide HIV/AIDS treatment information, adherence counseling, monitoring, and other strategies to support clients in readiness to begin ARV treatment or maintain maximal adherence to prescribed HIV/AIDS treatment.

- The ultimate goal of treatment education is for a consumer to self-manage his/her own HIV/AIDS related care. Self-management is the ability of the consumer to manage his/her own health and health care autonomously, while working in partnership with their physician.

Service Requirements

- For each *group* session, develop a plan that contains the following:
    - Goals and objectives of the group
    - Expected number of individuals to be served
    - Target population and geographic location
    - Frequency and duration of the group
    - Topic outline
    - Staff responsible for implementation
    - Indicate how groups will be structured to support client access to care, adherence to treatment and improved medical outcomes

- For each client in group or individual supportive services, perform an intake with the client's reasons for participating in the specific service and what the client hopes to accomplish. Measure the client's adherence level, barriers and supports, and record at completion of Treatment Education services. Intake process must include a signed consent to receive this specific service and HIV disclosure releases as appropriate.

- At intake, record the following baseline medical information in AIRS:
    - Current HIV primary care provider name and address
    - Date of most recent HIV primary care visit
    - Date of most recent CD4 count and test results
    - Date of most recent Viral Load test and results

- For each service provided, whether individual or group, record the encounter in AIRS.

- Ensure referrals are made for clients who need other services. Track referrals and referral outcomes in AIRS.

- After each *group* session, record group attendance and group progress notes summarizing the session. Using pre and post tests or evaluation mechanisms, determine to what degree group goals were met. At completion of group services, complete a summary which includes these results.

- After each *individual* session, record an individual progress note. At completion of services, summarize the client's participation, progress, accomplishments, further needs and referrals in client record. Record in AIRS client's ending primary care status (date of most recent primary care visit; date and results of most recent CD4 count and Viral Load testing).

LINGUISTIC SERVICES

Definition

- Linguistic Services include interpretation/translation services provided to HIV-infected individuals (including non-English speaking persons, and those who are deaf or hard-of-hearing) for the purpose of ensuring the client's access to medical care and to Ryan White fundable support services that have a direct impact on primary medical care.

- Services may be delivered one-on-one, by telephone or by videoconferencing, depending on availability, cost and appropriateness of the service in meeting a particular client's needs.

Service Requirements

- Perform a brief intake determining the client's linguistic service needs, including whether this is a single or repeating event, and other service information (e.g. logistics of service needing interpretation; type of service; frequency and duration of service; and selection of language service provider). Obtain signed consent for services and signed consent for HIV disclosure, as appropriate.

- Record in AIRS all linguistic/interpretation encounters and services provided for an eligible client.

MEDICAL TRANSPORTATION

Definition

- Medical Transportation includes the direct or indirect provision of conveyance services for HIV infected persons that facilitate access to and retention in medical services and Ryan White fundable support services associated with improving a consumer's HIV clinical status.

- The goal of providing medical transportation services is to ensure that transportation does not become a barrier to receipt of medical and support services. Medical transportation services should increase the participation of and maximize utilization by diverse populations residing in the geographic area proposed as well as give priority to clients most medically indigent. **Provision of Medical Transportation is to remove a service barrier, not provide an incentive to participate in a particular program or service.**

- Medicaid provides transportation services for Medicaid-eligible individuals. In cases where Medicaid transportation services do not meet the needs of HIV-positive clients (e.g. where Medicaid will not transport clients to a different county or over a long distance, or where waiting times are lengthy such that they present a barrier to care), grant funds may be used to support transportation services for Medicaid-eligible clients.

- All directly provided or subcontracted transportation services under this component must maintain client confidentiality and enable clients to be transported safely with reasonable waiting and travel times. Medical transportation providers must ensure reasonable scheduling flexibility, including service hours which coincide with client appointments, enabling them to arrive in time to keep appointments.

  Fundable services include:
  - Directly provided agency or subcontracted transport (by car or van)
  - Provision of local bus or subway tokens or cards
  - Transportation by taxicab or ambulette
  - In limited cases, advance purchase of bus or train tickets and gas cards (or other non-cash means) where these expenses are the most cost-efficient means of transportation

Service Requirements

- When and where appropriate, encourage the use of currently available public and private transportation systems to minimize cost and to ensure Ryan White funding is payer of last resort.

- Conduct outreach to promote transportation services to persons living with HIV/AIDS and to community providers serving HIV-infected individuals especially in underserved communities and diverse populations.

- Ensure all hired drivers have a valid New York State license and automobile insurance, and that vehicles are appropriately inspected and have a routine maintenance schedule.

- Determine client eligibility including need for medical transportation. Screen to determine if client needs a referral to case management.

- Perform an intake for new clients eligible to receive medical transportation services to determine what conveyance best meets the client's needs. For subcontracted transportation services, obtain a written consent for transportation services and HIV disclosure if necessary.

- Provide bus or subway cards or tokens, or arrange other transportation services (cab, van, ambulette, etc.).

- Record each client's medical transportation encounter in AIRS, including:
    - Date of service
    - Mode of conveyance
    - Type of Ryan White fundable service client is attending (where applicable)
    - **For Public Transit fare (Metro cards, bus cards) and Gas Cards – enter value and expected # one-way trips into AIRS. Clients provided gas cards must log date, service attended, and mileage.**

- Develop and implement a Quality Assurance Plan, which includes consumer feedback. The plan should target the medical transportation services being provided and should also facilitate a determination of whether:
    - Subcontracted or directly provided transportation services are provided as expected (on time, safely, respectfully, etc.).
    - Clients attend Ryan White fundable services or appointments as intended.