

ILLINOIS RYAN WHITE PART B CASE MANAGEMENT

Module 2

Ryan White Part B Case Management Tier Overview



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CASE MANAGEMENT OVERVIEW



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CASE MANAGEMENT OVERVIEW



Case management is a collaborative process of assessing, planning, coordinating, and evaluating options and services to meet a program participant's comprehensive health needs through advocacy, communication, and review of available resources to promote quality care and cost effective outcomes.



The underlying premise of case management is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems, and the various reimbursement sources.



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CASE MANAGEMENT OVERVIEW

- All Case Managers funded by the Program and their direct supervisors must possess formal education and training that provides them with the ability and understanding of how to build rapport, evaluate program participant preparedness and motivation for services, fulfill specific program participant needs with appropriate and available services, and represent the Ryan White Part B Program in a professional and caring manner.
- Case Managers hired after **April 1, 2020** must meet the Program's formal educational criteria and continuing education requirements outlined in the Program's Case Management Standards.
- All RWPB Case Managers are required to follow all federal requirements as well as requirements of the Illinois Ryan White Part B Program and the Lead Agency.
 - <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf>
- Case Managers funded by the Program full-time **CANNOT** work on activities that are not related to the RWPB Program or not covered under the contractual agreement with the Department or Lead Agency.

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CASE MANAGEMENT OVERVIEW

TIERS of Case Management:

- **Perinatal** – comprehensive series of interactions for individuals with complex medical and/or social service needs and are currently pregnant or have been pregnant within the last six months.
- **Correctional** – comprehensive series of interactions for individuals with complex medical and/or social service needs and have recently been incarcerated within the last six months.
- **Medical** – comprehensive series of interactions for individuals with complex medical and/or social service needs and who are not virally suppressed, includes individuals who have been diagnosed within the last six months.
- **Non-Medical** – continued series of interactions for program participants who are virally suppressed and do not need, or are not willing to participate in, intensive services.
 - **Services may be performed by non-medical case managers, medical benefits specialists, retention specialists, and peer representatives.**

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CASE MANAGEMENT TIERS



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CASE MANAGEMENT TIERS

1. Non-Medical Case Management

- Retention Specialist
- Medical Benefit Coordinator
- Peer Navigator
- Client Representative (only non-paid staff and federally mandated)

2. Medical Case Management

- Ryan White Medical Case Management (MCM) – traditional medical case management
- Corrections Case Management (CCM) – includes all duties of MCM but with additional requirements to assist the recently-released population
- Perinatal Case Management (PCM) – includes all duties of MCM but with additional requirements relating to prevention of transmission

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CASE MANAGEMENT TIERS

Non-Medical Case Management

HRSA Definition: provision of a range of program **participant-centered** activities focused on improving access to and retention in core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. Services may also include assisting eligible program participants to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, Medication Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans.

Key activities include:

- Initial assessment of needs.
 - Ongoing assessment of the program participant's and other key family members' needs and personal support systems.
 - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
 - Program participant-specific advocacy and/or review of utilization of services.
- ✓ **This service category includes several methods of communication, including: face-to-face meetings, phone contact, and any other forms of communication deemed appropriate by the Program (e.g.: texting, email correspondence).**

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CASE MANAGEMENT TIERS

Non-Medical Case Management requires:

- An intake process to describe Program activities and understand program participant needs, including
 - Acuity score to determine level of CM and program participant interaction,
 - Discussion of required paperwork to maintain eligibility,
 - Determination of level of program participant's HIV education/awareness, and
 - Review of program participant's health and risk factors.
- Assessment of eligibility.
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments.
- Referrals and service provision.
- Progress Log completion.
- Discharge procedures when program participant is no longer eligible and/or enrolled in the Program.

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CASE MANAGEMENT TIERS

Non-Medical Case Management may include:

- Eligibility recertification activities.
- Medical benefits coordination.
- Housing Plan completion (if applicable).
- Referrals to outside services (if needed).
- Peer Navigation.
- Retention/re-engagement activities.
 - **However, these activities are considered Outreach Services and should be recorded as such.**

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CASE MANAGEMENT TIERS

Non-Medical Case Management does not require:

- A pre-established number or frequency of program participant contacts (contacts are determined by Acuity Score).
 - Coordination and follow up of medical treatment.
 - Regular communication with program participant's medical care providers.
 - Development of an Individualized Care Plan.
- ✓ **Although these activities are not required, the Program does not preclude Case Managers from completing them based on non-medical case management client need.**

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MEDICAL CASE MANAGEMENT

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MEDICAL CASE MANAGEMENT

Medical Case Management

HRSA Definition: the provision of a range of program participant-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers.

Key activities include:

- All activities outlined in Non-Medical Case Management, plus...
- Initial assessment of needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Continuous program participant monitoring to assess the efficacy of the care plan.
- Re-evaluation of the plan every 6 months unless updated.
- Ongoing assessment of the program participant's and other key family members' needs and personal support systems.
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments.
- Program participant-specific advocacy and/or review of utilization of services.

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MEDICAL CASE MANAGEMENT

Medical Case Management requires:

- Discussion of all needs, barriers, gaps, and possible solutions to issues related to the program participant's HIV status and viral suppression.
- Communicating the program participant's needs to medical providers to ensure that an overall standards of care are implemented in accordance with the Public Health Service Guidelines.
- A level and frequency of interaction between program participant and Case Manager that will vary depending on need.
- Benefits counseling by assisting program participants in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

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MEDICAL CASE MANAGEMENT

Medical Case Management requires:

- Coordination and follow up on all medical appointments to ensure proper documentation of additional conditions, diagnoses, treatments, vaccinations, screenings, etc.
- Knowledge of standards of care in accordance with the Public Health Service Guidelines as well as advanced understanding of HIV medication regimens and side affects.
- Continuous education of the program participant on treatment and medication adherence.
- Tracking and documentation of medical appointments, medications, including changes in medication regimen, vaccinations, diagnosis of opportunistic infections (OIs).
- Regular communication with program participants care team which must be documented in the system.

<https://aidsinfo.nih.gov/guidelines>

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CORRECTIONAL CASE MANAGEMENT

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CORRECTIONAL CASE MANAGEMENT

Correctional Case Management

Definition: an intensive form of Medical Case Management that also addresses barriers and specific requirements associated with the program participant's incarceration to improve health outcomes and facilitate successful transitions back to the community.

Key activities include:

- All activities included in Medical Case Management, plus...
- Initial assessment of needs.
- Ongoing assessment of the program participant's and other key family members' needs and personal support systems.
- Activities to reconnect the client to family and community.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Assisting client to fulfill specific correctional requirements.
- Advocacy for and/or review of utilization of services.

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CORRECTIONAL CASE MANAGEMENT

Policy Clarification Notice #18-02

Medical and Support Services in correctional facilities are allowable.

- Incarcerated program participants must meet regular eligibility.
- Program participants incarcerated in federal and state prisons must be on a transitional basis only (release in 180 days or less).
- Program participants incarcerated in other systems or community support (local jails, parole, home detention, etc.) must be on a short-term and/or transitional basis only.
- Payer of last resort applies to federal or state programs.
- Duplication of services must be ensured.
- Service must be explicitly connected to HIV care and treatment.

<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/PCN-18-02-people-who-are-incarcerated.pdf>

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CORRECTIONAL CASE MANAGEMENT

Correctional Case Management requires:

- A rigorous series of encounters with a program participant to discuss needs, barriers, and solutions to issues that are related to program participant's HIV and incarceration status.
- Intensive communication between a program participant and Case Manager to ensure an overall standard of care concept is implemented that addresses correctional requirements.
- Services to CCM program participants very similar to MCM program participants, plus correctional mandates.
- A level and frequency of contacts that will vary depending on program participant need but may number between 4 and 6 per month upon initial enrollment.

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CORRECTIONAL CASE MANAGEMENT

Correctional Case Management program participants **must**:

- Meet the overall eligibility requirements for the Ryan White Part B Program, **and**
- Not be currently receiving RWPB Case Management services, **and**
 - Have been incarcerated within the last 6 months, **or**
 - Be scheduled for release in the next 120 days.
- ✓ **Correctional Case Management program participants may be transitioned to another case management tier when the Case Manager determines that the participant's mandates are met and specific needs related to correctional status are resolved.**

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CORRECTIONAL CASE MANAGEMENT

Specific Incarceration Considerations

- Inmates released on parole may have **mandates** that must be fulfilled. Common examples of these requirements are:
 - Meetings with a parole officer,
 - Anger management classes, and/or
 - Employment within a certain period of time.
- Program participants may have restriction of movement or electronic monitoring.
- Inmates may be released with no form of identification and cannot prove identity, which may affect:
 - Eligibility for the RWPB Program (No photo ID),
 - Employment and payment for work (No Social Security card), and
 - Eligibility for other services – SSDI, Medicaid, etc. (No birth certificate).

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CORRECTIONAL CASE MANAGEMENT

Incarceration Considerations, Continued

- Services provided to program participants with violent or sexual crime convictions have additional requirements/restrictions.
- Service coordination may be complicated due to timing of release and scheduling of appointments.
- CCM program participant may not have access to medical records or medical history.
- For service provision or referrals, CM must be aware of barriers to travel (gangs, unsafe territory, etc.).
- Unemployment is a common barrier.
- Program participant may need assistance with disclosure of HIV status to partners or family.
- CM must recognize that program participant may face stigma from both HIV and incarceration status.

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CORRECTIONAL CASE MANAGEMENT

IDOC Telemedicine Program

- University of Illinois Hospital Health & Sciences Systems provides the health care services for all HIV+ inmates while in prison through telemedicine.
- Case Managers may need program participant's medical records from prison to access some programs after release.
- IDOC Telemedicine Program can provide:
 - Referral packet
 - Proof of diagnosis
 - List of medications and health care notes
 - Recent lab results
 - Survey of need.

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CORRECTIONAL CASE MANAGEMENT

IDOC Telemedicine Program

Brian Drummond, LSW, CCJP, CODP I
Statewide Program Coordinator
University of Illinois Hospital
Health & Sciences Systems
IDOC Telemedicine Program
1940 W. Taylor St.
Suite # 314
Chicago, IL 60612

Office: (312) 413-0415

Work Cell: (708) 843-3015

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CORRECTIONAL CASE MANAGEMENT

To summarize, key activities include:

- All duties required for Medical Case Management, plus...
- Assistance with parole and probation mandates.
- Consideration of incarceration status when providing services or referrals.
- Preparation for program participant's successful community integration.
- Assistance with family and community reunification.
- Specialty referrals and services for employment and housing.
- Consideration of restricted movement and travel.

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PERINATAL CASE MANAGEMENT



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PERINATAL CASE MANAGEMENT

Perinatal Case Management

Definition: Perinatal Case Management (PCM) is an intensive form of Medical Case Management that concentrates on medical factors and specific concerns relating to pregnancy and transmission.

Objective: Reduce the risk of mother to child HIV transmission by supporting linkage to care and medication adherence for HIV positive pregnant women and their infants.

Key Activities:

- All duties required for Medical Case Management, plus...
- Understanding perinatal transmission of HIV.
- Comprehension of testing requirements for pregnant women and newborns and related follow up.
- Understanding medication and side effects for mother and baby.
- Assessment of mother and baby at multiple stages after delivery.

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PERINATAL CASE MANAGEMENT

Perinatal HIV Prevention Act (410 ILCS 335/)

- This law mandates HIV counseling and testing for pregnant women whose HIV status is unknown in the 3rd trimester.
- At birth, if mother has unknown status and refuses testing, the parent is counseled, and the infant is given a rapid HIV test.
- 24/7 Illinois Perinatal HIV Hotline established to educate providers in order to prevent transmission of HIV during labor and delivery.
- Health care providers must report preliminary positive test results to the Illinois Perinatal HIV Hotline within 12 hours, but not later than 24 hours, of receiving the test result.
- Case management for pregnant or post-partum women or infant's parent(s) shall be provided for preliminary positive results.

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2483&ChapterID=35>

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PERINATAL CASE MANAGEMENT

Perinatal Case Management requires:

- A rigorous series of encounters with a program participant to discuss needs, barriers, and solutions to issues that are related to program participant's pregnancy.
- Intensive communication between a program participant and Case Manager to ensure an overall standard of care concept is implemented that addresses health outcomes for both mother and baby.
- Services to PCM program participants very similar to MCM program participants, plus additional education relating to perinatal transmission.
- A level and frequency of contacts that will vary depending on program participant and stage of pregnancy.
- Pregnancy assessments be completed at specific timeframes.

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PERINATAL CASE MANAGEMENT

Perinatal Case Management program participants **must**:

- Meet the overall eligibility requirements for the Ryan White Part B Program, **and**
- Not be currently receiving any other RWPB Case Management services, **and**
 - Currently be pregnant, **or**
 - Have been pregnant within the last 6 months, **or**
 - In active family planning stages.
- ✓ **Perinatal Case Management program participants may be transitioned to another form of case management when all issues and needs related to their pregnancy/post-partum period are resolved, which could extend up to 12 to 18 months after birth.**

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PERINATAL CASE MANAGEMENT

Perinatal Considerations

- Perinatal Case Management is a series of rigorous encounters with HIV positive women who are pregnant or have recently delivered to link them to health care and provide core and support services to help prevent HIV transmission to the infant.
- Program participant referrals are received from a variety of sources, including hospitals, public and private agencies, the 24/7 Illinois Perinatal HIV Hotline, and self-referrals.
- The Case Manager should work with the Perinatal program participant's medical providers to immediately assess needs and urgency of response.
 - The PCM must contact perinatal program participants within two (2) business days of referral for non-emergent cases.
 - **If program participant needs immediate assistance or an urgent response, the PCM must respond immediately to the mother/infant needs.**

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PERINATAL CASE MANAGEMENT

Perinatal Considerations

- This service often involves intensive coordination between multiple parties, including the 24/7 Illinois Perinatal HIV Hotline and medical providers, to ensure that an overall continuity of care concept is implemented for both mother and baby.
- A comprehensive intake assessment for HIV positive pregnant women referred for services should be completed in the first 30 days of enrollment.
- Additional assessments at specific milestones must also be completed.
- The frequency of contacts will vary depending on the stage of pregnancy or program participant or baby needs but may range between daily, weekly, or monthly interactions upon initial enrollment.

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PERINATAL CASE MANAGEMENT

Required Assessments

- Depending on the pregnancy stage (prenatal or postnatal), the timing of form completion may vary, but each assessment should be completed for each perinatal program participant, as applicable.
 - **Entry Assessment** (immediately upon entry into the program or within 30 days of entry)
 - **Prenatal Assessment** (immediately after pregnancy ends – delivery, termination, or miscarriage)
 - **Labor and Delivery Assessment** (immediately after birth)
 - **Birth Assessment** (after birth or within 30 days after birth)
 - **Post-Partum Assessment** (after post-partum medical visit or within 8 weeks after birth)
 - **Exit Assessment** (upon discharge/transfer from PCM)

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PERINATAL CASE MANAGEMENT

To summarize, key activities include:

- All duties required for Medical Case Management, **plus...**
- Understanding of perinatal transmission of HIV.
- Assistance with developing a Birth Plan, if requested by client.
- Comprehension of testing requirements for pregnant women and newborns and related follow up.
- Counseling clients on breastfeeding and other behaviors to minimize transmission.
- Understanding medication and side effects for mother and baby.
- Completion of multiple assessments of mother and baby at specific timeframes.
- Provide adherence support for medical appointments (coordination, documentation, follow-up, providing transportation assistance, etc.) for both the mother and infant.
- Perform hospital and home visits as needed.

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PERINATAL CASE MANAGEMENT

Required Education and Training

- Perinatal Case Managers should have training in a medical related field that provides them with a comprehensive understanding of medical terminology, maternal/child health, and substance abuse care and treatment.
- Perinatal Case Managers must be familiar with HHS Clinical Guidelines and HRSA Clinical Protocols that explain current information about HIV treatment, transmission, prevention, and medications.
 - <https://aidsinfo.nih.gov/guidelines/html/3/perinatal/509/diagnosis-of-hiv-infection-in-infants-and-children>
 - <https://aidsinfo.nih.gov/guidelines/html/2/pediatric-treatment-guidelines/0/#>
 - <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0>
 - https://www.hivpregnancyhotline.org/sites/default/files/resources/files/Pediatric%20HIV%20Exposure%20Protocol_Final_August2019.pdf

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CASE MANAGEMENT – DEPARTMENT **MONITORING**

Client Chart Expectations

- Comprehensive intake activities , including Acuity Scale completion
- Eligibility Assessment (EA) and documentation
- Description of barriers and activities to overcome barriers
- Detailed Progress Log completion for each encounter with client, medical team, etc.
- Explanation of service delivery and required documentation
- Timely entry of forms and documentation
- Progress in meeting performance measures (i.e., viral suppression, retention)
- Improvement in health outcomes

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QUESTIONS

If you have any questions on the content of this portion of presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.



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This concludes Module 2 of the Illinois Ryan White Case Management Training.

Thank you for your attention today. The Program looks forward to your regional webinar where we will listen and address any comments or questions that emerged from Module 2.

Module 3: ***Case Management Activities: Intake*** is the next training in the Case Management training series.



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