



# STATEWIDE STANDARDS FOR HIV MEDICAL CASE MANAGEMENT

## Washington State 2013

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# Statewide Standards for HIV Medical Case Management

Washington State 2013

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## **Introduction**

The HIV/AIDS continuum of care is a complex network of medical and social service agencies that can be challenging for people living with HIV to navigate. Case managers play a vital role in helping clients navigate and access HIV/AIDS care.

Case managers assist clients in addressing barriers while providing services that are flexible to the client's current medical and social needs. Medical case management reflects a philosophy that affirms a client's right to privacy, confidentiality, respect, nondiscrimination, dignity and self-determination.

### **Development of Standards**

Medical case management is provided in a variety of settings in Washington State. These settings include AIDS Service Organizations (ASOs), Local Health Departments (LHJs), and medical facilities. This variety means that medical case management is able to effectively support clients with different needs and backgrounds as well as clients who are at different stages in their illness. However, the variety of settings also provides a challenge of creating a set of standards that will be relevant and applicable for all agencies providing HIV medical case management.

The Washington State Department of Health's (DOH) HIV Client Services program recognized the need for a set of standards that would ensure that agencies across the state were providing a core set of medical case management functions for clients and a way to evaluate these services. In November of 2004 the Case Management Planning and Evaluation Group (CMPEG) was formed to provide guidance to the agency for medical case management related issues. CMPEG included case managers, supervisors and executive directors from Ryan White Parts A, B, C and D. CMPEG's first goal was to create medical case management standards that ensured consistent medical case management practices regardless of where the services are delivered.

In August 2010 the HIV Client Services Community Programs staff recognized a need to revise/update the medical case management standards. After the Community Programs staff at the agency completed an initial revision of the medical case management standards, CMPEG was re-convened in January 2011 to provide guidance and to review the revised standards. Two years later in August 2012 the Community Program staff began another revision/update along with input from CMPEG. This revision resulted in an enhanced set of standards that went into effect July 2013.

The Statewide Standards for HIV Medical Case Management describe the minimum standards of care that are essential in meeting the needs of people living with HIV. These standards are not an interpretation of the law. If your agency receives Title XIX funds, review the HIV/AIDS Case Management Billing Instruction manual located in Appendix IV.

## **HIV Medical Case Management**

The overall objectives of medical case management are to:

- Provide linkage to a high quality of care through experienced and trained case managers
- Gather information to assess and determine each client's needs
- Develop and implement a service plan
- Assist client with retention in care and adherence to treatment

The goal of medical case management is to help clients gain and maintain access to primary medical care and treatment. In the process of meeting this goal, case managers must assess and facilitate each client's progress toward self-sufficiency.

Medical case management is a formal and professional service that links clients with chronic conditions and multiple service needs to a continuum of health and social service systems. Medical case management strives to ensure that clients with complex needs receive timely coordinated services, which assist a client's ability to function independently. Medical case management assesses the needs of the client, their support system, including family and others, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the client's needs.

According to the Health Resources and Service Administration (HRSA), the Ryan White Care Act defines medical HIV case management as:

“Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment/re-assessment of the client and other key family member's needs and personal support systems. Medical case management may also include the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the care plan; (4) continuous client monitoring to assess the efficacy of the care plan; and (5) periodic re-evaluation and adaptation of the care plan, at least every six months, as necessary during the enrollment of the client.”

### **Statewide Standards for HIV Medical Case Management**

Washington's Statewide Standards for HIV Medical Case Management apply to programs providing Ryan White or Title XIX Targeted HIV Case Management services. The Standards establish the minimum requirements that programs must follow. Providers may exceed these standards.

## **Medical HIV Case Management Indicators**

**Primary medical care:** Documentation in the client's chart that the client has been seen by a medical provider in the last six months or that efforts have been made to engage the client in primary care.

**Access to medications:** Documentation in the client's chart of prescription coverage such as EIP, Medicaid, Medicare Part D or insurance.

**Treatment adherence:** At least one medication adherence assessment/contact in the previous three months.

## **Important Definitions**

### **Activities of Daily Living (ADL)**

Tasks required for a person to live independently, meet their basic needs, and access medical care. ADLs may include but are not limited to eating, bathing, dressing/undressing, meal preparation and clean-up, walking, getting in/out of bed, controlling urine and bowel functions, dressing oneself, paying essential bills such as rent/utilities, and using the toilet.

### **Adherence**

Following the recommended course of treatment by taking all prescribed medications for the entire course of treatment, keeping medical appointments and obtaining lab tests when required.

### **AIDS**

AIDS stands for Acquired Immune Deficiency Syndrome. HIV disease becomes AIDS when the patient's immune system is seriously compromised. Clinicians determine an AIDS diagnosis by testing and analyzing the patient's CD4 count. If the person has less than 200 CD4 cells, he or she is given the medical diagnosis of AIDS. In addition, if a patient has certain HIV-related illnesses they could also be given a diagnosis of AIDS even if their CD4 count is above 200.

### **Anti-Retroviral Medication (ARV)**

ARV refers to the different types of medications prescribed specifically to slow/control the production of HIV in the blood.

### **Case Management**

Describes the timeframe for clients who have ongoing need for medical case management involvement to ensure access to and maintenance in HIV medical care, adherence to HIV medications, and linkage with primary and secondary support services.

### **CD4 Cell**

CD4 cells are a type of white blood cell that helps the body to fight off infection. The HIV virus destroys CD4 cells and after a period of time leaves the body vulnerable to infection.

### **CD4 Count**

CD4 count or tests help health care providers to determine how badly the HIV virus has damaged the patient's immune system. CD4 cell tests are normally reported as the number of cells in a cubic millimeter of blood, or **cells/mm<sup>3</sup>**; or as the percentage of white blood cells that are CD4 cells. There is some disagreement about the normal range for CD4 cell counts, but normal counts are between 500 and 1600 cells/mm<sup>3</sup>. A CD4 count below 200 is generally considered the clinical marker for an AIDS diagnosis.

### **Discharged Status**

Describes either the timeframe for clients who were, at one time, "Case Management" or on "Information and Referral" status but have met the criteria for case closure (as outlined in the agency's case closure policy).

**Graduated**

Refers to clients who no longer meet criteria for either case management or information and referral status, and are engaged in medical care and adherent to meds and treatment.

**Information and Referral**

Refers to clients who have limited need for case management involvement. Clients are medically, psychiatrically, and socially stable and have periodic need for information and/or referral.

**Mental Illness**

A medical disorder(s) that impairs a person's thinking, mood, sensory perception, relationships to others, and/or daily functioning. Treatment for mental illnesses may require medication, vocational or psychosocial rehabilitation services and therapeutic counseling.

**Mental Health**

Mental health describes the client's overall psychological status and well-being including emotional and cognitive health. Mental health is used also to describe the professions (e.g. clinical social workers, psychologists, and psychiatrists) that assist people to achieve overall mental health.

**Risky Behavior**

Behaviors that create an increased opportunity for a person to be exposed or to expose others to the HIV virus. Risky behaviors include but are not limited to unprotected oral, anal, or vaginal sex; sharing of needles; multiple sex partners; and breastfeeding if the mom is HIV positive.

**Viral Load**

Viral load is a measure of the amount of HIV virus in the client's blood. Measuring the viral load is part of monitoring how a patient is responding to medications and how far their disease has progressed. The results of these tests are usually given as the number of HIV RNA copies per milliliter (ml) of blood. Successful antiretroviral therapy should cause a fall in viral load of 30-100 fold within six weeks, with the viral load falling below the "limit of detection" or becoming "suppressed" within four to six months. A suppressed viral load usually refers to a viral load level that is below a certain number or below the limit of detection. It may be written as "suppressed to below x number of copies" or just "suppressed". Unsuppressed viral load implies that there is detectable virus or it is above a certain threshold. Non-adherence to medication is one of the major causes of an unsuppressed viral load.

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## **Standard 1.0 - Policies and Procedures**

The objective of the policies and procedures standard is to ensure that agencies have policies and procedures in place that:

- Establish client eligibility
- Guarantee client confidentiality
- Define client rights and responsibilities
- Outline a process to address client grievances
- Reassess client eligibility
- Address client transition or discharge

### **1.1 Eligibility Policy**

Agencies must establish client eligibility policies that comply with state and federal regulations. These include screening of clients to determine eligibility for services within 30 days of intake. Agencies must have documentation of eligibility in clients' records including proof of HIV status, residence, income, and health coverage status.

#### **HIV or AIDS Diagnosis**

Clients must be HIV positive to receive Ryan White Part A or B services.

#### **Residency**

A client must be a Washington state resident to receive Medicaid Title XIX HIV Medical Case Management services. A client must be a resident of Seattle TGA (King, Island & Snohomish Counties) to receive Ryan White Part A services. A client must be a resident of Washington State and live outside the Seattle TGA to receive Ryan White Part B services.

#### **Income**

Agency policy must require verification of clients' current available income and family size. Available income must account for income of other family members living in the residence. According to the Early Intervention Program (EIP) family size is *"based on the people in the applicant's family that live with them. Applicants must declare "Yes" or "No". If applicant selects "Yes" that they have a legally married spouse or Washington State registered domestic partner and/or dependent children under the age of 18 who live with them, they must list those family members, relationship, and date of birth & answer the income question. Applicants should not include roommates."*

#### **Health Coverage Status**

Agency policy must require verification that a client is insured or underinsured using a copy of the medical or dental insurance card. Underinsured is defined as having insufficient insurance coverage for the clients medical and prescription needs.

## **1.2 Confidentiality Policy**

A confidentiality policy protects clients' personal and medical information such as HIV status, behavioral risk factors, and use of services. Medical case management agencies must have a confidentiality policy that aligns with state and federal laws (WAC 388-539-0300/0350). The confidentiality policy must include consent for release of information, duty to warn, and storage of client records.

### **Release of Information (ROI)**

As part of the confidentiality policy, all agencies must develop an ROI form that describes the circumstances under which an agency can release client information. ROIs must be renewed at a minimum of once every 12 months, but a client may withdraw an ROI at any time, either verbally or in writing. The ROI must include all of the following components:

- Purpose of disclosure
- Name of agency or individual with whom information can be shared
- Types of information to be shared
- Client signature

The ROI form must be in accordance with:

- RCW 70.02.030 (Medical Records – Patient Authorization for Disclosure)
- WAC 388-539-0300 (Case Management for Persons Living with HIV/AIDS)

If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the release of information form must be a HIPAA-compliant disclosure authorization.

### **Duty to Warn**

As part of the confidentiality policy, all agencies must include a duty to warn statement that describes the circumstances under which an agency can release client information without client consent. Duty to warn refers to the responsibility of a case manager to breach confidentiality if a client or other identifiable person is in clear or imminent danger. In situations where there is clear evidence of danger to the client or other persons, the case manager must determine the degree of seriousness of the threat and notify the person in danger and others who are in a position to protect that person from harm. However, per RCW 71.05.120 if the case manager has reasonable suspicion of the threat, duty to warn protects him or her from prosecution.

### **Client Files**

To prevent unauthorized persons from accessing confidential information, case managers must secure physical and electronic client files in a manner that meets minimum HIPAA Standards. Security of client files and records must be part of the agency's confidentiality policy.

If an agency transports client files outside their agency they must be transported in a locked container and never left unattended. Electronic media (disks, data sticks, etc.) used to transport confidential information must be de-identified or encrypted (using federal encryption standards) before leaving an agency.

As far as the retention of client files, the Washington State Department of Health's policy for HIV/AIDS client files states "retain for 6 years after the client is deceased or file is inactive, then destroy."

### **1.3 Client Rights and Responsibilities Policy**

Active participation in one's health care and sharing in health care decisions maximizes the quality of care and quality of life for people living with HIV/AIDS. Case managers can facilitate this by ensuring that clients are aware of and understand their rights and responsibilities.

Agencies must have a client rights and responsibilities policy that ensures:

- Medical case management services are accessible to clients
- Medical case management services are available
- Freedom of choice as specified under Title XIX
- Consumers involvement in the design and evaluation of HIV/AIDS services
- Clients rights and responsibilities as consumers of HIV/AIDS services

#### **Medical Case Management Service Accessibility**

HIV/AIDS services funded by Ryan White or Title XIX Targeted HIV Case Management must be accessible to all clients who meet eligibility requirements. Agencies must provide services in a setting accessible to low-income individuals with HIV. Agencies must comply with the Americans with Disabilities Act (ADA) requirements.

Agencies must document how they promote HIV services to low-income individuals. Documentation must include copies of HIV program materials that promote services and explain program eligibility requirements. In addition according to the National Standards on Culturally and Linguistically Appropriate Services (CLAS) agencies must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups or groups represented in the service area.

#### **Medical Case Management Service Availability**

Agencies must provide services to eligible clients regardless of the client's ability to pay for the service and the client's current or past health condition. Agencies must have billing, collection, co-pay, and sliding fee policies that do not act as a barrier to providing services. Agencies must maintain files of eligible individuals refused services with reasons for refusal specified. Agency files must include formal complaints from clients, with documentation of complaint review and decision reached.

## **Access to Files**

Agencies must provide clients with their policy for record/file access that is at a minimum in accordance with RCW 70.02.080 and RCW 70.02.090. A copy of these RCWs can be found in appendix III.

## **Client Input and Feedback**

Agencies must incorporate client input and feedback into the design and evaluation of medical case management services funded by Ryan White and Title XIX HIV Case Management. Agencies can accomplish this through:

- Consumer advisory boards
- Consumer participation in HIV program committees or other planning bodies
- Needs assessments, focus groups, or satisfaction surveys that collect information from consumers to help guide and evaluate service delivery

## **1.4 Grievance Policy**

An agency's grievance policy must outline a client's options if he or she feels that the case manager or agency is treating him or her unfairly or not providing quality services. The grievance procedure must be posted and visible to clients and include:

- Steps a client must follow to file a grievance
- Agency procedure for handling grievances
- Information on how a client can appeal the decision if the grievance is not settled to his or her satisfaction

## **1.5 Reassessment of Eligibility**

Agencies must establish policies for reassessment of clients every 6 months to determine continued eligibility. Policy must include accepted eligibility documentation for residence, income, and health coverage status.

## **1.6 Transition/Discharge Policy**

Agencies must have a transition/ discharge policy that outlines how they attempt to achieve continuity of care for clients leaving an agency and reasons for discharging clients.

## Standard 1.0 Policies and Procedures-Standard & Measures

STANDARD	MEASURE
<b>1.1 Eligibility Policy</b>	
a. Case management eligibility policy exists b. Eligibility policy addresses HIV or AIDS diagnosis requirements c. Eligibility policy addresses residency requirements d. Eligibility policy addresses income requirements e. Eligibility policy addresses health coverage status requirements	a. Policy on file at the provider agency b. Policy complies with state & federal guidelines c. Policy complies with state & federal guidelines d. Policy complies with state & federal guidelines e. Policy complies with state & federal guidelines
<b>1.2 Confidentiality Policy</b>	
a. Client confidentiality policy exists b. Client confidentiality policy is posted c. ROI form exists d. Duty to warn statement exists e. Files are stored in a secure and confidential location f. Electronic client files are protected from unauthorized use	a. Policy on file at the provider agency b. Policy is posted in a visible location c. Form on file at the provider agency d. Policy on file at the provider agency e. Files stored in a locked file or cabinet with access limited to appropriate personnel f. Electronic files password protected with access limited to appropriate personnel
<b>1.3 Client Rights and Responsibility Policy</b>	
a. Client rights and responsibility policy exists b. Client rights and responsibility policy is posted c. Services are available to any individual who meets program eligibility requirements d. Freedom of choice of provider policy exists e. Services are accessible to clients f. Programs include input from clients in the design and evaluation of service delivery g. Clients right to access file policy exists	a. Policy on file at the provider agency b. Policy is posted in a visible location c. Documentation of individuals refused services with reasons specified d. Policy on file at the provider agency e. Agency description submitted to funder f. Documentation of meetings of client advisory board, client involvement planning and evaluation g. Policy on file at the provider agency
<b>1.4 Client Grievance Policy</b>	
a. Client grievance policy exists b. Client grievance policy is posted	a. Policy on file at the provider agency b. Policy is posted in a visible location
<b>1.5 Reassessment of Eligibility Policy</b>	
a. Reassessment of eligibility policy exists	a. Policy on file at the provider agency
<b>1.6 Transition/Discharge Policy</b>	
a. Agency has a transition/discharge policy	a. Policy on file at the provider agency

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## **Standard 2.0 Personnel**

The objective of the personnel standard is to ensure that case managers, case manager assistants and their supervisors have:

- Clear and updated job descriptions
- An orientation
- Supervision
- Appropriate ongoing training opportunities
- Clinical Consultations
- Review of client files
- Training in cultural competency

Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance. Staff must have previous experience, or a plan for acquiring experience, in providing case managements services.

### **2.1 Job Descriptions**

Case managers, case manager assistants and their supervisors must receive and sign a written job description that outlines the specific minimum requirements for their position.

The supervisor's job description must state that they:

- Understand Statewide HIV Medical Case Management Standards and requirements
- Review case manager's job description every 12 months and update as needed.
- Have contact with case management staff at least 2 times per month
- Have education, knowledge and skills to support case management staff.
  - Bachelor's degree and 3 years relevant experience.

The case manager's job description must state that they:

- Understand Statewide HIV Medical Case Management Standards and requirements
- Have knowledge of HIV/AIDS care service delivery system or experience in related field
- That they receive regular, direct supervision
- Have a Bachelor's degree and 1 year experience

The case manager assistant's job description must state that they:

- Understand Statewide HIV Medical Case Management Standards and requirements
- Knowledge of HIV/AIDS
- Receive regular, direct supervision
- Have a High School diploma or equivalent

## **2.2 Orientation**

Agencies must provide a structured orientation within 1 month of hire. Orientation must address:

- Overall operation of the program and agency
- Job duties/responsibilities
- Agency policies and procedures
- Confidentiality
- Code of ethics
- Professional boundaries
- Introduction to local resources and programs
- Review of client eligibility and intake process
- Required documentation in client files
- Training needs and annual training requirements
- Quality management
- Coping with job related stress/preventing burnout
- Crisis management

## **2.3 Supervision**

Supervisors must provide case managers and case manager assistants with guidance and supervision. This must include:

- Meeting with case management and case manager assistant staff at least 2 times per month
- Evaluating case manager's and case manager assistant's job performance at least once every 12 months

## **2.4 Training**

Within 6 months of hire supervisors, case managers and case manager assistants must attend DOH sponsored training on the Statewide HIV Medical Case Management Standards. In addition, full time case managers must receive a minimum of 20 hours of job related trainings per year. The training requirement for part time case managers is equivalent to the percentage of FTE (e.g.: 0.5 FTE = minimum of 10 hours training per year). Examples of job related trainings include:

- Mental Health/Trauma Informed Care
- Chemical Dependency
- Medicaid
- Cultural Competency
- Confidentiality
- HIV Treatment and Trends
- Tobacco Cessation
- HIV Prevention

- Harm Reduction
- Retention in Care Training (ARTAS)
- Ethics

## **2.5 Clinical Consultation**

In addition to the trainings listed above supervisors must provide or arrange clinical case consultations with case management staff at least quarterly.

## **2.6 Review of Client Case Files**

Supervisors will review a representative sample of all client case files quarterly for compliance with Statewide Standards for HIV Medical Case Management. In addition, peer review of client files is strongly encouraged.

## **2.7 Cultural Competence**

Case managers, case manager assistants and their supervisors must receive training on the National Standards on Culturally and Linguistically Appropriate Services (CLAS). This is to ensure that services provided by case managers are culturally and linguistically appropriate. Training of CLAS standards must take place within 6 months of initial hire and should not be used as a substitute for cultural competency training in future years.

In addition to CLAS training, case managers, case manager assistants and supervisors must receive training on specific populations (i.e.: foreign born black, transgender, geriatric, youth, etc.) based on the needs of a case managers case load as determined by the supervisor. Trainings may include in person consultations, webinars, or training videos.

It is recommended that 4 hours of the required 20 hours of training for full time case managers, case manager assistants and supervisors be dedicated to cultural competency.

The link to CLAS standards is: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

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## Standard 2.0 Personnel-Standard & Measure Table

STANDARD	MEASURE
<b>2.1 Job Descriptions</b>	
<ul style="list-style-type: none"> <li>a. Staff have written job descriptions</li> <li>b. Supervisors have Bachelor's degree + 3 years experience</li> <li>c. Case managers have Bachelor's degree + 1 year experience</li> <li>d. Case managers have knowledge of HIV/AIDS care service delivery system or experience in related field</li> <li>e. Case manager assistants have High School diploma or equivalent</li> </ul>	<ul style="list-style-type: none"> <li>a. Written job descriptions in personnel file</li> <li>b. Resume in supervisor's personnel file with copies of degrees, certifications, work history, trainings</li> <li>c. Resume in personnel file with copies of degrees, certifications, work history, trainings</li> <li>d. Documentation in case manager's personnel file, such as degrees, work history, position description, relevant certifications</li> <li>e. Resume in personnel file with copies of diploma</li> </ul>
<b>2.2 Orientation</b>	
<ul style="list-style-type: none"> <li>a. Agency provides structured orientation within 1 month of hire</li> </ul>	<ul style="list-style-type: none"> <li>a. Documentation of orientation in case manager personnel file</li> </ul>
<b>2.3 Supervision</b>	
<ul style="list-style-type: none"> <li>a. Supervisor has contact with case management staff at least 2 times per month</li> <li>b. Supervisor evaluates case manager's and case manager assistant's job performance at least once every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>a. Documentation of meetings (minutes, calendars, agendas) on file and available at provider agency</li> <li>b. Documentation of evaluation in personnel file</li> </ul>
<b>2.4 Training</b>	
<ul style="list-style-type: none"> <li>a. Supervisor, case manager and case manager assistants completes DOH-sponsored training on Statewide HIV Medical Case Management Standards within 6 months of hire</li> <li>b. Case manager receives a minimum of 20 hours, depending on FTE, of annual training selected by supervisor and case manager</li> </ul>	<ul style="list-style-type: none"> <li>a. Certification of completion of DOH sponsored training in personnel file</li> <li>b. Documentation in case manager's personnel file</li> </ul>
<b>2.5 Clinical Consultation</b>	
<ul style="list-style-type: none"> <li>a. Supervisor provides or arranges clinical case consultations with case management staff</li> </ul>	<ul style="list-style-type: none"> <li>a. Documentation of meetings (minutes, calendars, agendas) on file and available at provider agency</li> </ul>
<b>2.6 Review of Client Case Files</b>	
<ul style="list-style-type: none"> <li>a. Supervisors reviews representative sample of client case files quarterly for compliance with standards</li> </ul>	<ul style="list-style-type: none"> <li>a. Documentation on file at provider agency</li> </ul>
<b>2.7 Cultural Competence</b>	
<ul style="list-style-type: none"> <li>a. Case managers, case manager assistants and their supervisors are trained in CLAS standards within 6 months of hire</li> </ul>	<ul style="list-style-type: none"> <li>a. Copies of training verification in personnel file</li> </ul>

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## **Standard 3.0 Client Intake and Eligibility**

The objective of the client intake and eligibility standard is to ensure that case managers or case manager assistants:

- Collect basic client information
- Give client written information and explanation of agency policies and services
- Ensure clients meet the eligibility requirements
- Complete intake process within 2 weeks
- Confirm client's eligibility at least every 6 months

### **3.1 Timeline**

For each prospective client who requests Ryan White or Title XIX Targeted HIV Case Management services, case managers, or staff trained to screen and determine eligibility, must:

- Begin intake process within 2 weeks of initial contact (this is determined by the date when a client is first seen and requests case management services)
- Collect eligibility documentation within 30 days of initiating intake

### **3.2 Policies and Procedures**

During the intake process, staff will:

- Obtain consent for case management services
- Explain the agency's eligibility policy (Standard 1.1)
- Explain the agency's confidentiality policy (Standard 1.2)
- Explain the agency's client rights and responsibilities policy (Standard 1.3)
- Explain the agency's grievance policy (Standard 1.4)
- Explain agency's reassessment of eligibility policy (Standard 1.5)
- Explain the agency's transition/discharge policy (Standard 1.6)
- Explain client's freedom to choose a provider (Medicaid)
- Obtain client signatures on needed ROI Form(s)

Case managers or case manager assistants must document that the client received, or was offered a copy of all of the above documents. This can be done with a sentence at the end of the rights and responsibilities policy (e.g. "I acknowledge that I have read and understand these rights and responsibilities and I have been offered a copy of all agency policies. I consent for case management at *blank* agency). If a client refuses to sign the document, but verbally consents for services, this must be documented in a progress note.

### **3.3 Client Information**

Case managers or case manager assistants should use the intake process to gather basic demographic information and to identify the client's presenting problem(s). This information

will assist the case management staff in determining if a client needs comprehensive case management, brief involvement or a discrete service. An agency’s client intake form must include the following client information:

- Name, address, and phone
- Preferred method of communication (e.g., phone, email, or mail)
- Emergency contact information
- Preferred language of communication

If a client is currently on Antiretroviral Therapy (ART) medications, it is imperative to assess the client’s needs for access to medications. Case managers or case manager assistants should prioritize helping clients gain or maintain access to medications.

### 3.4 Eligibility

To establish eligibility, case managers or case manager assistants must document and verify the following information:

- HIV or AIDS diagnosis
- Washington State Residency every 6 months
- Income of client and all applicable family members (See eligibility policy guidance listed in Standard 1.1) every 6 months
- Health Coverage Status every 6 months

Eligibility Requirement	Examples of Acceptable Documentation
HIV or AIDS Diagnosis	Positive ELISA with confirming Western Blot test results RNA-PCR or Branched DNA test showing detectable viral load of HIV virus Original lab report indicating HIV positive status (e.g. lab report, med list) Letter, with signature from primary care physician, stating client is HIV positive
Washington State Residency	Unexpired Washington state driver license or Tribal ID Unexpired Washington state ID Washington state voter registration card Utility bill (cell phone bills not accepted) Lease, rental, mortgage, or moorage agreement/document Homeless Client Statement Award letter from SSI or SSDI with clients address on it ACES printout (client must be actively receiving services)
Income of client and all applicable family members	Check/pay Stub (must show name, pay period, and gross income received) Unemployment stub Monthly benefit statement Annual benefit statement Employer W-2 Bank Statements showing direct deposit amounts of SSI or SSDI income Profit & loss statement Child support order Copy of SSI or SSDI statement Self-Employment Income Statement (in conjunction with a bank statement) No Income Statement
Health Coverage Status	Medical or dental insurance card Medicare/Medicaid Statement

### **3.5 Reassessment of Eligibility**

Case managers or case manager assistants must document and verify residency, income and health coverage status every 6 months per Health Resource and Service Administration (HRSA) guidelines. This reassessment of eligibility must be in compliance with eligibility policy guidance, Standard 1.1. The table in section 3.4 lists examples of documentation that agencies can use to verify eligibility. In addition to the examples listed in the table, case managers or case manager assistants may use the EIP Recertification letter as proof of reassessment of eligibility. Case managers or case manager assistants must initial and date all documents.

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## Standard 3.0 Client Intake and Eligibility-Standard & Measure Table

STANDARD	MEASURE
<i>Case Manager or case manager assistant will:</i>	
<b>3.1 Timeline</b>	
a. Begins intake process with client within 2 weeks of initial contact	a. Documented in client chart or EMR
b. Screen client for eligibility and obtain verification within 30 days	b. Eligibility documentation obtained and included in client chart or EMR within 30 days of intake
<b>3.2 Policies and Procedures</b>	
a. Obtain consent for case management services	a. Documented in client chart or EMR
b. Explain eligibility policy	b. Documented in client chart or EMR
c. Explain confidentiality policy	c. Documented in client chart or EMR
d. Explain client right's and responsibility policy	d. Documented in client chart or EMR
e. Explain transition/discharge policy	e. Documented in client chart or EMR
f. Explain grievance policy	f. Documented in client chart or EMR
g. Explain reassessment of eligibility policy	g. Documented in client chart or EMR
h. Explain client's freedom to choose a provider	h. Documented in client chart or EMR
i. Obtain client signatures on needed ROI forms	i. Signed and current ROI's in client chart
<b>3.3 Client Information</b>	
a. Name, address, and phone number	a. Documented in client chart or EMR
b. Preferred method of communication	b. Documented in client chart or EMR
c. Emergency contact information	c. Documented in client chart or EMR
d. Preferred language of communication	d. Documented in client chart or EMR
e. Enrollment in other HIV/AIDS services	e. Documented in client chart or EMR
<b>3.4 Eligibility</b>	
a. Verify and document client's HIV positive status	a. Documentation in client chart or EMR
b. Verify and document residency	b. Documentation in client chart or EMR
c. Verify and document client and applicable family's income	c. Documentation in client chart or EMR
d. Verify and document client's health coverage status	d. Documentation in client chart or EMR
<b>3.5 Reassessment of Eligibility</b>	
a. Verify residency every 6 months	a. Documented in client chart or EMR
b. Verify income every 6 months	b. Documented in client chart or EMR
c. Verify health coverage status every 6 months	c. Documented in client chart or EMR
d. Initial and date all reassessment of eligibility documentation	d. Documented in client chart or EMR

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## **Standard 4.0 Comprehensive Assessment**

The objective of the comprehensive assessment standard is to ensure that case managers:

- Complete comprehensive assessment within 30 days of intake and every 5 years thereafter
- Gather information to determine client's needs in primary and secondary activity areas

The purpose of a comprehensive assessment<sup>1</sup> is to gather relevant information that will facilitate the creation of an Individual Service Plan (ISP). The comprehensive assessment is a cooperative and interactive activity between the case manager and the client. The client is the primary source of information. However, with client consent, assessments may include additional information from medical or psychosocial providers, caregivers, family members, and other sources of information. The case manager is encouraged to contact other service providers/care givers involved with the client or family system in support of the client's well being. Case managers must comply with established agency confidentiality policies (see Standard 1.2) when engaging in information collection and coordination activities.

The case manager must sign and date the completed assessment. Agencies using electronic medical records may use electronic signatures. The case manager does not need to print the assessment. However, the client's paper chart must identify where the assessment is stored electronically.

### **4.1 Timeline**

Case managers must begin and complete comprehensive assessments within the following timeframe:

- A comprehensive assessment must begin within 2 business days of intake
- A comprehensive assessment must be completed within 30 days of intake
- A new comprehensive assessment must be completed every 5 years
- A case managers must complete a reassessment if there is a significant (more than 50% ) change in need

### **4.2 Comprehensive Assessment – Primary Activity Areas**

It is essential to capture information about a client's general medical history as well as the specifics of his/her HIV disease status and history of opportunistic illnesses. Assessing the client's history and ability to adhere to HIV medications is critical to medical case management services. Case managers should also assess for co-occurring physical health problems such as TB, hepatitis, or sexually transmitted infections. Case managers must assess the client's history and current needs in these primary activity areas:

- Primary medical care
- Oral health care

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<sup>1</sup> An example of a Comprehensive Assessment is located in Appendix I

- Medical nutritional services
- Medication
- Home health care
- Entitlement program benefits such as Medicare, Medicaid, Veteran's Administration
- HIV medical management services: HIV Early Intervention Program (EIP), Evergreen Health Insurance Program (EHIP)
- Mental health services
- Substance abuse treatment

### **4.3 Comprehensive Assessment – Secondary Activity Areas**

The current status of a client's self-reported psychosocial support and HIV risk behavior is important information for developing ISP goals.

Case managers must assess the client's history and current needs in these secondary activity areas:

- Physical mobility/activities of daily living
- Housing
- Social/emotional support
- Employment/re-employment
- Medical transportation
- Legal
  - HIV-related
  - Criminal history
  - Immigration
- Linguistic services
- Knowledge of HIV disease
- Knowledge of prevention/transmission of HIV and STI
- Tobacco use
- Affected family/household members
- Food/meal programs

## Standard 4.0 Comprehensive Assessment and Reassessment-Standard & Measure Table

STANDARD	MEASURE
<i>Case Manager must:</i>	
<b>4.1 Timeline</b>	
<ul style="list-style-type: none"> <li>a. Initiate the comprehensive assessment within 2 business days of intake</li> <li>b. Complete the comprehensive assessment within 30 days of intake</li> <li>c. Complete a new comprehensive assessment every 5 years</li> <li>d. Complete a reassessment if there is a significant (more than 50%) change in need</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR</li> <li>b. Documented in client chart or EMR</li> <li>c. Documented in client chart or EMR</li> <li>d. Documented in client chart or EMR</li> </ul>
<b>4.2 Comprehensive Assessment – Primary Activity Areas</b>	
<ul style="list-style-type: none"> <li>a. Assess the client’s history and current needs in primary activity areas</li> <li>b. Sign and date the comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR</li> <li>b. Documented in client chart or EMR</li> </ul>
<b>4.3 Comprehensive Assessment – Secondary Activity Areas</b>	
<ul style="list-style-type: none"> <li>a. Assess the client’s history and current needs in secondary activity area</li> <li>b. Sign and date the comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR</li> <li>b. Documented in client chart of EMR</li> </ul>

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## **Standard 5.0 Individual Service Plan (ISP)**

The objective of the ISP standard is to ensure that case managers:

- Complete ISP within 2 weeks of initiation
- Create ISP based on comprehensive assessment (Standard 4.0)
- Develop an action plan to meet client's needs and goals
- Incorporate HIV case management performance indicators into MCM services
- Reassess ISP at least every 6 months

Once the case manager has completed and signed the comprehensive assessment, the case manager develops the client's ISP<sup>2</sup>. The ISP is a set of goals and activities that help clients access and maintain services, particularly primary medical care, gain or maintain medication adherence, and move towards self-sufficiency.

Case managers must document that all updates to the ISP are communicated to and agreed to by the client. Both the case manager and client must sign and date the ISP; however agencies using EMRs may use electronic signatures for case managers and document client agreement in lieu of client signature. While the case manager does not need to print the ISP, the client's paper chart must identify where the ISP is stored. Additionally the client must be offered a copy of his or her ISP and this should be documented.

### **5.1 Timeline**

Case managers must:

- Develop initial ISP within 2 business days of completing comprehensive assessment
- Complete and sign ISP within 2 weeks of initiating ISP

### **5.2 Link to Assessment**

The ISP must include service goals and activities that specifically link to the client's needs identified during the initial comprehensive assessment and subsequent reassessments.

### **5.3 ISP Content**

Case managers must develop an ISP that addresses primary (Standard 4.2) and secondary activity areas (Standard 4.3) by listing and identifying:

- Client needs or gaps in services
- Client goals to address needs/gaps in services
- Referrals made or actions taken to address gaps
- Person responsible for action steps in ISP

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<sup>2</sup> An example of an ISP is located in Appendix II

## **5.4 Reassessment**

Reassessing a client allows the case manager to identify new issues and needs as well as evaluating the client's strengths and progress towards self-sufficiency. Case managers use this information to update the ISP and establish new goals. Case managers must do an interim reassessment utilizing the ISP every 6 months

## Standard 5.0 Individual Service Plan (ISP)-Standard & Measure Table

STANDARD	MEASURE
<i>Case Manager must:</i>	
<b>5.1 Timeline</b>	
a. Initiate ISP within 2 business days of completing comprehensive assessment b. Complete ISP within 2 weeks of initiation c. Sign and date ISP d. Offer copy of ISP to client	a. Documented in client chart or EMR b. Documented in client chart or EMR c. Signed and dated ISP in client chart or in EMR d. Documented in client chart or EMR that copy of ISP was offered/given to client
<b>5.2 Link to Assessment</b>	
a. Develop initial ISP from the comprehensive assessment	a. ISP goals address needs identified in the comprehensive assessment as documented in the client's chart
<b>5.3 ISP Content</b>	
a. ISP addresses primary and secondary activity areas by listing and identifying <ul style="list-style-type: none"> <li>• Client needs or gaps in services</li> <li>• Client goals to address needs/gaps in services</li> <li>• Referrals made or actions taken to address gaps</li> <li>• Person responsible for action steps in ISP</li> </ul>	a. Copy of ISP with appropriate content in client chart signed and dated by client and case manager
<b>5.4 Reassessment</b>	
a. Reassess and renews ISP at least every 6 months b. Sign and date revised ISP c. Offer copy of ISP to client	a. Copy of updated ISP in client chart or EMR b. Signed and dated revised ISP in client chart or in EMR in client chart or EMR c. Documented in client chart or EMR that copy of ISP was offered/given to client

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## **Standard 6.0 Service Plan Implementation**

The objective of the service plan implementation standard is to ensure that case managers:

- Complete progress notes to document client progress toward ISP goals and objectives
- Coordinate care with appropriate collateral partners
- Ensure readiness for, and adherence to, HIV/AIDS treatment

Service plan implementation is an on-going process that ensures services are consistent with the ISP and that clients in medical case management are making progress on accessing services to meet their needs and goals.

### **6.1 Progress Notes**

Progress notes ensure the most up to date information is available in the client's file and provide documentation that the case manager has followed proper procedures, rules, regulations, and necessary guidelines when providing services. By documenting each contact with a client, case managers are able to track what services the client has received and still needs to access. If billing Title XIX, case managers must complete a progress note for every billing date.

In completing progress notes, case managers must follow these guidelines:

- Document chronologically
- Focus on the goals of the ISP including:
  - Reason for interaction with client
  - Client needs and action of the case manager to address these needs
  - Plan for follow up
- Ensure documentation is clear
  - Write notes legibly and in the third person (e.g. "case manager met with client and discussed options for medication coverage")
  - When necessary, place a line through an error and initial it
- Be objective in documentation
- Record all interactions with and on behalf of client
- Sign and date within 5 business days of encounter or visit with, or on behalf of, the client
  - Agencies using electronic medical records may use electronic signatures. While the case manager does not need to print the progress notes, the client's paper chart must contain a document that indicates where the information is stored.

### **6.2 Coordination of Services**

A critical role of the case manager is the coordination of communication and services within a clinic, agency or care system. Care coordination includes case conferences, access to client records, or the use of written communication to indicate a client's utilization of services.

Case managers must ensure the coordination of services by:

- Identifying staff or service providers with whom the client may be working
- Acting as a liaison between clients, caregivers, and other service providers to obtain and share information that supports optimal care and service provision
- Facilitating the scheduling of appointments, transportation, or transfer of information when a client is unable to do so him or herself
- Assisting clients to increase self-sufficiency so that clients can independently:
  - Navigate the care system
  - Communicate directly with providers
  - Schedule appointments
- Maintaining access to and payment of medical services through health care coverage

### **6.3 Treatment Adherence**

Among the most important goals of medical case management is the ability of the case manager to:

- Assess medical treatment readiness, including ART
- Coordinate and support HIV related medical treatment adherence
- Provide support for ART treatment adherence

Case managers have a responsibility to directly provide or link their clients on ART to treatment adherence services. An assessment of adherence education and support needs begins as soon as a client enters medical case management and continues as long as a client remains in medical case management. Treatment adherence support is an on-going process that changes as the client's needs, goals and medical condition change. The goal of any treatment adherence intervention is to provide a client with necessary skills, information, and support to follow mutually agreed upon and evidence-based recommendations of healthcare professionals to achieve optimal health.

### **6.4 Prevention**

Case managers have ongoing relationships with clients whose HIV and sexually transmitted infections (STI) prevention needs vary throughout the course of their lives. Evidence-based HIV/STI prevention services help clients protect themselves and others in high-risk situations and environments. HIV/STI prevention services should be coordinated with HIV care services to help clients reduce their risk of transmitting HIV, STI or blood borne diseases. This also helps clients reduce their risk of acquiring resistant strains of HIV, STI or blood borne diseases.

At least once every 12 months, case managers must provide accurate information about HIV/STI transmission risks and promote evidence-based HIV/STI prevention activities. This discussion must be documented in either a progress note or on the effected ISP.

During the assessment and annual reassessment, case managers must assess a client's current HIV/STI transmission risk. Client needs identified during this process allows medical case managers, as appropriate, to:

- Explore clients' readiness to engage with available HIV/STI prevention resources, as necessary
- Refer clients to available HIV/STI prevention and treatment services
- Assist clients to coordinate their participation in HIV/STI prevention services with their medical care
- Assist clients to obtain medical and social support services that reinforce their efforts to reduce HIV/STI transmission
- Document clients' progress toward achieving their acknowledged HIV/STI prevention needs

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## Standard 6.0 Service Plan Implementation-Standard & Measure Table

STANDARD	MEASURE
<i>Case Manager must:</i>	
<b>6.1 Progress Notes</b>	
<ul style="list-style-type: none"> <li>a. Maintain progress notes of all communication between case manager and client</li> <li>b. Document service provided</li> <li>c. Write progress notes that indicate referrals that link clients to needed services</li> <li>d. Date and sign progress notes</li> <li>e. Place progress notes in chart in chronological order</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR</li> <li>b. Documented in client chart or EMR</li> <li>c. Documented in client chart or EMR</li> <li>d. Documented in client chart or EMR</li> <li>e. Documented in client chart or EMR</li> </ul>
<b>6.2 Coordination of Services</b>	
<ul style="list-style-type: none"> <li>a. Identify staff or service providers with whom the client may be working</li> <li>b. Act as a liaison among clients, caregivers, and other service providers to obtain and share information that supports optimal care and service provision</li> <li>c. Facilitate the scheduling of appointments, transportation, transfer of information</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR</li> <li>b. Documented in client chart or EMR</li> <li>c. Documented in client chart or EMR</li> </ul>
<b>6.3 Treatment Adherence</b>	
<ul style="list-style-type: none"> <li>a. Assess and monitor access to and retention in medical care</li> <li>b. Assess and monitor access to HIV medications</li> <li>c. Assess and monitor medication adherence</li> <li>d. Assess and monitor treatment adherence</li> <li>e. Monitor laboratory results</li> </ul>	<ul style="list-style-type: none"> <li>a. Documented in client chart or EMR that client has seen a medical provider in the last six months or effort has been made to engage client in primary care</li> <li>b. Documented in client chart or EMR that client has prescription coverage</li> <li>c. Documentation of assessment of formal treatment adherence at least every 12 months</li> <li>d. Documented in client chart or EMR that client is making and keeping appointments</li> <li>e. Documentation in client chart or EMR of client's CD4 and Viral Load in the last 12 month as per medical provider report</li> </ul>
<b>6.4 Prevention</b>	
<ul style="list-style-type: none"> <li>a. Provide accurate information about HIV/STI transmission risks and promote evidence-based HIV/STI prevention activities</li> </ul>	<ul style="list-style-type: none"> <li>a. Documentation in client chart or EMR that transmission risks and prevention activities discussed in the last 12 months.</li> </ul>

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## **Standard 7.0 Transition and Discharge**

The objective of the transition and discharge standard is to ensure that case managers:

- Make a clear distinction between case managed, information and referral, graduated and discharged clients
- Specify the reasons for transition or discharge
- When possible develop a plan for clients who transition or discharge

Case managers must use a systematic process to transition or discharge clients from case management services to attempt to provide continuity of care and case management services.

### **7.1 Discharge**

Case managers must document the reason(s) for transitioning or discharging a client from case management services in a “transition/discharge summary”. If the client does not agree with the reason for discharge, the case manager should refer him or her to the provider agency’s grievance procedure (Standard 1).

A case manager may close a case for any of the following reasons:

- Client request
- Transition to another program for case management services
- Client no longer meets the eligibility requirements
- Completion of ISP
- Violation of agency policies and procedures
- Relocation (either out of state or too another agency)
- Long term incarceration
- Deceased

A client is considered lost to medical care if he or she has not had contact with an agency for twelve months and the case manager has made at least four attempts to contact the client. Attempts to contact include phone, email, mail, or a home visit. Lost to care cases can be referred to the Linkage and Retention in Care Coordinator (LARC) at the Washington State Department of Health. Before contacting the LARC Coordinator, the medical case manager must document that they have contacted the client’s medical provider to verify he or she is no longer receiving medical services. The LARC coordinator will attempt to find the client and either reengage the client with the agency or inform the agency of why the client will not be returning to the agency. During this process the client’s chart should remain in the case management status with a progress note stating the case was referred to the LARC coordinator.

The case management process as described in these standards does not have to be repeated for a client who returns to the agency for services after being reengaged by the LARC coordinator. However, a minimum evaluation and update of the broad assessment areas should be performed and documented in the client record to determine new needs, service plan additions and appropriate service level.

## **7.2 Transition or Discharge Summary**

Medical case managers must document a transition/discharge summary in a client's chart for those who no longer want or need services from the case manager. Summary must include:

- Reason for transition or discharge
- Efforts to provide continuity of care and case management services

If the client consents, a case manager should provide the client's new case manager with the most recent assessment and updated ISP to help ease the transition. All communication with the new case manager should be documented in the client's progress notes.

Agencies or case managers should maintain a list of medical case management resources that are available to the client for referral purposes.

## Standard 7.0 Transition and Discharge-Standard & Measure Table

STANDARD	MEASURE
<i>Case Manager must:</i>	
<b>7.1 Reason for Discharge</b>	
a. Reason for transition/discharge documented	a. Documented in client chart or EMR
<b>7.2 Transfer/Discharge Summary</b>	
a. A summary is documented in the client's chart	a. Transition/discharge summary is in client chart or EMR

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## Appendices

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# **Appendix I**

## **Comprehensive Assessment**

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# HIV MEDICAL CASE MANAGEMENT INTAKE & COMPREHENSIVE ASSESSMENT

Client Information			
Last name	First name	MI	Client ID
Date of birth	Age	Social Security Number	

Contact Information				
Street address			Apt #	City
State	Zip	County	Is it okay to send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confidential mailing required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (if different from above address)			Apt #	City
State	Zip	County	Is it okay to send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a confidential mailing required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone (with area code)			Is it okay to leave a message at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a confidential message required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address				Is it okay to e-mail this address? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information		
Name	Relationship	Phone (with area code)
Is this person aware of your HIV status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person on your ROI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional information

Race	Ethnicity
<input type="checkbox"/> Alaskan/Native American <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

What gender do you identify with?
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender MtF <input type="checkbox"/> Transgender FtM <input type="checkbox"/> Other

Relationship Status
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Cultural / Linguistic Need			
What languages do you speak?	English language ability <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not spoken	Interpreter services needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need written materials translated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you hearing impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need a sign interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need reading assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Clinical / Medical Information

How would you rate your general state of health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failing		Please explain why you chose that score?	
Describe any recent changes in your health status?			
Current physical symptoms?		Current cognitive symptoms?	
Date of HIV diagnosis	Date of AIDS diagnosis	AIDS diagnosis based on	
Most recent viral load		Please describe the importance of these lab results	
CD4 count	CD4%		
Have you tested positive for the following tests? <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> TB		If yes, are you currently receiving treatment? <input type="checkbox"/> Yes, please describe <input type="checkbox"/> No	
Other health conditions			
Allergies <input type="checkbox"/> None <input type="checkbox"/> Medications <input type="checkbox"/> Food <input type="checkbox"/> Pets <input type="checkbox"/> Other		Describe allergies	
Have you been hospitalized in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, location, dates and reason for hospitalization	
Do you have any mobility challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list all equipment you use for mobility	
Do you have difficulties in doing chores and getting your daily tasks accomplished? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please describe	
Would you like assistance in applying for home health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are already connected to home health services, please list agency, contact name and #	
Have you had any fluctuations in your weight that concern you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have there been any changes in your eating habits that concern you?	
If applicable, please explain how you modify your diet for your HIV meds			Are you currently receiving home delivered meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dental care? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was your last dental appointment?	Describe any current dental concerns	

**Clinical / Medical Information continued**

Primary care provider	Facility	Last office visit
Contact information		Next office visit
HIV specialist	Facility	Last office visit
Contact information		Next office visit
OB/GYN provider	Facility	Last office visit
Contact information		Next office visit
Dental provider	Facility	Last office visit
Contact information		Next office visit
Other	Facility	Last office visit
Contact Information		Next office visit
Describe how information about your health is communicated between medical providers		Are there health concerns you feel you cannot talk about with your provider(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
How do you keep track of your medical visits, discussions about your health, and labs?		Would like assistance with any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you cancelled or missed an appointment with your doctor in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your provider ever told you that your access to care is in jeopardy due to missed appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the reason for the cancellation or missed appointment?	What makes it difficult to get to your medical/HIV related appointments?	
Additional health concerns		

## Adherence

Please tell me what you know about HIV treatment and your health?

Are you currently taking HIV meds?

- Yes, please attach a list of all meds to the back of this assessment  
 No, please skip to the "Tell me more about why you are not taking meds" section

Pharmacy

Contact information

Second pharmacy

Contact information

Do you have a medication list that you provide to your medical providers?

- Yes  No

Describe what tools you use to remember your medications

In the last month how many doses of your HIV meds have you missed?

Is your provider aware of your missed medications?

- Yes  No

### What are some of the reasons why you have missed your HIV med doses?

#### Schedule conflicts

- Lack of regular routine
- Change in regular routine
- Away from home
- Too busy
- Fell asleep
- Forgot
- Lack of privacy
- Care giving responsibilities
- Unstable housing

#### Medication conflicts

- Too many pills / bottles
- Too complicated
- Difficulty getting refills
- Feel too sick to take meds
- Meds make me feel sick
- Misplaced / stolen meds
- Doubt medication effectiveness
- Pills are too big

#### Other conflicts

- Not feeling ill – why take meds?
- Lack of information
- Cannot afford/Gap of coverage for meds
- Reminder of disease / illness
- Depression / MH
- Lack of motivation
- Substance use
- Eating disorder
- Food requirements
- Other

### Tell me more about why you are not taking meds

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Too many side effects               | <input type="checkbox"/> Lack of privacy | <input type="checkbox"/> Not ready           | <input type="checkbox"/> Cannot afford    |
| <input type="checkbox"/> Provider has not recommended        | <input type="checkbox"/> Too busy        | <input type="checkbox"/> Reminder of disease | <input type="checkbox"/> Unstable housing |
| <input type="checkbox"/> I am resistant to many meds already | <input type="checkbox"/> Fear            | <input type="checkbox"/> Lack of motivation  | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Not feeling ill – why take meds?    | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Mental health       |   |

Additional adherence comments

## Sexual and reproductive health

**What sex were you born?**     Male     Female     Other

### Male

Have you experienced any sexual or reproductive related surgeries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe		
When was your last anal pap smear?	What were the results of this procedure?	Did you require a colposcopy or biopsy follow up? If so, did you complete these procedures, and what was the result?	
Other than HIV, have you ever been diagnosed with an STI? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)	Explain treatment you received or continue to receive for your STIs	
How frequently do you get tested for STIs?	When was your last STI test?	Was it a multiple site test for STIs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe you may have a current STI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	Do you have any children who are HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your partner planning on conceiving children within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, describe what you know about HIV and pregnancy		If your partner is HIV negative, has your provider discussed the options of your partner taking PrEP to prevent HIV transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### Female

Have you experienced any sexual or reproductive related surgeries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe		
When was your last vaginal pap smear?	What were the results of this procedure?	Did you require a colposcopy or biopsy follow up? If so, did you complete these procedures, and what was the result?	
Have you ever been told that you no longer require pap smears? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why was that?		
Have you been experiencing abnormal periods? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you informed your provider? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?		
Have you started or completed menopause? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe any symptoms related to menopause		
When was your last anal pap smear?	What were the results of this procedure?	Did you require a colposcopy or biopsy follow up? If so, did you complete these procedures, and what was the result?	
Other than HIV, have you ever been diagnosed with an STI? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)	Explain treatment you received or continue to receive for your STIs	

## Sexual and reproductive health continued

How frequently do you get tested for STIs?	When was your last STI test?	Was it a multiple site test for STIs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe you may have a current STI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever given birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of times?	Explain any birthing related complications (i.e. C-section, gestational diabetes, high blood pressure)	
Do you believe you had HIV during your previous pregnancies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe your experience		Do you have any children who are HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you planning on having children within the next year?</b> <input type="checkbox"/> Yes			
If yes, describe what you know about HIV and pregnancy		If your partner is HIV negative, has your provider discussed the options of your partner taking PrEP to prevent HIV transmission while attempting to conceive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> No	What birth control methods are you currently using to avoid becoming pregnant?	Describe any information you have received about the effects of your birth control on your HIV meds	
Do you have reason to believe that you are currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is your due date and describe any prenatal care to date		Are you currently breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have been pregnant within the last year, what were the outcomes of those pregnancies?			

## Prevention

Please tell me how you understand HIV is transmitted			
How do you think you contracted HIV/AIDS? <input type="checkbox"/> MSM <input type="checkbox"/> Heterosexual sex <input type="checkbox"/> IDU <input type="checkbox"/> Perinatal transmission <input type="checkbox"/> Recipient of transfusion <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Are you sexually active? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many sexual partners have you had within the past two months?	How do you meet your sexual partners (online, bathhouse, clubs, friends, etc.)	
What are the genders of your sexual partners? (circle all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other		Please describe to me how you negotiate safer sex for yourself and your partners (condoms, viral suppression, serosorting etc.)	
Are you currently virally suppressed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your HIV- partners have access to PrEP prevention supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe how you negotiate PrEP with your partners:	
How often do you disclose your HIV status with your sexual partners?	Do you have access to condoms and other risk reduction supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything about safer sex practices or sexual risk that you want to know more about? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain			

### Prevention continued

#### I may not use barrier methods when

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> When I am really sexually excited               | <input type="checkbox"/> When I'm not expecting to have sex  | <input type="checkbox"/> When I feel angry or upset     |
| <input type="checkbox"/> When I am with a new partner                    | <input type="checkbox"/> When my partner(s) are HIV positive | <input type="checkbox"/> When I am drinking and/or high |
| <input type="checkbox"/> When I feel bad about myself                    | <input type="checkbox"/> Condoms don't feel good             | <input type="checkbox"/> When I am seeking drugs/money  |
| <input type="checkbox"/> When my partner pressures me to not use condoms | <input type="checkbox"/> When there's not much risk          | <input type="checkbox"/> When I am the bottom           |
| <input type="checkbox"/> When I am the top                               | <input type="checkbox"/> When I'm undetectable               | <input type="checkbox"/> Other                          |

Would you like assistance in linking with partner notification services?

Yes  No

Has your partner(s) been tested for HIV?

Yes  No

Would you like assistance in learning how to access HIV testing?

Yes  No

### Insurance

#### What insurance coverage do you have? (Please provide front and back copies of all insurance cards)

##### Medicare (check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> I do not have Medicare coverage | <input type="checkbox"/> I have Part A (Hospital) | <input type="checkbox"/> I have Part B (Medical) | <input type="checkbox"/> I have Part D (Prescription drug plan) |
|--|---|--|---|

##### Other Governmental Health Insurance Programs (check all that apply)

- |  |  |  |   |
|--|--|--|---|
| Are you a veteran?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you eligible for Veterans Health Benefits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Veterans Health Benefits (VA)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you receive your HIV care and treatment from the VA?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I do not have Indian Health Services (IHS)            | <input type="checkbox"/> I have Indian Health Services (IHS)   | →→→→→→→→   | Do you receive your HIV care and treatment from IHS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    |

##### Health Insurance (check all that apply)

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> I have WSHIP                                | <input type="checkbox"/> I have a group plan through my employer | <input type="checkbox"/> I have an individual health insurance policy                 | <input type="checkbox"/> I have COBRA |
| <input type="checkbox"/> I have coverage under someone else's policy | <input type="checkbox"/> I have Medicaid                         | Do you have Medicaid HMO?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of spend down, if applicable   |

##### If you do not have health insurance

- |  |  |   |   |
|--|--|---|---|
| Are you eligible for health insurance under someone else's policy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Does your employer offer health insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you eligible for COBRA?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If you said yes to any of these questions, please explain |
|--|--|---|---|

##### Dental Insurance

- |   |           |
|---|-----------|
| Do you have dental insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Plan name |
|---|-----------|

Do you carry insurance cards with you and provide them to every medical provider?  Yes  No

Do you have a summary of benefits for each insurance plan that you can refer to?

- |                 |                   |                     |
|-----------------|-------------------|---------------------|
| Monthly Premium | Yearly deductible | Co-pay/co-insurance |
|                 |                   |                     |

Do you feel comfortable discussing your insurance coverage with your clinic's billing office?  Yes  No

Do you know how to contact your medical provider's office about a medical bill?  Yes  No

## Mental Health

How has your general mental health and moods been lately?	How has your HIV diagnosis changed your moods or ability to cope with daily life events?
---	--

Have you seen a counselor or therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?
---	-------	--------

**What symptoms, if any, have you been experiencing? (Check all that apply)**

<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Seeing or hearing things others do not	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Sad mood	<input type="checkbox"/> Hard time remembering	<input type="checkbox"/> Feeling hopeless	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Dread / fear	<input type="checkbox"/> Decreased interest in things you usually enjoy	<input type="checkbox"/> Crying	<input type="checkbox"/> Anger
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Has anyone ever told you that you have a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
---	-------------------------

When have you taken meds for mental health?	Current mental health meds	Past mental health meds
---	----------------------------	-------------------------

When were you last hospitalized for mental health reasons?	What for?	Where?
--	-----------	--------

Have you had thoughts of hurting yourself, taking your life, or harming others?	How recently?
---	---------------

When have you attempted suicide?	Describe in detail
----------------------------------	--------------------

Do you have a plan for hurting or killing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe plan
---	---------------

Anything else that maybe helpful for us to know?

## Substance Use

Many people use substances to deal with challenges in their lives. Have you found yourself using substances to get by?  Yes  No

Current Use	Amount / Frequency (daily/weekly/monthly)	Duration (<1 yr, 1-2 yr, >2 yrs)	Last use (< 1 mo, 1-6 mo, 6 mos-2 yr, >2 yrs)
Tobacco / Nicotine			
Alcohol			
Marijuana			
Cocaine / Crack			
Heroin			
Meth / Speed			
Prescription			
Other			

Does your substance use prevent you from going to medical appointments and/or taking your meds?  Yes  No

If you inject substances, describe how you keep yourself safe from further injection-related harm?

Do you utilize the needle exchange?

Yes  No

Would you like assistance in linking with partner notification services?

Yes  No

Would you like assistance in learning how to prevent transmission and keep yourself safe from additional injection-related harms?

Yes  No

Describe history of substance abuse, if applicable: (drug of choice, age started, triggers, etc.)

Have you ever tried to quit a substance on your own?

Yes  No

If yes, describe your experience

Have you had previous substance abuse treatment?

Yes  No

If yes,

Inpatient  Outpatient

Dates of most recent treatment

Where did you receive treatment?

Describe treatment experience

### Substance Use continued

Do you identify drugs as a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you identify alcohol as a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you identify tobacco as a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your significant other or family member identify drugs, alcohol or tobacco as a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you considering quitting tobacco in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, would you like information or resources to help you quit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, would you like information or resources to learn more about quitting options and the importance of quitting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What support would you like from me? (Follow up at certain times, quitting as part of ISP, etc.)			

### Social Support

**Tell me about the ways in which you receive support in your life (friends, family, social groups, pets)**

Support you receive	Type of support	Is this person aware of your HIV status?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like additional support around disclosing your HIV status to the important people in your life?  Yes  No

Would you be interested in connecting with others who are HIV+ for increased support?  Yes  No

Social groups?	Support groups?	Individual contact?	Phone contact?
----------------	-----------------	---------------------	----------------

### Cultural

What social groups are you involved in?	What values of your groups do you hold in high regard?
How is HIV and HIV related treatment viewed in your culture?	Please describe treatments for HIV that are not HIV meds (prayers, rituals, herbs, etc)
Describe any HIV related stigma you currently experience or are afraid to experience within your culture	Describe any cultural-specific health practices or concerns you would like me to know about

## Housing

### Where are you currently living?

Temporary		Stable / Permanent		Unstable	
<input type="checkbox"/> Clean and sober housing	<input type="checkbox"/> Living with family	<input type="checkbox"/> Rental		<input type="checkbox"/> Motel with voucher	<input type="checkbox"/> Living in shelter
<input type="checkbox"/> Motel without voucher	<input type="checkbox"/> Hospital	<input type="checkbox"/> Own home		<input type="checkbox"/> Living on streets	<input type="checkbox"/> Prison / Jail
<input type="checkbox"/> Living with friends				<input type="checkbox"/> Living in my car	

What is the number of people living within your household? (This should include any legally married spouse or WA state registered domestic partner and/or dependent children under the age of 18) →→→→

### Based on the above criteria, who do you live with? (please fill in the table below)

Name	Relationship	DOB (minors)	Is this person aware of your HIV status?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have dependent children who do not live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe support you provide?
--	-------------------------------

### Estimated monthly housing / utility expenses

Rent / mortgage	\$	Gas	\$	Garbage	\$	Total Costs  \$
Electric	\$	Cable	\$	Other	\$	
Water / sewer	\$	Phone	\$	Other	\$	

Is this housing subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?	How much?	Have you applied for subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
---	----------	-----------	--	--------

Describe any history of evictions or money owed to previous landlords

Have you ever been convicted of a crime that prevents you from accessing housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe
---	------------------

Additional housing comments

## Financial / Employment

Do you have income?  Yes  No

If yes, list all sources of income below

Type of income/benefit	Self	Spouse/RDP	Dependents under 18
Work income (wages, tips, commissions, bonuses)	\$	\$	\$
Self-employment income	\$	\$	\$
Stocks, bonds, cash dividends, trust or investment income	\$	\$	\$
Alimony/Child support	\$	\$	\$
Pension or retirement income (not social security)	\$	\$	\$
Long-term disability	\$	\$	\$
Social Security Income (SSI/SSDI)	\$	\$	\$
Veterans benefits	\$	\$	\$
Unemployment benefits	\$	\$	\$
Other income	\$	\$	\$
<b>TOTALS=</b>			

**GRAND TOTAL=**

List any financial support you rely upon to meet monthly expenses (i.e. food banks, food stamps, free cell phone, utility subsidy)

If employed, how long have you been at your current job?

How many hours a week do you work?

If unemployed, would you like assistance linking with employment supports?

Yes  No

If on disability, what is your disability based upon?

Have you returned to work while on disability?

Yes  No

Describe your experience

Are you a student?

Yes  No

School and field of study

Are you thinking of returning to school or trying a new career?

Yes  No

Would you like assistance linking with educational services?

Yes  No

What was the last grade you completed?

List any degrees/certificates you have earned

Do you have difficulty reading?

Yes  No

Do you have difficulty writing?

Yes  No

Are you interested in improving these areas?

Yes  No

Are you experiencing financial difficulties?

Yes  No

Estimated debt amount

\$

Financial difficulties

- Credit Cards  
  Bankruptcy  
  Taxes  
  Collections  
  Loans  
  Student Loans  
 Other

Additional financial comments

### Transportation

How do you usually get to medical appointments and HIV-related appointments?		Does lack of money for transportation ever stop you from accessing these services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able and willing to take public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a bus pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one?	Would you like assistance with identifying transportation resources? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Legal

#### Advance Directives

Have you named a power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Relationship	Phone
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Executor	Relationship	Phone
Do you have health directives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a living will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a copy on file with your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like your case manager to have a copy in your file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not have any of the above, would you like information on where to learn more? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### Legal

Are you currently involved in a civil or criminal legal matter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (felony, misdemeanor, etc)
Have you ever been to jail/prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe

How have you been able to get your HIV health needs met in jail/prison?

What was your release date?	Are you currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your probation officer?	Are you required to register? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	--	--	---

Please explain any additional legal issues

### Self Efficacy

My provider listens to what I have to say and values my opinion <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	Talking with my provider intimidates me <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
I have a hard time negotiating my health care <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	I avoid doing paperwork and opening mail <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
I use the internet or written materials to learn about my health <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	My friends and family are helpful in helping me reach my goals <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
Describe a time when you changed your behavior to reach a goal	What resources did you use to help you reach that goal

### Referral Needs

**Areas of need identified by the Case Manager**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Medical Case Management<br><input type="checkbox"/> Medical Care<br>• HIV Specialist<br>• Dentist<br>• Other<br><input type="checkbox"/> Medication access (ADAP)<br><input type="checkbox"/> Medication Adherence<br><input type="checkbox"/> Benefits Counseling<br>SSI/SSDI    Food Stamps<br>Medicaid   FIP/WIC<br>Medicare    Other<br><input type="checkbox"/> Home Health | <input type="checkbox"/> Client advocacy/information & referral<br><input type="checkbox"/> Substance use/addiction evaluation/treatment<br><input type="checkbox"/> Mental Health evaluation/treatment<br><input type="checkbox"/> CTR for sex/needle sharing partners<br><input type="checkbox"/> HIV disease information/education<br><input type="checkbox"/> Financial assistance/counseling<br><input type="checkbox"/> Prevention/risk reduction supplies<br><input type="checkbox"/> Legal services/advance directives<br><input type="checkbox"/> GED/continuing education<br><input type="checkbox"/> ESL (English as a second language)<br><input type="checkbox"/> Child care/dependents/parenting skills, etc.<br><input type="checkbox"/> Skilled nursing facility/immediate care facility | <input type="checkbox"/> Counseling/therapy<br><input type="checkbox"/> Housing<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Food pantry<br><input type="checkbox"/> Support groups<br><input type="checkbox"/> Domestic violence<br><input type="checkbox"/> Employment services<br><input type="checkbox"/> Vocational rehabilitation<br><input type="checkbox"/> Durable medical equipment<br><input type="checkbox"/> Hospice |
|---|--|---|

### Assessment Summary

<b>Intake completed by</b>	Signature	Date
<b>Comprehensive Assessment completed by</b>	Signature	Date

# **Appendix II**

## **Individual Service Plan (ISP)**

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## Individualized Service Plan (ISP)

<b>Client Name:</b>				<b>Client ID:</b>	<b>Date (mm/dd/year):</b>
	Indicated Needs	Start Date	Completion Date	Person Responsible For Action	Activity Commitment / Goal
1	Clinical/Medical				
2	Treatment/Medication Adherence				
3	Basic Necessities/ADL				
4	Insurance Benefits				
5	Mental Health/ Psychosocial				
6	Substance/Alcohol Use				
7	Housing/Living Situation				
8	Support System				
9	Employment/Financial				
10	Transportation				
11	Legal Needs				
12	Cultural/Linguistic				
13	Self Efficacy				
14	HIV Education/ Prevention				
15	Referral Needs				
16	Other				
<b>Comments (Additional space provided on the back of this form):</b>					
<b>Client Signature:</b>				<b>Date (mm/dd/year):</b>	
<b>Case Manager Signature:</b>				<b>Date (mm/dd/year):</b>	
<b>Client was offered a copy of the ISP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					



# Appendix III

## Appropriate WACs & RCWs

WAC or RCW	#	TITLE
WAC	388-539-0300	Case management for persons living with HIV/AIDS
WAC	388-539-0350	HIV/AIDS case management reimbursement information
RCW	70.02.030	Patient authorization of disclosure
RCW	71.05.120	Exemptions from liability
RCW	70.02.080	Patients examination and copying – Requirements
RCW	70.02.090	Patient’s request – Denial of examination and copying

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WAC 388-539-0300

Case management for persons living with HIV/AIDS.

The department provides HIV/AIDS case management to assist persons infected with HIV to: Live as independently as possible; maintain and improve health; reduce behaviors that put the client and others at risk; and gain access to needed medical, social, and educational services.

(1) To be eligible for department reimbursed HIV/AIDS case management services, the person must:

(a) Have a current medical diagnosis of HIV or AIDS;

(b) Be eligible for Title XIX (Medicaid) coverage under either the categorically needy program (CNP) or the medically needy program (MNP); and

(c) Require:

(i) Assistance to obtain and effectively use necessary medical, social, and educational services; or

(ii) Ninety days of continued monitoring as provided in WAC 388-539-0350(2).

(2) The department has an interagency agreement with the Washington state department of health (DOH) to administer the HIV/AIDS case management program for the department's Title XIX (Medicaid) clients.

(3) HIV/AIDS case management agencies who serve the department's clients must be approved to perform these services by HIV client services, DOH.

(4) HIV/AIDS case management providers must:

(a) Notify HIV positive persons of their statewide choice of available HIV/AIDS case management providers and document that notification in the client's record. This notification requirement does not obligate HIV/AIDS case management providers to accept all clients who request their services.

(b) Have a current client-signed authorization to release/obtain information form. The provider must have a valid authorization on file for the months that case management services are billed to the department (see RCW 70.02.030). The fee referenced in RCW 70.02.030 is included in the department's reimbursement to providers. The department's clients may not be charged for services or documents related to covered services.

(c) Maintain sufficient contact to ensure the effectiveness of ongoing services per subsection (5) of this section. The department requires a minimum of one contact per month between the HIV/AIDS case manager and the client. However, contact frequency must be sufficient to ensure implementation and ongoing maintenance of the individual service plan (ISP).

(5) HIV/AIDS case management providers must document services as follows:

(a) Providers must initiate a comprehensive assessment within two working days of the client's referral to HIV/AIDS case management services. Providers must complete the assessment before billing for ongoing case management services. If the assessment does not meet these requirements, the provider must document the reason(s) for failure to do so. The assessment must include the following elements as reported by the client:

(i) Demographic information (e.g., age, gender, education, family composition, housing.);

(ii) Physical status, the identity of the client's primary care provider, and current information on the client's medications/treatments;

(iii) HIV diagnosis (both the documented diagnosis at the time of assessment and historical diagnosis information);

(iv) Psychological/social/cognitive functioning and mental health history;

(v) Ability to perform daily activities;

(vi) Financial and employment status;

(vii) Medical benefits and insurance coverage;

(viii) Informal support systems (e.g., family, friends and spiritual support);

(ix) Legal status, durable power of attorney, and any self-reported criminal history; and

(x) Self-reported behaviors which could lead to HIV transmission or re-infection (e.g., drug/alcohol use).

(b) Providers must develop, monitor, and revise the client's individual service plan (ISP). The ISP identifies and documents the client's unmet needs and the resources needed to assist in meeting the client's needs. The case manager and the client must develop the ISP within two days of the comprehensive assessment or the provider must document the reason this is not possible. An ISP must be:

(i) Signed by the client, documenting that the client is voluntarily requesting and receiving the department reimbursed HIV/AIDS case management services; and

(ii) Reviewed monthly by the case manager through in-person or telephone contact with the client. Both the review and any changes must be noted by the case manager:

(A) In the case record narrative; or

(B) By entering notations in, initialing and dating the ISP.

(c) Maintained ongoing narrative records - These records must document case management services provided in each month for which the provider bills the department. Records must:

(i) Be entered in chronological order and signed by the case manager;

(ii) Document the reason for the case manager's interaction with the client; and

(iii) Describe the plans in place or to be developed to meet unmet client needs.

[Statutory Authority: RCW 74.08.090, 10-19-057, § 388-539-0300, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.755, 74.09.800, 42 U.S.C. Section 1915(g), 00-23-070, § 388-539-0300, filed 11/16/00, effective 12/17/00.]

<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-539-0300>

## WAC 388-539-0350

### HIV/AIDS case management reimbursement information.

(1) The department reimburses HIV/AIDS case management providers for the following three services:

(a) Comprehensive assessment - The assessment must cover the areas outlined in WAC 388-539-0300 (1) and (5).

(i) The department reimburses only one comprehensive assessment unless the client's situation changes as follows:

(A) There is a fifty percent change in need from the initial assessment; or

(B) The client transfers to a new case management provider.

(ii) The department reimburses for a comprehensive assessment in addition to a monthly charge for case management (either full-month or partial-month) if the assessment is completed during a month the client is Medicaid eligible and the ongoing case management has been provided.

(b) HIV/AIDS case management, full-month - Providers may request the full-month reimbursement for any month in which the criteria in WAC 388-539-0300 have been met and the case manager has an individual service plan (ISP) in place for twenty or more days in that month. The department reimburses only one full-month case management fee per client in any one month.

(c) HIV/AIDS case management, partial-month - Providers may request the partial-month reimbursement for any month in which the criteria in WAC 388-539-0300 have been met and the case manager has an ISP in place for fewer than twenty days in that month. Using the partial-month reimbursement, the department may reimburse two different case management providers for services to a client who changes from one provider to a new provider during that month.

(2) The department limits reimbursement to HIV/AIDS case managers when a client becomes stabilized and no longer needs an ISP with active service elements. The department limits reimbursement for monitoring to ninety days past the time the last active service element of the ISP is completed. Case Management providers who are monitoring a stabilized client must meet all of the following criteria in order to bill the department for up to ninety days of monitoring:

(a) Document the client's history of recurring need;

(b) Assess the client for possible future instability; and

(c) Provide monthly monitoring contacts.

(3) The department reinstates reimbursement for ongoing case management if a client shifts from monitoring status to active case management status due to documented need(s). Providers must meet the requirements in WAC 388-539-0300 when a client is reinstated to active case management.

[Statutory Authority: RCW 74.08.090. 10-19-057, § 388-539-0350, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.755, 74.09.800, 42 U.S.C. Section 1915(g). 00-23-070, § 388-539-0350, filed 11/16/00, effective 12/17/00.]

<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-539-0350>

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RCW 70.02.030

Patient authorization of disclosure.

(1) A patient may authorize a health care provider or health care facility to disclose the patient's health care information. A health care provider or health care facility shall honor an authorization and, if requested, provide a copy of the recorded health care information unless the health care provider or health care facility denies the patient access to health care information under RCW [70.02.090](#).

(2) A health care provider or health care facility may charge a reasonable fee for providing the health care information and is not required to honor an authorization until the fee is paid.

(3) To be valid, a disclosure authorization to a health care provider or health care facility shall:

(a) Be in writing, dated, and signed by the patient;

(b) Identify the nature of the information to be disclosed;

(c) Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed;

(d) Identify the provider or class of providers who are to make the disclosure;

(e) Identify the patient; and

(f) Contain an expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure.

(4) Unless disclosure without authorization is otherwise permitted under RCW [70.02.050](#) or the federal health insurance portability and accountability act of 1996 and its implementing regulations, an authorization may permit the disclosure of health care information to a class of persons that includes:

(a) Researchers if the health care provider or health care facility obtains the informed consent for the use of the patient's health care information for research purposes; or

(b) Third-party payers if the information is only disclosed for payment purposes.

(5) Except as provided by this chapter, the signing of an authorization by a patient is not a waiver of any rights a patient has under other statutes, the rules of evidence, or common law.

(6) When an authorization permits the disclosure of health care information to a financial institution or an employer of the patient for purposes other than payment, the authorization as it pertains to those disclosures shall expire ninety days after the signing of the authorization, unless the authorization is renewed by the patient.

(7) A health care provider or health care facility shall retain the original or a copy of each authorization or revocation in conjunction with any health care information from which disclosures are made.

(8) Where the patient is under the supervision of the department of corrections, an authorization signed pursuant to this section for health care information related to mental health or drug or alcohol treatment expires at the end of the term of supervision, unless the patient is part of a treatment program that requires the continued exchange of information until the end of the period of treatment.

[2005 c 468 § 3; 2004 c 166 § 19; 1994 sp.s. c 9 § 741; 1993 c 448 § 3; 1991 c 335 § 202.]

Notes:

**Severability -- Effective dates -- 2004 c 166:** See notes following RCW [71.05.040](#).

**Severability -- Headings and captions not law -- Effective date -- 1994 sp.s. c 9:** See RCW [18.79.900](#) through [18.79.902](#).

**Effective date -- 1993 c 448:** See note following RCW [70.02.010](#).

<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02.030>

## RCW 71.05.120

### Exemptions from liability.

(1) No officer of a public or private agency, nor the superintendent, professional person in charge, his or her professional designee, or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a person pursuant to this chapter, nor any \*county designated mental health professional, nor the state, a unit of local government, or an evaluation and treatment facility shall be civilly or criminally liable for performing duties pursuant to this chapter with regard to the decision of whether to admit, discharge, release, administer antipsychotic medications, or detain a person for evaluation and treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

(2) This section does not relieve a person from giving the required notices under RCW [71.05.330\(2\)](#) or [71.05.340\(1\)\(b\)](#), or the duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.

[2000 c 94 § 4; 1991 c 105 § 2; 1989 c 120 § 3; 1987 c 212 § 301; 1979 ex.s. c 215 § 7; 1974 ex.s. c 145 § 7; 1973 2nd ex.s. c 24 § 5; 1973 1st ex.s. c 142 § 17.]

#### Notes:

**\*Reviser's note:** The term "county designated mental health professional" as defined in RCW [71.05.020](#) was changed to "designated mental health professional" by 2005 c 504 § 104.

**Severability -- 1991 c 105:** See note following RCW [71.05.215](#).

<http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05.120#>

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## RCW 70.02.080

### Patient's examination and copying — Requirements.

(1) Upon receipt of a written request from a patient to examine or copy all or part of the patient's recorded health care information, a health care provider, as promptly as required under the circumstances, but no later than fifteen working days after receiving the request shall:

(a) Make the information available for examination during regular business hours and provide a copy, if requested, to the patient;

(b) Inform the patient if the information does not exist or cannot be found;

(c) If the health care provider does not maintain a record of the information, inform the patient and provide the name and address, if known, of the health care provider who maintains the record;

(d) If the information is in use or unusual circumstances have delayed handling the request, inform the patient and specify in writing the reasons for the delay and the earliest date, not later than twenty-one working days after receiving the request, when the information will be available for examination or copying or when the request will be otherwise disposed of; or

(e) Deny the request, in whole or in part, under RCW [70.02.090](#) and inform the patient.

(2) Upon request, the health care provider shall provide an explanation of any code or abbreviation used in the health care information. If a record of the particular health care information requested is not maintained by the health care provider in the requested form, the health care provider is not required to create a new record or reformulate an existing record to make the health care information available in the requested form. The health care provider may charge a reasonable fee for providing the health care information and is not required to permit examination or copying until the fee is paid.

[1993 c 448 § 5; 1991 c 335 § 301.]

### Notes:

**Effective date -- 1993 c 448:** See note following RCW [70.02.010](#).  
<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02.080>

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RCW 70.02.090

Patient's request — Denial of examination and copying.

(1) Subject to any conflicting requirement in the public records act, chapter [42.56](#) RCW, a health care provider may deny access to health care information by a patient if the health care provider reasonably concludes that:

(a) Knowledge of the health care information would be injurious to the health of the patient;

(b) Knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;

(c) Knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual;

(d) The health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes; or

(e) Access to the health care information is otherwise prohibited by law.

(2) If a health care provider denies a request for examination and copying under this section, the provider, to the extent possible, shall segregate health care information for which access has been denied under subsection (1) of this section from information for which access cannot be denied and permit the patient to examine or copy the disclosable information.

(3) If a health care provider denies a patient's request for examination and copying, in whole or in part, under subsection (1)(a) or (c) of this section, the provider shall permit examination and copying of the record by another health care provider, selected by the patient, who is licensed, certified, registered, or otherwise authorized under the laws of this state to treat the patient for the same condition as the health care provider denying the request. The health care provider denying the request shall inform the patient of the patient's right to select another health care provider under this subsection. The patient shall be responsible for arranging for compensation of the other health care provider so selected.

[2005 c 274 § 331; 1991 c 335 § 302.]

Notes:

**Part headings not law -- Effective date -- 2005 c 274:** See RCW [42.56.901](#) and [42.56.902](#).

<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02.090>

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# **Appendix IV**

## **Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions**

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**Department of Health (DOH)  
and  
Health and Recovery Services  
Administration (HRSA)**



**Title XIX (Medicaid)  
HIV/AIDS Case Management  
Billing Instructions**

**ProviderOne Readiness Edition**

[Chapter 388-539-0300 and 0350 WAC]

## About This Publication

This publication supersedes all previous Department *Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services.

**This document is to be used for billing purposes only.** Please refer to the Department of Health's *Statewide Standards for Medical HIV Case Management* (DOH publication #410-014) for a complete guide to the HIV/AIDS Case Management Program. Refer to the *Important Contacts* section of these billing instructions to find out how to order this DOH publication.

**Note:** The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

The effective date of this publication is: **05/09/2010**.

## 2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Page Affected

**CPT is a trademark of the American Medical Association**

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# Important Contacts

**Note:** This section contains important contact information relevant to the HIV/AIDS Case Management program. For more contact information, see the Department/HRSA *Resources Available* web page at: [http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider	Department of Health HIV Client Services 1-360-236-3453
Submitting a change of address or ownership	See the Department/HRSA <i>Resources Available</i> web page at: <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a>
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Questions about provider participation, case management standards, and reporting requirements	Department of Health HIV Client Services PO Box 47841 Olympia WA 98501-7841 1-360-236-3453
Getting a copy of DOH's <i>Statewide Standards for Medical HIV Case Management?</i>	Department of Health HIV Client Services PO Box 47841 Olympia WA 98504-7841 1-360-236-3453 <a href="http://www.doh.wa.gov/cfh/HIV%5FAIDS/Client%5FSvcs/TitleXIXHIVCM.htm">http://www.doh.wa.gov/cfh/HIV%5FAIDS/Client%5FSvcs/TitleXIXHIVCM.htm</a>

# Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for a more complete list of definitions.

**AIDS** - Acquired Immunodeficiency Syndrome. A disease caused by the Human Immunodeficiency Virus (HIV).

**Benefit Service Package** - A grouping of benefits or services applicable to a client or group of clients.

**Department of Health (DOH)** - The state Department of Health which, in accordance with an interagency agreement, administers the daily operations of Title XIX targeted HIV/AIDS case management.

**HIV** - Human Immunodeficiency Virus.

**HIV/AIDS Case Management** - Services which assist persons infected with HIV to: live as independently as possible; maintain and improve health; reduce behaviors that put the client and others at risk; and gain access to needed medical, social, and educational services.

**HIV Client Services** - The office of the Division of Community & Family Health, Department of Health, which oversees the daily operation of the Title XIX HIV/AIDS Case Management Program.

**ISP – Individual Service Plan** – Identifies and documents the client’s unmet needs and the resources needed to assist in meeting the client’s needs.

**Maximum Allowable** - The maximum dollar amount that the Department will pay a provider for specific services, supplies, and equipment.

**Medical Identification card(s)** – See *Services Card*.

**National Provider Identifier (NPI)** – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

**ProviderOne** – Department of Social and Health Services (the Department) primary provider payment processing system.

**ProviderOne Client ID**- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

**For example:** 123456789WA.

**Services Card** – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

**Usual & Customary Fee** - The rate that may be billed to the department for a certain service or equipment. This rate may not exceed:

- 1) The usual and customary charge that you bill the general public for the same services; or
- 2) If the general public is not served, the rate normally offered to other contractors for the same services.

# About the Program

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## **What Is the Purpose of the Title XIX (Medicaid) HIV/AIDS Case Management Program?** [Refer to WAC 388-539-0300]

The purpose of the Title XIX HIV/AIDS case management program is to assist persons infected with HIV to:

- Live as independently as possible;
- Maintain and improve health;
- Reduce behaviors that put the client and others at risk; and
- Gain access to needed medical, social, and educational services.

The Department of Social & Health Services (the Department) has an interagency agreement with the Department of Health (DOH) to administer the HIV/AIDS Case Management program for eligible Department clients. [Refer to WAC 388-539-0300(2)]

## **Who Provides Title XIX HIV/AIDS Case Management Services?** [Refer to WAC 388-539-0300(3)]

Agencies approved by DOH's HIV Client Services.

## **How Does an Agency Request Approval from DOH to Provide These Services?**

An agency requests approval from DOH by completing all of the steps in the Title XIX Provider Application Process and submitting all required documents to DOH.

## **Where Can an Agency Get the Information Needed to Complete the Provider Application Process?**

Refer to DOH's: *Statewide Standards for Medical HIV Case Management* for specifics on provider requirements, or call HIV Client Services at 1-360-236-3453. Refer to *Important Contacts* for information on ordering a copy of this DOH publication.

# Client Eligibility

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## Who Is Eligible to Receive Title XIX HIV/AIDS Case Management? [Refer to WAC 388-539-0300(1)]

To be eligible for Title XIX-paid HIV/AIDS case management services, an individual must:

- Have a current medical diagnosis of HIV or AIDS;
- **Not be receiving** concurrent Title XIX HIV/AIDS case management services through another program;
- Require:
  - ✓ Assistance to obtain and effectively use necessary medical, social, and educational services; or
  - ✓ 90 days of continued monitoring (see Section C for more information).

**-AND-**

- Have a Benefit Service Package that covers HIV/AIDS Case Management.

**Note:** Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

## Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

**YES, provided the client meets the criteria on the previous page.** When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. HIV/AIDS Case Management services do not require a referral from the client's managed care plan. Use these billing instructions to bill the Department directly.

# Billable Services

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## What Services Are Billable?

The Department pays Title XIX HIV/AIDS case management providers for the following three services **when performed in an office setting or the client's residence:**

### 1. Comprehensive Assessment

The Department pays for only one comprehensive assessment per client unless the client's situation changes as follows:

- a. There is a 50% change in need from the initial assessment; or
- b. The client transfers to a new case management provider.

The assessment must cover the areas outlined in DOH's **Case Management: A Guide for Assisting Persons Living with HIV/AIDS**. [Also listed in WAC 388-539-0300(1) and (5)]

The Department pays for a comprehensive assessment in addition to a monthly charge for case management (either full-month or partial-month) if the assessment is completed during a month the client is eligible for Medical Assistance and the ongoing case management has been provided.

### 2. HIV/AIDS Case Management – Full Month

The Department pays for one full-month case management fee per client, per month.

Providers may request the full-month payment for any month in which the criteria listed in DOH's *Case Management: A Guide for Assisting Persons Living with HIV/AIDS* have been met and the case manager has an individual service plan (ISP) in place for 20 or more days in that month. [The criteria are also listed in WAC 388-539-0300.] Monitoring can be billed under this service.

### 3. HIV/AIDS Case Management – Partial Month

Providers may request the partial-month payment for any month in which the criteria in WAC 388-539-0300 have been met and an ISP has been in place for fewer than 20 days in that month. Monitoring can be billed under this service.

Partial month payment allows for payment of two case management providers when a client changes from one provider to another during the month.

## When Is Monitoring a Billable Service?

Monitoring is a term used when a client becomes stabilized and no longer needs an Individual Service Plan (ISP) with active elements. This applies to clients who have a history of recurring need and instability and will likely require further assistance at a later date.

Case management providers may bill the Department for up to 90 days of monitoring past the time the last active service element of the ISP has been completed and the following criteria have been met:

- Document the client’s history of recurring need;
- Assess the client for possible future instability; and
- Provide monthly monitoring contacts.

## What Procedure Codes Must Be Used to Bill the Department for Monitoring?

Use the following procedure codes, **modifiers, and taxonomies** to bill the Department for monitoring:

HCPCS Code	Modifier	Description
T2022 Limited to dx 042 or V08	U8*	<b>Case management, per month.</b> Full month case management services <b>Taxonomy: 251B00000X</b>
T2022 Limited to dx 042 or V08	U9*	<b>Case management, per month.</b> Partial month case management services <b>Taxonomy: 251B00000X</b>

\*Modifiers U8 and U9 are payer-defined modifiers. The Department defines modifier U8 as “full month” and U9 as “partial month.”

## When Can a Client Be Reinstated from a Monitoring Status to Active Case Management?

A client can shift from monitoring status (ISP without active elements) to active case management status upon documentation of need(s). Providers must meet the requirements in WAC 388-539-0300 when a client is reinstated to active case management.

# Coverage Table

Use the following procedure codes with the appropriate modifiers when billing for Title XIX HIV/AIDS case management services:

Procedure Code	Modifier	Diagnosis Code	Brief Description	Policy/ Comments
T2022	U8	Limited to 042 or V08	Case management, per month.	<b>[Full Month]</b> A full-month rate applies when: A. The criteria in WAC 388-539-0300 have been met; and B. An individual service plan (ISP) has been in place 20 days or more in that month. <b>Taxonomy: 251B00000X</b>
T2022	U9	Limited to diagnosis 042 or V08	Case management, per month.	<b>[Partial Month]</b> A partial month rate applies when: A. The criteria is WAC 388-539-0300 have been met; and B. An ISP has been in place fewer than 20 days in that month. <b>Taxonomy: 251B00000X</b>
<b>Note:</b> The Department pays full or partial month fees during monitoring per WAC 388-539-0350.				
T1023		Limited to diagnosis 042 or V08	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter.	<b>(Use this code for the comprehensive assessment)</b> This service must meet the requirements of WAC-539-0300 (1) and (5) and is paid only <i>once</i> unless the client's condition changes as follows: A. There is a 50% change in need from the initial assessment; or B. The client transfers to a new case management provider. A comprehensive assessment is paid in addition to a monthly charge (either full or partial) if the assessment is completed during the month a client is Medicaid eligible and ongoing case management has been provided. <b>Taxonomy: 251B00000X</b>

## Fee Schedule

You may view the Department/HRSA HIV/AIDS Case Management Fee Schedule on-line at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html#h>

# Billing and Claim Forms

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## What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

## What Additional Records Must Be Kept Specific to the Title XIX HIV/AIDS Case Management Program?

Please refer to the Department of Health's **Case Management: A Guide for Assisting Persons Living with HIV/AIDS** for required documentation specific to the Title XIX HIV/AIDS Case Management Program.

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for general instructions on completing the CMS-1500 Claim Form.