



Case Management 101

Objective of Training

□ Today's objectives:

- Provide an overview of Ryan White Part B Program
- Discuss key components of the Medical Case Management role
- Outline Part B Program expectations
- Answer any questions related to Part B Medical Case Management

This is why the ADAP Team is committed to YOU!

- “Every day, the interaction between client and case manager affects whether an individual or family accesses and remains in primary medical care.”

Overview of Ryan White HIV/AIDS Treatment Modernization Act of 2009

- ❑ HIV/AIDS Bureau (HAB), within **Health Resources and Services Administration (HRSA)** is an operating division within the U. S. Department of Health and Human Services (HHS) administers the Ryan White HIV/AIDS Programs at the Federal level, along with other health programs for underserved populations.
- ❑ **HRSA is the primary Federal agency for improving access to healthcare services for people who are uninsured or underinsured.**

Overview of Ryan White HIV/AIDS Treatment Modernization Act of 2009

- ❑ The Ryan White HIV/AIDS Program is codified by Title XXVI of the Public Health Service (PHS) Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009).
 - **largest Federal program focused exclusively on HIV/AIDS care.**
 - **focus is to award grants for the provision of primary care, support services to individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need.**
 - provides access to care and fills gaps in care not covered by other funding sources.

Overview of Ryan White HIV/AIDS Program

- ❑ The Ryan White program is comprised of multiple components called Parts. Each part is designed to address varied HIV/AIDS care needs across local and state jurisdictions and populations.
 - **Part A** provides emergency assistance to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.
 - **Part B** provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and 5 U.S. Pacific Territories or Associated Jurisdictions.
 - **Part C** provides comprehensive primary health care in an outpatient setting for people living with HIV disease.
 - **Part D** provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth with HIV/AIDS.
 - **Part F** provides funds for a variety of programs.

Tennessee Department of Health's Ryan White Part B Programs

- Fund three Direct Services programs:
 - AIDS Centers of Excellence (includes outpatient medical care, mental health, and medical Case management),
 - Oral Health Care/Dental Reimbursement
 - Medical Services Fee Schedule.
- Fund Consortias providing HRSA defined support services
- Conduct and fund Minority AIDS Initiatives activities, providing health education/risk reduction and outreach/education.
- Conduct Quality Management activities.
- Fund ADAP: HDAP and Insurance Assistance Program.

Tennessee Ryan White Part B Consortias

- ❑ Consortias- Lead Agent United Way of Metropolitan Nashville
 - Four (4) regions
 - West
 - Middle
 - Southeast
 - East/Northeast

 - Provide:
 - Funds support services based on regional needs assessment.
 - Small pool of dollars allocated to extreme rural transportation services.
 - Funds awarded to regions through a contract with a lead agency.

Overview of Tennessee Department of Health's Ryan White Part B Program

❑ Minority AIDS Initiatives –

- Intended to connect newly diagnosed and lost-to-care minority clients to ADAP.
- Fund health education/risk-reduction and outreach/education activities, provided through direct services out of Central Office and through three contractors – CEMPA, Children Family Services and West Tennessee Legal Services.

Overview of Tennessee Department of Health's Ryan White Part B Program

□ Quality Management –

- Quality Assurance Monitoring of COE Clinics
- QA/QI monitoring of MCM Part B Client Files
- QA monitoring of MCM Part A Client Files for ADAP Eligibility
- ADAP Quality Monitoring
- Contracts Scope Of Services Monitoring
- Coordinate/Manage Statewide QM Program
 - (program wide studies and unique site studies)
- Conduct Periodic Quality Management Training
- Assist Centers Of Excellence Advisory Committee
- Assist Part B Services and Formulary Committee
- Assist in Policy Development

Overview of Tennessee Department of Health's Ryan White Part B Program

□ ADAP

- A program within Ryan White Part B, which **focuses on providing HIV/AIDS medications to persons in need by either providing the medications directly**, providing access through pharmacies, or providing health insurance continuation support for policies that include coverage for HIV/AIDS drugs.
- ADAP is a formulary based medication assistance program that provides medications to the eligible patient. Covers all FDA approved Antiretroviral medications and many prophylactic and opportunistic infection treatment medications.
- **IAP assists qualified patients with premiums, co-payments and deductibles.**

Medical Case Management

Case Management is defined as a professional activity that involves:

- **Assessment** and **mutual** determination of needs
- Brokerage of **available services**
- **Advocacy** to ensure adequate access to these services
- **Effective utilization** of limited resources

Ryan White Part B Medical Case Management

Ryan White Part B Medical Case Management is focused on activities designed to ensure adequate access to basic outpatient HIV/AIDS related medical services for low-income Tennesseans without adequate healthcare coverage and to ensure Ryan White funds are **ALWAYS** utilized as payer of last resort.

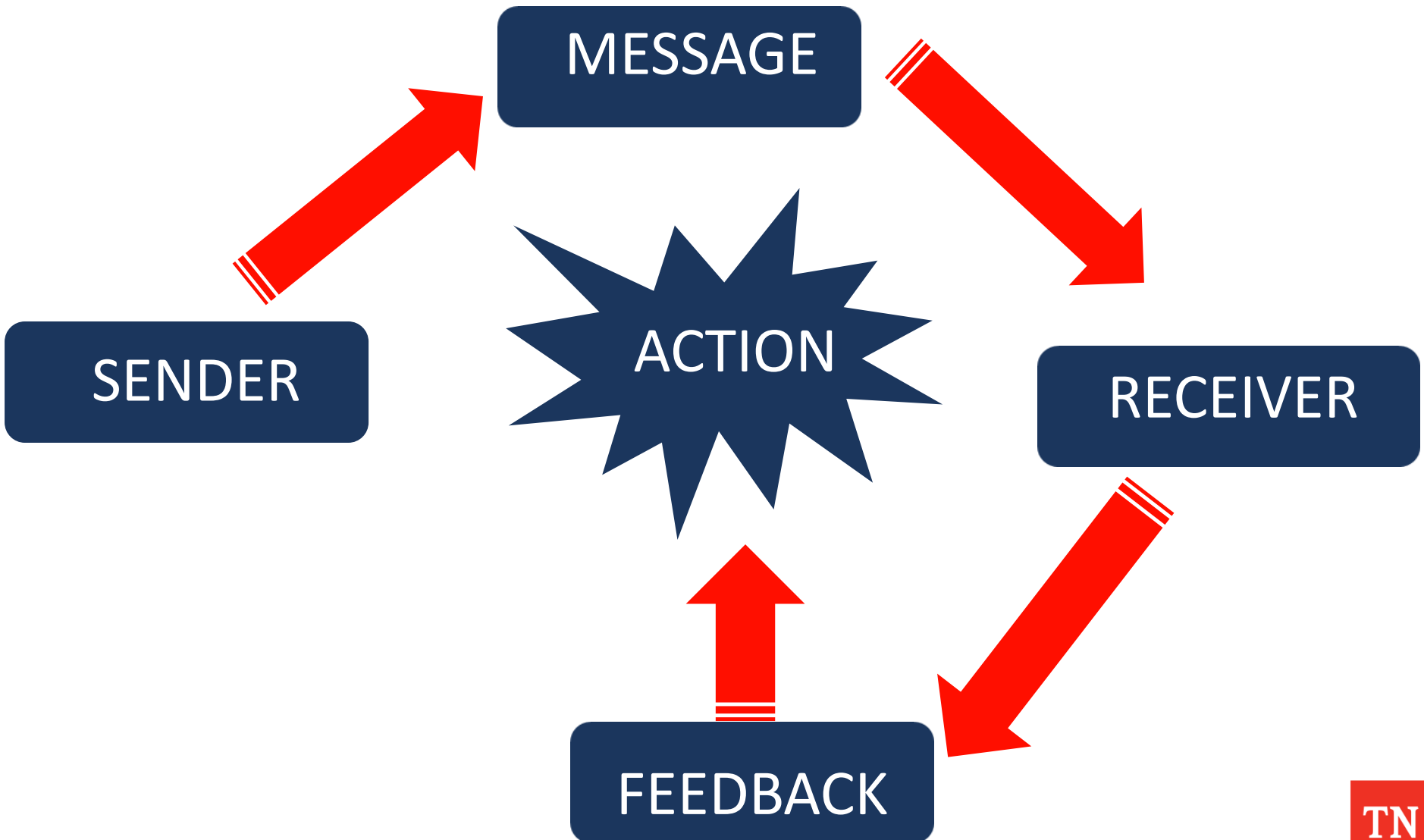
Medical Case Manager Duties

- Assist eligible HIV positive clients in applying for Ryan White Part B (or other Parts) programs as appropriate.
- Assist clients in maintaining, or applying for all possible third party payer programs; with a primary focus of maintaining the cost of care, whenever possible, in the private sector. When the private sector is not an option in a particular clients circumstance, the focus of intervention will be to seek healthcare coverage within any eligible publicly funded program (i.e., TennCare, Medicare and Ryan White). **Payer of Last Resort.**
- Assist eligible clients in accessing health related services, which are not provided by a private or public healthcare policy and/or by the Grantee (including, but not limited to, nutritional counseling, dental care, home health services, etc.).

Communication

- What is effective communication?
- Effective communication is the two way information sharing process which involves one party sending a message that is **easily understood** by the receiving party.

Elements of Effective Communication



Barriers to Communication

- One person has no interest in the conversation.
- You are not able to participate in the discussion due to lack of knowledge on the subject.
- Jumping to conclusions without waiting for the whole message.
- Fear of offending the other person by expressing your opinions.
- You not feel comfortable sharing your feelings with the other person

Barriers to Communication

- Messages do not come across to the listener in the way you intended.
- Not listening to the other person by allowing thoughts to wander, listening only to what you have to, filtering out what is not important to you, planning a response before the other person has finished speaking.
- Spending more time arguing or debating along with put-downs and sarcasm.

Improve Communication

- Concentrate on what is being said, not the delivery of the message.
- Be open to whatever is being said, without judgment -don't form an opinion, just listen.
- Restate what has been said helps the speaker know that you understand.
- Summarize the important messages so that you and the speaker recognize what was important during the conversation.

Improve Communication

- Avoiding distractions that pull your attention away from the speaker.
- Make sure you understand what the speaker means:
 - I think what you said was ...,
 - What I hear you saying is ...,
 - What did you mean when you said/talked about ...,
 - Are you saying ...

Eligibility Determination Process

❑ Basic Eligibility Determination

1. Tennessee residents
2. Diagnosed with HIV/AIDS
3. Income that falls at or below 400% of the current Federal Poverty Level

Eligibility Requirements

Requirements

To be deemed eligible for coverage by the Tennessee Ryan White Part B Services Programs a recipient must provide a **photo identification and one proof of residency documentation**. If the client's address is current on their Tennessee Driver's License or Tennessee Identification Card can be used for identification and residency.

Photo identification

Can be expired and/or from another state for initial certification and recertification.

Photo Identification

If the client does not have a photo identification, a photo of the client (can be taken by MCM) along with two of the following documents are required.

- Original or certified birth certificate
- Military discharge papers (DD-214)
- United States Citizenship and Immigration Service Documentation
- Marriage License/Certificate
- Federal Census Record
- Applicant's Own Child's Birth Certificate
- Adoptive Decree
- Legal change of Name (Divorce, etc.)
- Any confirmation of date of birth in court of law
- As recorded in court document(s) with judge's original signature and/or official court seal
- Computerized Check Stubs
 - Must include the applicant's full name pre-printed on the stub
- Union membership cards
- Must include the applicant's full name preferably with photo and/or Social Security number
- Work IDs
 - Preferably with photo and/or Social Security number
- Financial Institution Documents
 - Computer printout of bank statements, savings account statements, loan documents, etc.
 - Social Security Card (original only, not metal or plastic replicas)
 - Printout or benefits statement, etc.
 - Social Security Check or Direct Deposit Verification of SS Check

Photo Identification (cont.)

- Health Insurance Card
- TennCare, Medicaid, Medicare, etc.
- Insurance policies or payment statements
- IRS/state tax form
- W2 forms, property tax receipts, etc.
- Assignment orders, selective service cards, Leave & Earnings Statement, etc.
- United States or Foreign
- School Records
- Transcripts of grades
- Elementary immunization or “shot” records
- Diploma or GED
- Vehicle registration or title
- Bill of Sale or purchase contract
- Proof of any Name Changes if different than name on Primary ID
- A Social Security Number or sworn affidavit if no Social Security number has been issued.
- If under 18 years of age, the above documents are needed and Tennessee Affidavit/Financial Responsibility

Proof of Residency

Proof of Residency (Client must provide one of the following documents)

- Current bank statement (internet bank statements are acceptable only if taken to the local bank, stamped and dated by teller as active account. Checks and checkbook information are not acceptable)
- A valid (non-expired) Tennessee driver's license or Tennessee State issued ID, voter registration card, and/or food stamp document can be used for proof of residency. Address must match the address used on any documentation used for proof of income.
- Current paycheck/check stub, work ID or badge, if address is included.
- Current automobile, life, or health insurance policy (wallet cards cannot be accepted)
- Current driver's license/ID issued by TN Dept. of Safety to a parent, legal guardian or spouse of applicant.
- Current TN motor vehicle registration or title
- Current TN voter registration
- Receipt for personal property or real estate taxes paid within last year
- In case of student enrolled in public or private school in this state, student may provide a photo student ID and acceptable documentation from the Dean or Bursar Office that the student lives on campus

Proof of Residency (cont.)

- Current mortgage or Rental Lease agreement in recipient's name
- Current Tennessee utility bill (landline telephone, electric, water, gas, cable, etc.) in recipient's name and address.
- Current employer verification of residence address or letter from employer as long as it is on company letterhead with original signature. If employer does not have letterhead then signature of employer must be notarized.
- Letter from a verifiable homeless shelter or community center serving homeless individuals with clear identification and verification of residency
- Letter of Support
- Mail postmarked within the last **60** days and delivered to recipient's street address. Cannot be bulk mail.
- Property Tax Receipt or W-2 form for previous year
- Unemployment Document with Address
- Prison records (if recently released)
- Individual Taxpayer Identification Number (ITIN) issued by Internal Revenue Service
- Form I-94 issued to applicant by the US Citizenship and Immigration Service
- Employment Authorization card (I-766) issued to applicant by the US Citizenship and Immigration Service
- Form I-551 issued to applicant by the US Citizenship and Immigration Service

Proof of HIV Requirements

To be deemed eligible for coverage by state Ryan White Part B Services Programs a recipient must have documentation of a medical diagnosis of HIV disease with laboratory test documenting confirmed HIV infection.

1. One of the following is considered acceptable proof:
 - Rapid/Rapid recorded on PH-1600 Form
 - A positive HIV sero-status confirmed by a Western Blot assay;
 - Laboratory results showing a detectable viral load ;
 - A letter, office note or discharge summary signed by a licensed physician documenting HIV or AIDS as a diagnosis may be used temporarily until one of the first two described lab results can be obtained.
2. For exposed infants of HIV positive mothers, documentation of the mother's HIV positive status is considered acceptable proof.
3. Children age 1 year or older must meet the same criteria for proof of HIV as listed above.

Income Determination

One of the following items is the documentation needed to determine income:

- At a minimum, **two consecutive pay stubs** (i.e., weekly, bi-weekly, monthly) showing income before taxes and deductions.
- Copy of most recent Federal Income Tax Return (1040, 1040A, 1040EZ) using Gross Income line, (unless self-employed) or W-2 form.
- If self-employed, copy of 1040 Form for previous year with corresponding attachments (Schedule C or Schedule SE)
- Food stamp letter can be used for income determination proof.
- Housing documentation, such as Section 8 letter, may be used for the purposes of determining income and residency.
- Letter of Support can be handwritten as long as all of the required elements are included.
- If applicant/client is legally separated, the spouse can write a letter of support (if applicable and circumstances indicate one spouse is supporting the applicant). Legal documentation must also be supplied as further proof of separation.
- A signed and dated employer statement on company letterhead (if applicable) stating name of applicant, providing income information, (i.e., defining pay period, salary per pay period, rate of hourly pay, number of hours normally worked per pay period, etc.), a phone number and whether applicant is currently receiving or is eligible to receive health benefits from employer.
- For fixed income applicants, a letter or benefits statement from originating source, showing the amount of benefits and frequency received (Social Security, Private Disability, Retirement, Unemployment, etc.).

Income Determination (cont)

- Letter from the Department of Human Services (DHS), showing calculated income (and frequency received) and/or resources.
 - Statement of Direct Deposit, clearly identifying the source, as long as the gross income is reflected.
 - For applicants claiming to have zero income, a Letter of Support from whoever is providing their food, clothing and housing. The Medical Case Manager must use the Letter of Support Form found in Attachment 4 in the Medical Case Management Manual. The MCM may also satisfy this requirement by completing the bottom half of the Letter of Support, stating that he/she has personal knowledge that the client has no income, e.g., a homeless person.
 - Note 1: Applicant's income will be determined by taking their total income (gross income line on Federal Income Tax Return) and subtracting, one-half of self-employment tax (line 27), Self-employed SEP, SIMPLE, and qualified plans (line 28), and Self-employed health insurance deduction (line 29) (if applicable).
 - Note 2: Medical Case Managers may require client's to request a copy of their tax return through the IRS, utilizing Form 4506, Request for Copy of Tax Return.
 - Note 3: A client may not count Insurance Assistance Program (IAP) payment of premiums, co-pays and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Part B Services programs.
- * **Dependent children residing outside the client's home may be counted, if the client can produce evidence of court ordered child support.**

Income Determination - Household

❑ Determining Household Income

- Household income is defined as income received by the applicant from all sources. The total amount of income from **all counted household members** is calculated using the Modified Adjusted Gross Income (MAGI) worksheet. Input the yearly income calculated from the MAGI worksheet on to the PH-3716. Regardless of the date an applicant/client presents for eligibility determination or re-certification, two current (60 days prior to application or re-certification) pay stubs allow for income to be counted and projected forward to an annualized salary; however, flexibility can and should be taken into account if applicant was unemployed or just started employment.
- Regardless of the date an applicant/client presents for eligibility determination or re-certification, **two current (60 days prior to application or re-certification) pay stubs** allow for income to be counted and projected forward to an annualized salary; however, flexibility can and should be taken into account if applicant was unemployed or just started employment.

Household Size Determination

❑ Determining Household Size

- A household is a domestic establishment which includes the applicant, members of his/her family and others who live under the same roof. The size of the household used in determining the applicant's FPL will not necessarily include everyone in the home.

- Total number in household is total number of the legal household and consists of:
 - the primary applicant
 - legal spouse
 - children of the primary applicant and/or his/her legal spouse under the age of 18 OR children less than 24 years of age who are full time students OR minor children not living in the home but one parent in the home is legally ordered to pay child support for.

- Two or more legally unrelated adults living under the same roof are each considered separate legal households of one.

Income Determination/MAGI

MAGI (Modified Adjusted Gross Income) Worksheet

Date	RWES #	Last Name	First Name

Payroll Frequency	Number of Times Paid Per Year
Paid Every Week	52
Paid Every Two Weeks	26
Paid Two Times A Month	24
Paid Every Month	12

Household Member Name	Income Source	# Times Paid per Year	Gross Income Amount				Average Income	Annual Income
			Must have at least two consecutive pay stubs					
			Check 1	Check 2	Check 3	Check 4		
Total Household Income							\$	-

Household Member Name	Income Source	Weeks Paid to-date	Year-to-date Income Amount (if available)	Average Weekly Income	Annual Income	
Total Household Income					\$	-

MAGI (Modified Adjusted Gross Income) includes the following:

Wages, Taxable Interest, Tax Exempt Interest, Dividends, IRA Distributions, Pensions & Annuities, Unemployment Compensation, and Total Social Security Benefits

(also include Alimony Received / deduct Alimony Paid)

Form 1040EZ = Adjusted Gross Income (Line 4) + any Tax Exempt Interest

Form 1040A = Adjusted Gross Income (Line 21) + Tax Exempt Interest (Line 8b) + Non Taxable Social Security benefits (Line 14a - Line 14b)

Form 1040 = Adjusted Gross Income (Line 37) + Tax Exempt Interest (Line 8b) + Non Taxable Social Security benefits (Line 20a - Line 20b)

* Documentation is required for both, income and household members, in accordance with Ryan White Part B eligibility policy.

Internal Revenue Code Section 36B(d)(2)(B) & Centers for Medicare and Medicaid Services, CMS-2349-F, March 2012



Enrolling a New Client

Prior to scheduling a face-to-face meeting with your client, ask that they provide proof of residency, income and diagnosis to complete the application process. During your face-to-face meeting, enter that data into the Ryan White Eligibility System. Upon completion, the RWES will generate the 3716. **This document must be printed, signed by the client** and maintained within the client's physical record. **The client must also sign the Participant Release of Information and Client Rights and Responsibility Form.**

Enrolling a New Client

- ❑ Within 24 hours, the central office will either approve or deny applications entered into the RWES. If the transaction is approved, the medical case manager will receive a notification – within RWES – to accept the application and add services. If you have not received any communication on an application you have submitted after 24 hours contact Central Office.

Enrollment Completion

- ❑ Once the medical case manager has selected drug assistance within the RWES, the client will appear on the Ryan White Eligibility System daily uploads at the mail order pharmacy, currently Nashville Pharmacy Services, LLC. Nashville Pharmacy will mail to the client a welcome packet with instructions to select their preferred method to receive medications, either mail order or face to face pick-up. Clients will receive medications at the dosage and frequency indicated by their prescribing physician.

Maintaining Eligibility

- Eligibility is further based upon the applicant's willingness to work with his/her Medical Case Manager (MCM) to apply for all other possibilities of third party coverage
- Clients must keep MCM informed of a current address and phone number, if available.
- Persistent failure to cooperate in applying for alternate programs, keeping contact information current, or failure to take medications as prescribed for two consecutive months, is grounds for termination / suspension from all Ryan White Part B Services Programs.
- Recertification may occur **forty-five (45) days prior** to the due date. The next recertification will be due in six (6) months from that date. If a recertification is not completed by the due date, the client will be disenrolled, and the pharmacy and Insurance Assistance vendor will be notified that the client is no longer on the program. MCMs may use the Self Attestation form to recertify clients. Self Attestation's cannot be completed consecutively.

Insurance Assistance (IAP)

- The insurance assistance provided can cost no more than the cost for a client to be on ADAP and the medications provided by the policy must equal all the drugs on the ADAP formulary.
- There is a monthly maximum of \$1,500.00 per month ADAP can spend on a client.
- Nashville CARES is the state contracted fiscal agent who administers the IAP program.

Enrolling a Client in IAP

- For Insurance Assistance Program enrollment; the PH-3716 (Ryan White Program Application), PH-4266 Insurance Assistance Program Application) and the Modified Adjusted Gross Income (MAGI) worksheet. This information; along with proof of Tennessee residency, income, HIV status (viral loads and CD4), photo identification must be maintained in a separate case file.
- Gather the name, mailing address and phone number of your client's pharmacy choice; obtain and send a copy of insurance policy or summary, declaration page, and billing information to Nashville Cares, the IAP Benefits Management Contractor (IBMC). Insurance plans must include outpatient physician office visits, outpatient laboratory services, outpatient radiology, and outpatient oral pharmaceuticals.

IAP Enrollment Completion

- Insurance Assistance Program participants will receive a welcome packet in the mail.
 - How to' guide
 - Insurance assistance program card – card will be used in conjunction with insurance card during medical appointments.
 - Important contacts
 - Enrollee agreement

- Payment of premiums – Nashville Cares, the IAP Benefits Management Contractor (IBMC) will mail premiums payments for the first 2 months.

*A monthly activity report will arrive by mail.

Maintaining Coverage

- Communicate any contact information changes using the Change of Communication.
- Communicate policy and/or premium changes to Nashville Cares the IAP Benefits Management Contractor (IBMC).
- When removing a client from IAP you must annotate this in RWES and submit a Closure Form.
- ❖ ***Inform Client to bring in all correspondence related to their health care plan.***

Client Termination

❑ Reasons for Terminations

- Noncompliance
- Income increases to level that exceeds eligible allowances
- Death
- Change in state residence
- Non qualifying insurance carrier coverage
- Incarcerations exceeding 90 days

- To process terminations, clients will receive notification, from their medical case manager, that they must comply within 30 days. That correspondence will include the rationale for termination and list what actions to take to maintain eligibility. If actions are not completed in the timeframes noted, then the client and the IAP Benefits Management Contractor will receive, by certified mail, an official letter of termination. Insurance Assistance Program reinstatement will not be effective until the following grant year, April 1.

Medical Services

- Tennessee's Part B Medical Services Program provides outpatient medical services to qualified clients based on an established fee schedule.
- Clients must use approved Vendors
- The repayment schedule is the same as TennCare.
- The program covers invoices for outpatient services only.

The Part B Medical Services Fee Schedule

- The Part B Medical Services Fee Schedule - updated each grant year - is distributed to all providers, medical case managers, lead agents, community partners, and internal Ryan White staff.
- Current Procedural Terminology (CPT) codes are added to the fee schedule as needed, must go through an approval process, and are only payable on or after the effective dates.

Accessing Medical Services?

- Clients select or are given a referral to service providers on the current list of eligible vendors received from their medical case manager.
- Once clients access services, each authorized vendor distributes service invoices to the Ryan White Part B Medical Services Program for payment.
- Clients will be responsible for any service provided that are not covered by the program.

Medical Services Providers

- Service providers must be authorized by the program each grant year. Providers must complete the Authorization to Vendor form.
- The Ryan White Part B program has agreements with over 70 providers.
- Additions can occur any time during the grant year, however agreements must be endorsed and processed prior to payment of any service invoices.

Questions

