North Dakota Ryan White Part B Program Manual

March 2019

The policies and procedures on the following pages are applicable to all sites receiving North Dakota Ryan White Part B funding for Ryan White case management and for reimbursement of core and support services related to HIV.

North Dakota Department of Health
HIV·STD·TB
VIRAL HEPATITIS PROGRAM

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1. RYAN WHITE PROGRAM OVERVIEW

The comprehensive HIV care includes a network of medical and social service agencies. In North Dakota, persons living with HIV (PLWH) can face barriers to navigating and accessing care, including stigma, lack of qualified providers and support services in the area, transportation, financial resources, and access to affordable housing. Ryan White (RW) Program plays a vital role in helping clients to navigate and access HIV care and support services.

According to Center for Disease Control and Prevention (CDC), approximately 1.2 million people in the US are living with HIV, and approximately 1 out of 7 is unaware of their infection. Those unaware of their infection are responsible for 30 percent of new infections. Since the early days of the AIDS epidemic in the mid-eighties, HIV has evolved from a non-treatable terminal condition to a highly treatable chronic condition. Today, individuals living with HIV that are receiving appropriate and ongoing medical care and are virally suppressed can expect to have a near-normal life span and are not able to transmit HIV to their sexual partners.

However, even though treatment for HIV protects person from disease progression, a high percentage of persons living with HIV (PLWH) are medically underserved by the traditional health care systems. Many PLWH also experience socio-economic problems such as homelessness, mental illness, substance abuse, and stigma (racial, gender, and disease related) along with their infection.

These issues pose a barrier to seeking and remaining in medical care. Without treatment, HIV infection progresses to AIDS (acquired immunodeficiency syndrome) where the damaged and weakened immune system is susceptible to opportunistic infections that require high level of acute care and hospitalizations.

In addition to barriers linked to their medical diagnosis, persons living with HIV may experience many social, economic, and cultural barriers. Ryan White Program serves as catalysts for quality, cost-effective care by linking the patient, the physician, and other agencies and services essential for comprehensive wellbeing of the client. Without the coordination of care and services through the Ryan White Program, some clients can become overwhelmed by the multiple aspects of the health and social systems. Consequently, many clients can become detached and ultimately disengage from care services.

Ryan White Program Part B funds agencies to provide RW case management and reimbursement for services. This manual sets forth requirements related to Ryan White Part B Program for the contracted agencies as stipulated in the Ryan White HIV/AIDS Treatment Extension act and as mandated by Health Resources and Services Administration (HRSA) and the North Dakota Department of Health (NDDoH).

The manual is intended to provide RW Part B Program as the recipient of the federal award, and RW case managers as sub-recipients, with a clear understanding of North Dakota's Ryan White Part B Program standards of services and expected requirements. The policies and standards outlined reflect a minimum standard of care that is essential to meet the needs of people living with HIV. Adherence to these policies and standards ensures quality services that are consistent and that can be evaluated for effectiveness.

This manual will be updated periodically. For the latest version, visit our website at https://www.ndhealth.gov/hiv/RyanWhite/.

NDDoH acknowledges and commends valued contracted partners who provide excellent Ryan White services to North Dakotans living with HIV. With hard work and dedication, partnering agencies and individuals play the critical role in providing services to people living with HIV. We thank you and look forward to our continuing partnership in enhancing and sustaining an outstanding system for providing compassionate and high-quality services that support persons with HIV as they reach best medical outcomes and self-sufficiency.

Ryan White Program Part B
HIV.STD.TB.Viral Hepatitis Program
North Dakota Department of Health (NDDoH)

1.1 Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

It is the largest Federal program focused exclusively on HIV care. The Program funds are used to support HIV-related services where other payers are not available, or do not cover adequately. As such, the Ryan White HIV/AIDS Program is a safety net program that is a payer of last resort.

The program operates under the Title XXVI of 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). The legislation was first enacted in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. It has been amended and reauthorized four times, each time to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. Information specific to Ryan White legislation can be accessed at http://hab.hrsa.gov/abouthab/legislation.html. Currently, the program operates under the 2009 legislation as long as the Congress continues to appropriate funds for it.

The legislation authorizes programs in five Parts with a purpose to meet needs of different communities and populations affected by HIV:

Part A provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic.

Part B provides grants to States and Territories.

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 including:

- **The Special Projects of National Significance Program** grants fund innovative models of care and supports the development of effective delivery systems for HIV care.

- **The AIDS Education and Training Centers Program** supports a network of 11 regional centers and several National centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV
- **The Dental Programs** provide additional funding for oral health care for people with HIV.
- **The Minority AIDS Initiative** provides funding to evaluate and address the disproportionate impact of HIV/AIDS on African Americans and other minorities.

North Dakota receives only Ryan White Part B funding.

1.2 North Dakota Ryan White Part B Program

The North Dakota Department of Health (NDDoH) HIV.STD.TB.Viral Hepatitis Program is North Dakota's recipient of the Ryan White Part B Program federal award. The award consists of the Part B base award, AIDS Drug Assistance Program (ADAP) award (i.e., the ADAP earmark), and an optional ADAP supplemental award.

The Ryan White Program directly administers the ADAP, while RW case management and reimbursement for other core and support services are provided through the contracted Case Management Agencies.

Goals and Objectives

The goals of North Dakota's Ryan White Part B Program are to:

- Provide access to medical care and treatment for persons living with HIV (PLWH);
- Develop a resource and referral network of medical, healthcare, and supportive services;
- Assess client needs and link the individual to the appropriate and most effective services at the most effective time;
- Identify gaps in services and link to community resources to address service needs;
- Advocate for client access to medical and supportive services;
- Educate clients about HIV disease management, treatment adherence, and risk reduction for disease transmission;
- Reduce the fragmentation and duplication of services;
- Contain costs through efficient utilization of services
- Monitor and review the client's needs and progress and modify client's care accordingly;
- Promote personal empowerment and self-sufficiency by ensuring client's positive health outcome through access and retention in care and treatment.

1.3 RW Part B Services

Per RW statute, codified in title XXVI of the Public Health Service Act, Ryan White funds may not be utilized to make payments for any item or service if a payment has been made or can reasonably be expected to be made by another payment source. Ryan White Part B recipients and sub-recipients must ensure to make reasonable efforts to secure non-RW funds whenever possible for services to eligible clients. This is done through case management as a central function to vigorously and consistently pursue other funding sources (i.e., Medicaid, Medicare, private insurance purchased through the Marketplace, or employer sponsored private insurance).

The core medical and support service categories must relate to HIV diagnosis, must adhere to established HIV clinical practice standards consistent with HHS treatment guidelines, and must enable client to cross the HIV care continuum from diagnosis to retention in care to viral suppression. HRSA requires that at least 75% of Ryan White Part B funds must be used to fund core medical services and up to 25% for support services.

In addition to case management services, ND's Ryan White Part B Program provides funding to reimburse approved services. Below are listed core and support services defined under the *HRSA Federal Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds* that are reimbursed through the North Dakota Ryan White Part B Program.

RW Core Services:

ADAP Funding:

- AIDS Drug Assistance Program (ADAP) Treatments
- Health Insurance Premium Assistance (private insurance, Medicare Part D, Medicare Supplemental Premium)

Part B Funding:

- Medical Case Management
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Medical Care
- Substance Abuse Outpatient Care
- Vision Care

RW Support Services:

- Emergency Financial Assistance
- Medical Transportation
- Non-Medical Case Management
- Nutritional Supplements
- Outreach Services

The NDDoH contracts with 11 case management agencies and 3 remote sites to provide case management and reimbursement for other core and support services throughout the state. Table 1 lists 2018 grant year (April 1, 2018 – March 31, 2019) contracts reimbursement rates and reimbursement caps for allowed services.

For a full list of Part B case management agencies, refer to Appendix B.

Table 1. ND Ryan White Part B Program Reimbursed Services

Type of Service Provided	Reimbursement Rate or Cap
Contractual Funds	
Ambulatory/Outpatient Medical Care	100%
Case Management (non-medical)	$60/hr.
Case Manager Mileage for Home Visit	$0.58/mi
Dental Care	100% up to $1000
Emergency Assistance: Utilities	Up to $2,000 (per available funding)
Emergency Assistance: Rent	
Emergency Assistance: Miscellaneous	
Housing Referral Case Management	$60/hr.
Medical Case Management	$60/hr.
Mental Health	100%
Nutritional Supplements	100%
Transportation	$0.45/mi
Vision Care	100%
ADAP Funds	
Drug Co-pay Assistance	100%
Insurance Premium (ADAP funds)	100%
Medicare Par D Premium	100%
Medicare Supplemental Premium	100%

*Reimbursement percent is the maximum rate at which expenses can be paid, however, the agencies are free to limit the reimbursement in accordance with their available Ryan White funding. Approval for reimbursements over the capped limit will be granted based on funding availability.

For a full list of Ryan White core and support services refer to *HRSA Federal Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds* which

can be found at*: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.*

Currently, North Dakota does not receive Part C funding. HIV related medical care is provided by private providers, who are mostly infectious disease physicians, and is reimbursed by Part B funding as Outpatient/Ambulatory Medical Care.

1.4 Services Not Reimbursed by Ryan White

Ryan White Part B funds cannot be used to support services that are not included above. Examples of services that are **not allowed** include:

- Cash payment to clients or clients' family members
- Emergency room (ER) or urgent care services
- Employment and employment-readiness services
- Funeral, burial, cremation, or related expenses
- HIV counseling and testing or prevention/risk reduction counseling for HIV-negative or at-risk individuals
- HIV Pre-Exposure Prophylaxis (PrEP)
- Inpatient care
- Lobbying activities
- Mortgage payments, property taxes, rental security deposits or other rental fees (application fees, background checks, pet security deposits, parking fees, etc.)
- Penalty for failure to obtain essential health coverage
- Provision of general-use prepaid cards (vouchers, tickets coupons, or store gift cards that cannot be exchanged for cash or used for anything other than allowable goods or services are allowed)
- Purchase of clothing or household items
- Purchase or maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle, or any other costs associated with a vehicle (lease, loan payments, insurance, license/registration fees, etc.)
- Services for long-term incarcerated persons
- Social, recreational, or entertainment activities
- Purchase of syringes
- Transportation for reasons other than medical care or support services related to HIV

1.5 HOPWA

Besides the Ryan White Program, North Dakota residents living with HIV may receive assistance through the Housing for People with AIDS (HOPWA). HOPWHA is a federally funded program that provides housing assistance and related support services for low-income persons living with HIV and their families to establish or maintain a stable living environment. The HOPWA program in North Dakota is called Tri-State HELP (Housing Environment for Living Positively) and serves the residents of North Dakota, Montana, and South Dakota. For more information, please visit: http://siouxfallshousing.org/tri-state-help.html.

HOPWA services in North Dakota are administered by the Community Action Program Region VII, Inc., which works with community action agencies throughout the state to provide HOPWA case management and rental assistance. HOPWA provides three types of assistance.

- Short-term rental assistance (STRA) is needs-based, time-limited and intended to maintain stable living environments for people who are experiencing a financial crisis and potential loss of their housing arrangement.
- Tenant-Based Rental Assistance (TBRA) is used to help participants obtain permanent housing that meets housing quality standards at a reasonable rent in the private rental housing market.
- Supportive Services include a wide range of services that may include education, employment, permanent housing placement, assistance in gaining access to other local, state, or federal government benefits and services, and others.

For more information, please call 701.258.2240 or visit http://www.cap7.com/index_files/page0023.htm.

2. RYAN WHITE SERVICE STANDARDS

The following service standards are for core and support services reimbursed by North Dakota Ryan White Part B Program as defined by the HRSA HIV/AIDS Bureau Policy Clarification Notice #16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.*

2.1 HRSA National Monitoring Standards

The National Monitoring Standards were created and implemented by HRSA to help Ryan White HIV/AIDS Program recipients and sub-recipients improve program efficiency and responsiveness. The standards define federal requirements and expectations for program and fiscal management, monitoring, and reporting.

Structure of National Monitoring Standards

There are three sets of standards:

1. Universal Monitoring Standards (cover both fiscal and program requirements that apply to Ryan White Part A and Part B programs)
2. Fiscal Monitoring Standards
3. Program Monitoring Standards

Format

Each set of standards has four related components.

Performance measures and methods are measurable actions used to determine whether the standard is being met.

Recipient responsibility outlines actions and responsibilities of the recipient or the grantee in meeting the standard. In North Dakota, grantee is NDDoH.

Sub-recipient responsibility outlines actions and responsibilities of the sub-recipients in meeting the standard. In North Dakota, sub-recipients are contracted case management agencies that provide direct Ryan White Part B services.

The NDDoH ensures that the Part B Program in North Dakota meets the expectations outlined in the monitoring standards. Each Part B providers is also responsible with being familiar with and understanding the standards. To review the complete National Monitoring Standards, visit: http://hab.hrsa.gov/manageyourgrant/granteebasics.html.

2.2 North Dakota Standards of Care

This manual describes North Dakota Standards of Care. These standards provide a direction to the delivery of case management services, and reimbursement of core and support services through Ryan White and ADAP funding. They provide a framework for evaluating services and define the professional case manager's accountability and compliance with the program guidelines. Standards of care are the minimum

requirements that programs are expected to meet when providing HIV care and support services funded by NDDoH.

Each of the standards will be presented in the format described below.

Standard: is the minimum requirement that programs are expected to meet when providing services.

Procedure: lists the specific activities required to meet the standard.

Documentation: lists the required documentation necessary to support the compliance with the standard.

CORE SERVICES

2.3 Outpatient/Ambulatory Medical Care

Standard:

The Ryan White program reimburses outpatient or ambulatory medical care. Services must be HIV related and may be reimbursed up to 100% based on available funding. Outpatient medical care is defined as professional diagnostic and therapeutic services provided by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans, where clients generally do not stay overnight. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Emergency room services or inpatient medical care are **not** reimbursed by the Ryan White Program.

Outpatient /Ambulatory Medical Care **includes mental health and substance abuse services provided in an outpatient setting** and by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification required to practice in North Dakota.

Procedure:

1. Medical care must be related to HIV and must be provided by a qualified professional that is certified to provide such care in North Dakota.
2. Clients must provide a medical bill to their case manager **within 30 days** of the statement date to get reimbursed.
3. For any procedures, other than routine HIV related doctor visits and lab work, client's provider must complete the *ND Ryan White Program Part B Request for Medical Care Assistance (SFN 60502)* explaining the procedure and the estimated cost.
4. Out-of-state or out-of-network services require prior approval from the case manager and RW Coordinator.
5. Ryan White funds are utilized only after all other payers have been applied.
6. If the client is found to be eligible retroactively for health coverage, case managers must attempt to recoup any expended Ryan White funds where another payer source was available.
7. Medical providers rendering services to Ryan White clients must be monitored annually for good standing with the North Dakota Board of Medicine (www.ndbom.org/public/find_verify/verify.asp).

Documentation:

- Case managers must keep records of reimbursed medical services including dates, types of procedures, the frequency, and the cost of procedures.
- Documentation that service is related to HIV.
- Documentation that reimbursed care is provided by a qualified professional with a valid license to practice in North Dakota.

AIDS Drug Assistance Program – See Section 6

Medical Case Management – See Section 3

2.4 Oral Health Care

Standard:

Oral health care financial assistance is an allowable expenditure under the *HRSA HAB Policy 16-02* to assist clients in diagnostic, prophylactic, and therapeutic needs rendered by a qualified professional such as a dentist, dental hygienists, and licensed dental assistants.

Assistance is available for routine check-ups, x-rays, cleanings, extractions, and fillings. More extensive procedures may be covered based on available funding.

Procedure:

1. All routine or prophylactic dental care may be reimbursed at 100% up to $1,000 per grant year, based on available funds.
2. Client's provider must complete the *ND Ryan White Program Part B Request for Oral Health Care (SFN 58589)* explaining the procedure and the estimated cost associated with it.
3. Case manager will approve or deny the request based on available funding.
4. Case managers will coordinate dental appointments and refer clients to sliding fee-scale dental clinics if available.
5. Request for assistance above the allowed cap is dependent of available funding, and must be approved by the RW Program Coordinator.

Documentation:

- For auditing purposes, documentation including the *ND Ryan White Program Part B Request for Oral Health Care (SFN 58589)* form must be included in the client's chart and be available to the Ryan White program staff per request.
- Documentation that service was provided by a qualified professional with a valid license to practice in North Dakota must be included in the client's chart.

2.5 Vision Assistance

Standard:

Ryan White Part B funds may be used for outpatient optometric or ophthalmic services rendered by licensed providers. Funds may also be used for purchase of prescription eye wear that is necessitated by HIV infection.

Procedure:

1. All exams will be reimbursed up to 100 percent rate under vision care services category, based on available funds.
2. Corrective eye wear will be reimbursed up to 100 percent based on available emergency assistance funding.
3. All procedures besides preventative care must be directly related to HIV medical care and treatment.
4. *Request for Vision Care (SFN 60072)* form must be completed by a vision health care provider prior to appointment. The form must include an explanation of the procedure and the estimated cost associated with it.

Documentation:

- For auditing purposes, the case manager maintains documentation of all actions including the completed copy of the *Request for Vision Care (SFN 60072)* in the client's file. This documentation will be made available upon request to the Ryan White program staff.
- Documentation that service was provided by a qualified professional with a valid license to practice in North Dakota must be included in the client's chart.

2.6 Health Insurance Premium Assistance

Standard:
Health Insurance Premium Assistance is an approved expense under the *HRSA HAB Policy 16-02*. ADAP funds may be used to cover the costs associated with a health insurance policy, including co-payments, deductibles, or premiums to purchase or maintain health insurance coverage. Health insurance premium assistance includes premium assistance for Medicare Part D policies and private individual policies (Marketplace or off-Marketplace insurance) Premium reimbursement for employer group policies is available but is dependent on whether insurance carrier accepts third party payments.

Insurance Premium Assistance is available for insurance that meets the following criteria.

- Insurance must be essential to client's ability to gain or maintain access to medical care or treatment.
- Client is not eligible for public or affordable employer coverage.
- Insurance is a cost-effective alternative to the payment of future medical assistance and drug treatment costs in aggregate.
- Insurance formulary must include at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS.

Premium assistance for Medicare Part D is provided through the case management agencies and is reimbursed as Medicare Premium on the monthly reimbursement form. Case managers must specify the premium amount and the months reimbursed.

Private insurance policies are reimbursed through the State office.

MARKETPLACE INSURANCE

Standard:
Insurance Premium Assistance for Marketplace coverage is available under certain conditions.

- Clients must not be eligible for public or affordable employer coverage.
- Client must accept the Advanced Premium Tax Credit and must file federal tax return to reconcile any tax credit overpayments or underpayments.
- Any changes in income, residency, household size, insurance status or monthly premium rate must be reported to the case manager, and to the Marketplace immediately.

- Clients must provide a copy of the filed tax return to the case manager for the year in which they received RW premium assistance. The Ryan White program may recoup any funds that client receives for the underpayment of tax credits.
- Ryan White Program is not considered an essential health coverage, and uninsured clients will have to pay the individual mandate penalty. Ryan White funds may not be used to pay this penalty.
- Insurance assistance will continue as long as the client qualifies for the enrolled coverage, or until more cost-effective options become available.
- Clients that becomes eligible for public or employer coverage must cancel the Marketplace policy by calling the Marketplace or doing so through their Marketplace account and notify the case manager to stop the monthly premium payments.
- Clients enrolled in ADAP recommended Marketplace insurance who at reenrollment are determined to have income between 401% and 500% will be able to continue receiving ADAP insurance premiums and medication copays/deductibles only. ADAP premium and medication copay assistance will continue until the client becomes eligible for public or private employer coverage or can select own coverage through the Marketplace (i.e., during next open enrollment period). This will allow insurance continuity for clients who may not be able to afford the cost of ADAP recommended health insurance.

Procedure:

1. When enrolling in Marketplace insurance, client must:
    a. Complete the *Marketplace Insurance Enrollment Ryan White Premium Assistance* form;
    b. Complete the insurance company's release of information from the to allow their case manager and the RW program coordinator to obtain premium information; and
    c. Provide a statement with insurance premium amount.
2. Send all three items to the RW program coordinator for premium reimbursement. Please allow a minimum of 2 weeks for the first payment to the insurance company. If case manager pays the premium, submit on the monthly request for reimbursement as Insurance Premium (ADAP funds).
3. Clients will receive Marketplace premium assistance until they become eligible for Medicaid, Medicare, or employer coverage. At that point, clients must apply and transition to that coverage and cancel their Marketplace policy. Insurance through the Marketplace must be cancelled by calling the Marketplace or cancelling the coverage via Marketplace account.
4. If a premium was paid for a client that becomes ineligible for the RW program or client transitions to public or private employer coverage, RW program coordinator or case manager must attempt to recoup that premium payment.

5. Clients must inform the case manager of any changes in the premium immediately.

Recommended Marketplace Plans for 2019

Clients enrolling in a Marketplace plan with ADAP premium assistance are recommended below listed insurance policies for 2019.

Persons with income of 100-250% of the poverty level: Silver Level Coverage

- **BlueCross BlueShield of North Dakota – BlueCare 70 Silver**
  Silver PPO Plan
  Plan ID: 37160ND2410002
- **Sanford Health Plan – Sanford TRUE $2,800**
  Silver HMO Plan
  Plan ID: 31195SD0080017

Persons with income of 251-400% of poverty level: Gold Level Coverage

- **Blue Cross Blue Shield of North Dakota – BlueCare 70 Silver**
  Gold PPO Plan
  Plan ID: 37160ND2410005
- **Sanford Health Plan – Sanford TRUE $1,750**
  Gold HMO Plan
  Plan ID: 31195SD0080018

Documentation:

Maintain the following documentation in the client's chart:

- Copy of the insurance card (front and back) and insurance statements explaining the benefits, insurance start date, and the insurance premium amount.
- Documentation supporting that clients receiving ADAP premium assistance are not eligible for public or affordable employer coverage (i.e., Medicaid denial letters and completed Employer Coverage Tool, respectively);
- Completed insurance provider authorization form for release of information;
- Documentation that clients are receiving advanced tax credits;
- Documentation of the premium amount and months paid by the case management agency;
- Copy of the tax return that reconciles the tax credits for the previous year.

MEDICARE PART D

Procedure:

1. Clients must submit the Medicare Part D premium letter to the case manager for reimbursement.
2. Case manager may pay Medicare Part D premiums for the period that the client is currently authorized for.
3. Case manager will submit the expense under Medicare Premium on the monthly request for reimbursement and specify the amount and months paid.

Documentation:

For clients receiving Medicare Part D premium assistance, maintain in the client's chart the following:

- Copy of the Medicare Part D card (front and back) and the start date;
- Summary of benefits and the monthly premium amount;
- Documentation of the premium amount and months paid.

2.7 Medical Nutrition Therapy

Standard:

Medical nutrition therapy includes nutrition assessment and screening; dietary/nutritional evaluation; nutritional supplements per medical provider's recommendations; and nutrition education and/or counseling.

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Procedure:

1. All medical nutrition therapy assessments, screening, evaluation, education, and counseling may be reimbursed as part of the HIV Ambulatory/Outpatient Medical Care.
2. Nutritional supplements prescribed by the medical provider may be purchased by the case management agency.
3. Reimburse clients with a prepaid card for the purchased nutritional supplements.

Documentation:

- Document all medical nutrition services including dates of service, type of service, and medical provider that provided the service.
- Document nutritional supplements provided or reimbursed including quantity and date.

SUPPORT SERVICES

2.8 Medical Transportation Assistance

Standard:

Transportation-related expenses are allowed if the assistance is essential for an individual to gain or maintain access to HIV medical care. A qualified professional who makes decisions or coordinates health care for HIV positive individuals must sign the *Request for Transportation Assistance* (SFN 58584) and indicate that the medical visit was HIV-related. Those individuals may include, but are not limited to, physicians, nurses, care coordinators, or case managers.

Transportation Assistance:

- Must be essential to a client's ability to gain or maintain access to HIV-related medical care.
- Must be provided to the client through a voucher or gas card, or a contract(s) with a provider of such services.
- Client may not receive a direct cash payment.
- RW funds may not be used for direct maintenance expenses (i.e. tires, repairs, etc.) of a privately-owned vehicle or any other costs associated with a vehicle such as lease or loan payments, insurance, or license and registration fees.

Procedure:

1. The client's medical provider must fill out and sign the *Request for Transportation Assistance (SFN 58584)* indicating that the scheduled appointment was kept and was HIV-related.
2. The client will submit the form to their case manager for reimbursement.
3. Fuel Assistance: The client will be expected to keep track of the mileage on their odometer and submit it to their case manager. The case manager will be responsible for verifying the client's mileage. Mileage will be reimbursed at $0.45 per mile or the current state reimbursement rate for use of personal vehicles.
4. Reimbursement with gas certificate or voucher will be made to the nearest dollar indicated by the number of miles multiplied by $0.45.
5. Public Transportation: Assistance is also available for public transportation (e.g., bus or taxi). Because the client cannot receive cash, the ticket or fare must be pre-paid for the benefit of the client.

Documentation:

- Completed *Request for Transportation Assistance (SFN 58584)* must be retained in the client's file along with the receipts, the amount reimbursed, and type of reimbursement.

2.9 Emergency Assistance

Standard:
Short-term emergency assistance, allowed under the *HRSA HAB Policy 16-02*, is the provision of one-time or short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to securing and maintaining stable housing and living situations. Emergency housing assistance includes housing assistance with rent and utilities. Utility services include electricity, gas, and water. Expenditures for the maintenance of stable housing may be authorized, provided such expenditures do not compromise the availability of funding for maintenance of services for other clients.

Housing assistance should not duplicate the assistance provided by the Housing Opportunities for Persons with AIDS (HOPWA) program or the Department of Housing and Urban Development (HUD). Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Emergency Assistance:

- Must be transitional in nature, for purposes of moving or maintaining an individual or family in a long-term, stable living situation.
- Must be time-limited to and focused on the client becoming self-sufficient.
- Based on availability of funds, emergency assistance:
    - Is limited to $2,000 per client per grant year.
    - Each month, the client's case manager will re-evaluate their action plan and reevaluate assistance on a case-to-case basis.
- Must be necessary to prevent homelessness and to gain or maintain access to medical care.
- Must be paid to the landlord or other provider (i.e. utility company) for the benefit of the client. The client or family member may not receive a direct cash payment.

- Assistance requests over the $2,000 cap may be approved by the RW Coordinator for special circumstances based on available funding. Special circumstances include:

    - Having a housing (rent and utilities) burden greater than 30% of the gross monthly household income, or
    - Being under an economic or medical crisis (i.e., loss of employment, medical disability or emergency, substantial change in household composition).

- Client must contribute 30% of the gross household income to rent and utilities. RW Program may assist with the cost of utilities and the cost of rent up to the Fair Market Rent as determined by HUD (https://www.huduser.gov/portal/datasets/fmr.html).

- Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments, rental security deposits, or associated rental fees (application fees, background checks, pet security deposits, parking fees, etc.).

Procedure:

1. The case manager and the client will complete the *Request for Emergency Assistance (SFN 58588)* form each time the client requests assistance.
2. The case manager and the client will develop a course of action that details the assistance requested, the period for which assistance is requested, and the responsibilities of the client during the assistance period.

Documentation:

- For auditing purposes, the case manager will complete and maintain documentation including the *Request for Emergency Assistance (SFN 58588)*, the lease or rental agreement listing the client as the tenant, amount paid and any additional supporting documentation.

2.10 Psychosocial Support Services

Standard:
Psychosocial Support Services provide support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns through HIV support groups. Psychosocial support services help clients empower themselves and develop effective strategies for living healthy lives. Through group interactions, these services support a client's engagement in health care and provide opportunities for education, skills building, and emotional support in a respectful environment.

Funds **may not** be used for social/recreational activities (e.g. gym membership). Direct payments in cash to clients or clients' family members are not allowed.

Psychosocial support is not intended to address highly complex behavioral health, case management, or mental health issues. If necessary, referrals should be made to a more appropriate service. Referrals should be appropriate to client situation, lifestyle, and need.

Procedure:
1. Group participants will receive support concerning access to health and other benefits, developing coping skills, reducing feelings of social isolation, and increasing self-determination and self-advocacy.
2. Services provider will develop and maintain comprehensive referral list for full range of services. The provider will collaborate with other agencies and providers to provide effective, appropriate referrals.

Documentation:
Provision of HIV support groups must be documented and include the following:
- date of the event and the number of attendants,
- name and title of group facilitator(s),
- location of group,
- copies of materials and handouts,
- summary of topics discussed,
- activities conducted, and
- goals and objectives achieved during group sessions.

All persons providing Psychosocial Support services must be familiar with North Dakota HIV Confidentiality Policy and annually sign the Confidentiality Oath.

2.11 Outreach Services

Standard:
Outreach services identify persons at high-risk for HIV and provide an array of early intervention and prevention services. Outreach services are targeted to those living with HIV who know their status and are at not in care, and HIV-infected persons who are unaware of their status.

The goals of Outreach services are to increase:

1. The number of individuals who are aware of their HIV status
2. The number of HIV positive individuals who are in medical care
3. The number of HIV negative individuals referred to services that contribute to keeping them HIV negative.

Outreach activities supported with Ryan White funds must be:

- Directed to populations disproportionately at risk for HIV infection. Those populations include gay and bisexual men who have sex with men (MSM), transgender individuals, black or African Americans, Latin Americans, persons who inject drugs (PWID), and American Indians.
- Conducted in a manner that targets those who are aware of their HIV status but are not seeking medical care and maximizes the probability of reaching individuals with HIV who are unaware of their HIV status.
- Planned and delivered in coordination with HIV prevention outreach activities to avoid duplication of efforts and to address a specific service need category identified through State needs assessment processes.

Outreach services include:

- Early Identification of Individuals with HIV/AIDS (EIIHA) who are unaware of their HIV status through
- Identification of clients at risk of, or fallen out of care
- Provision of information/education
- Maintaining contact
- Making referrals
- Assisting client get linked to case management and medical care

Funds **may not** be used for outreach activities that exclusively promote HIV prevention education. Any awareness and outreach activities must contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.

Procedure:

1. Identification of clients: Outreach provider will use targeted means to find individuals at risk for HIV and unaware of their status, or those who are aware of their HIV status but are not currently in medical care or on treatment.
2. Providing Education/Information: Outreach services include information and education about HIV tailored to the clients served including education on importance of accessing HIV care, the importance of adhering to HIV medications and remaining in HIV care, availability of HIV medical care and means of paying for that care, the availability of other RW services, prevention of further spread of HIV through sexual and injection drug use behaviors, addressing other barriers and challenges that clients experience.
3. Engagement and Retention: Outreach services will make efforts to bring in or retain at-risk clients in care. Engagement and retention activities focus on those clients who have fallen out of care or are at risk of falling out of care. Engagement and retention can be conducted via telephone calls, letters, confidential e-mails, text messages, and face-to-face visits.
4. Volunteers and peers can be used to expand program capacity for outreach services. Outreach services base the approach on harm reduction to help clients access health and benefit information, increase self-determination and self-advocacy. All volunteers and peers will be given orientation prior to providing services and will be supervised by qualified program staff.

Documentation:

- Outreach services provider documents number of events hosted, number of people in attendance, means of targeting individuals who are at risk for HIV, and number of individuals tested.
- All volunteers and peers must be orientated prior to providing services and must be supervised by a qualified program staff.
- All persons providing Outreach services must be familiar with the and North Dakota HIV Confidentiality Policy and annually sign the Confidentiality Oath.

3. RYAN WHITE CASE MANAGEMENT STANDARDS

3.1 Case Manager Roles and Responsibilities

All North Dakota Ryan White Part B clients have a case manager to assess program eligibility, provide case management, and services reimbursements. Case managers assess client needs and link clients to the necessary resources to mitigate unstable situations and stabilize individuals and families in the HIV care system. They provide clients with continuity of care by linking them to an effective and comprehensive network of care and support to meet their current needs, and to assist them on their way to self-sufficiency.

Case management also helps reduce the cost of care by ensuring that client is retained in medical care, thus preventing the decline in clients' health and subsequent high cost of medical care. By addressing behavioral and mental issues, case management increases client's overall wellbeing.

Clients with case managers are more likely to follow their drug regimens, and thus have improved CD4 cell counts, and higher viral suppression rates. Individuals that are virally suppressed are preventing the viral damage to their body and are not able to transmit HIV to their sexual partners.

Therefore, case management is essential in ensuring that the client has access to a comprehensive array of providers to monitor the disease management, as well as have access to equally necessary support services without which PLWH may not be able to stay in care.

Case managers do not provide direct services such as mental health therapy, substance abuse treatment, or legal assistance; rather, they assess a client's need for such services and arrange for them to be provided. However, case managers must maintain proficiency in public and private programs including Traditional Medicaid, Medicaid Expansion (Sanford Health Plan), Medicare, Federal Marketplace and enrollment assistance organizations, Tri-State HELP (HOPWA), low-income assistance programs, Federally Qualified Health Centers, sliding-fee scale clinics and service providers in the area, and others.

On a programmatic level, case managers might do resource budgeting, performance monitoring, financial accountability, program evaluation, and data collection. On a client level, case management is separated in two categories: Medical Case Management and non-Medical Case Management. The main difference between the two is that the MCM aims to improve health care outcomes, whereas the NMCM aims to improve access to needed services.

Following case management standards describe the minimum standards of care that are essential in meeting the needs of PLWHA. Ryan White Part B-funded HIV case management in North Dakota is provided through contracts with local public health departments. See Appendix B for a list of ND Ryan White Case Managers.

These case standards were adapted from the Virginia Ryan White Part B HIV Case Management (Medical and Non-Medical) Standards of Service (http://www.vdh.virginia.gov/content/uploads/sites/10/2017/05/2015-Ryan-White-Part-B-Case-Management-Standards.pdf).

This Acuity Scale was adapted from Boston Public Health Commission HIV/AIDS Services Division and Massachusetts Department of Public Health Office of HIV/AIDS (http://www.bphc.org/whatwedo/infectious-diseases/Ryan-White-Services-Division/Documents/Acuity%20Toolkit.pdf).

The Ryan White Part B HIV case management is:

(1) client centered (2) multi-disciplinary approach for (3) chronic disease management.

1. Client centered approach is based on empathy, respect, and genuineness. The fundamental tenet of the approach is that all people have an inherent tendency to strive toward growth, self-actualization, and self-direction. A client-centered approach places the needs, values, and priorities of the client as the central core around which all interactions and activity revolve.

   Clients have the right to personal choice, and case manager must respect the client's autonomy and be willing to let the client make decisions and act on them accordingly. Maintaining a positive relationship will keep the lines of communication open, as well as the opportunity for case manager to continue supporting the client achievement of greater self-reliance and self-determination.

   It is the HIV case manager's responsibility to:

   - Offer accurate information to the client;
   - Assist the client in understanding the implications of the issues facing the client, and of the possible outcomes and consequences of client's decisions;
   - Present options to the client from which the client may select further actions; and
   - Offer direction when asked for it.

2. Multi-disciplinary HIV approach provides formal and professional services which link clients with chronic conditions and multiple service needs to a continuum of medical

and supportive services. The first and highest priority of all HIV case management is to ensure that all PLWHA are enrolled and retained in coordinated health care for HIV disease that optimizes their health and well-being and are adhering appropriately to their medical treatment.

3. Chronic disease management is an approach to health care that involves supporting individuals to maintain independence and stay as healthy as possible through early detection and effective management of chronic conditions to prevent deterioration, reduce risk of complications, prevent associated illnesses and enable people living with chronic conditions to have the best possible quality of life.

   PLWHA need support and information to become effective managers of their own health. Chronic conditions require not only medical interventions, but behavioral interventions as well. In order to effectively manage their health, client need the following:

   - Basic information about HIV/AIDS disease and its treatment;
   - Understanding of and assistance with self-management skill building; and
   - Ongoing support from providers and case manager, family, friends, and community.

   Effective self-management support is not telling clients what to do. It is acknowledging the client's central role in their care, one that fosters a sense of responsibility for their own health. Using a collaborative approach, case manager and the client work together to define problems, set priorities, establish goals, create care plans and solve problems along the way. The key principles of chronic disease management and client self-management are:

   - Emphasis on the client's role;
   - Client assessment;
   - Care planning (goal-setting) and problem solving; and
   - Active, sustained follow-up.

3.2 Medical Case Management

Standard:

Medical Case Management (MCM), as defined by HRSA's Policy Clarification Notice 16-02, is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. The central goal of MCM is to promote and support ongoing client engagement in HIV medical care, ultimately resulting in person's HIV viral load suppression.

MCM is the backbone of the HIV services delivery system and the primary way of ensuring that people with HIV access, receive, and stay in medical care. Client monitoring and evaluation for retention in care is done through the North Dakota's surveillance system MAVEN, client assessment by completing the Acuity Scale, collaboration with medical providers, and by reviewing medical charts when available.

Procedure:

1. Assess clients for MCM by completing the Acuity Scale at enrollment, annually at reenrollment, and every 6 months for clients that have unmet needs and need case management.
2. Develop a Care Plan for all clients with acuity score above 0 outlining how the client will be linked to medical care and services necessary to meet their needs.
3. Update the Care Plan with progress toward outlined goals based on the acuity score.
4. Link newly diagnosed clients, clients that were recently released from a correctional facility, pregnant clients, or those without labs in the past 12 months to medical care and treatment.
5. Monitor client retention in medical care through MAVEN by ensuring that clients have had a lab work within the past 12 months.
6. Assist clients with applying for public or private health coverage (i.e., Medicaid, Medicare, group or individual health insurance, or coverage under someone else's health insurance policy).
7. Assist clients to receive recommended immunizations and CDC recommended screenings for PLWH.
8. Provide HIV risk reduction and treatment adherence counseling to persons that are not virally suppressed or are at risk for HIV transmission (i.e., injection drug users, persons with multiple sex partners, persons with anonymous sex partners, MSM).

Documentation:

- Maintain in client's chart a completed Acuity Scale and a developed Care Plan on all clients with unmet needs.

- Document in the Care Plan all Client all MCM services offered and/or provided to the client including evidence of linking clients to health care, coordination and follow-up on medical treatments, treatment adherence counseling, client-specific advocacy, outcomes of service referrals.
- Updated Care Plan based on the acuity score.
- Completed Acuity Scale every 6 months for clients with unmet needs that require ongoing care planning.

3.3 Non-Medical Case Management

Standard:

Non-Medical Case Management (NMCM) includes linkage and referral to psychosocial services including social, community, financial, and other services. It also includes determination of eligibility for the program and ongoing eligibility assessment every six months in April and October. Non-Medical Case Management does not involve coordination and follow-up on medical treatments or access to medical coverage. Those services should be billed under Medical Case Management. For case management activities related to program eligibility, see Section 4.

Procedure:

1. Determine client eligibility for the Ryan White Part B Program and various RW funded services.
2. Provide overview of the Ryan White program for new clients and inform clients of their rights and responsibilities and agency's grievance policy.
3. Maintain documentation and program notes in the client chart per RW Record Retention Policy.
4. Complete client data entry into North Dakota's MAVEN system.
5. Monitor and assess client's needs by completing the Acuity Scale at enrollment, annually at reenrollment, and every 6 months on all clients with previously unmet needs (acuity score above 0).
6. Develop a Care Plan on all clients with unmet needs.
7. Coordinate and link clients to appropriate services and treatment in accordance with the Care Plan.
8. Update Care Plan based on the acuity score.
9. Provide reimbursement for core and support services that allow clients to access or maintain retention in medical care.

Documentation:

- Maintain client charts that include the date of the encounter, type, duration, and key activities.
- Collect documentation of client eligibility through the reenrollment and recertification process.
- Client charts contain completed Acuity Scale at intake, annually at reenrollment, and every 6 months for those with unmet needs.
- Client charts contain developed Care Plans for clients with acuity score above 0.
- Document that if services are provided to incarcerated individuals, they are a part of discharge planning, or for individuals short-term incarcerated individuals only.

3.4 North Dakota Case Management Acuity Scale

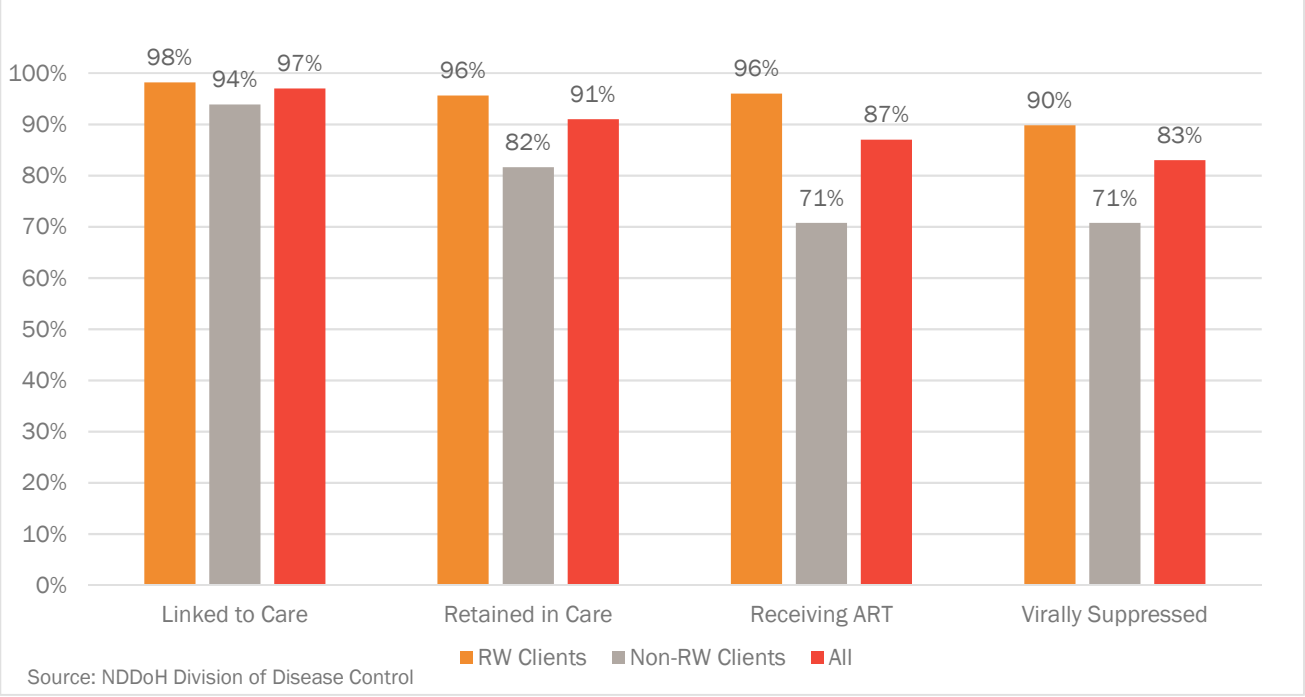
Acuity-based case management is used to assess clients' level of need, tailor services based on those needs, and help clients decrease their needs and ideally reach self-sufficiency. The Acuity Scale helps case managers in prioritizing the allocation of time and resources and to develop priority need areas to be addressed in the Care Plan. A goal of acuity-based case management is to target human and financial resources to focus service provision on individuals who experience challenges along the HIV care continuum from linked to care to viral suppression.

Medical case manager's role is essential for the care continuum. An acuity-based case management system highlights and addresses gaps along the continuum on a client-specific level and on a systematic level creates a network and partnership of agencies that support clients in accessing and staying in care.

Standard:

Each enrolled client utilizing Ryan White Part B services other than ADAP copay/deductible assistance is expected to participate in at least one annual face-to-face interview to assess their needs. Initial acuity assessment will be completed during enrollment, and annually as a part of the reenrollment process. Client's acuity will be assessed every 6 months for clients with previous scores of 1 and greater.

2017 North Dakota HIV Care Continuum (Source: 2017 ND Epidemiologic Profile)



The ND Acuity Scale consists of 10 Life Areas and 4 categories of Need.

Acuity Levels:

3	2	1	0
High Need	Moderate Need	Basic Need	Self-Management

Acuity Level of Interaction:

Total Score	Client Needs	Type of CM Required	Required Level of Interaction:
21-30	High	Intensive MCM or CM	Minimum in-person acuity assessment every 6 months and Care Plan update every month. Minimum weekly contact.
11-20	Moderate	Moderate MCM or CM	Minimum in-person acuity assessment every 6 months and Care Plan update every 3 months. Minimum monthly contact.
1-10	Basic	Brief-contact CM or MCM	Minimum in-person annual acuity assessment and Care Plan update every 6 months. Minimum contact every 6 months.
0	Self-Management	Client is self-sufficient. Minimal CM needed.	Minimum annual acuity assessment at reenrollment. Documentation in progress notes. No care planning needed.

Procedure:

1. Complete the Acuity Scale on all new clients at enrollment, annually during reenrollment on all existing clients.
2. Use information from the client's enrollment or reenrollment application, MAVEN, Health Information Network, and medical record if available. The Acuity Scale does not have to be completed with the client present, but clients are expected to meet with case manager in-person at least annually if acuity score 1 or higher.
3. Check the appropriate indications in each area of the Acuity Scale. Maximum number of points per area is 3.
4. An acuity level for each life area is assigned using own judgement to determine the appropriate level of program support and services referral.
5. After completing the Scale, add the numbers from each area of functioning and assign the client to the appropriate level of case management based on the client's total score.

6. Complete the Care Plan to address the client's needs within 45 days from the completion of Acuity Scale.
7. Update the Care Plan based on the client's need and reassess their needs
8. Reassess client's acuity every 6 months for all clients with previous scores above 0.

Documentation:

- A completed Acuity Scale at enrollment, reenrollment, and every 6 months for all clients with previous scores above 0.
- Client Care Plan reflects the needs to be addressed and is updated according to the required level of interaction.

3.5 Case Management Care Plan Development and Implementation

Standard:
A Care Plan directs the activities of the client and the Case Manager. This plan becomes the basis for evaluating what services were provided and whether they achieved the desired outcomes. Once the Case Manager has gathered information from the client assessment and has identified the priority needs areas, this information will form the basis of care planning.

Initial Care Plan development should be completed with client present, if possible. The care planning process is a collaboration between the client and the case manager to work together to access the resources and services which will enhance the client's quality of life and their ability to cope with the complexity of living with HIV. The client plays a vital role in the process of developing a plan of care. The process supports client self-determination and self-management of a chronic disease whenever possible and empowers a client to actively participate in the planning and delivery of services.

When developing a Care Plan, it is necessary to have concurrence on expected responsibilities and have an agreement on the tasks assigned to be completed by the case manager and the client. Most clients will count on the case manager to guide them and to present options and help them develop contingency plans if necessary. There should be ongoing and join assessment of the appropriateness of the Plan.

Care Plan activities should be used as tools for helping the client resolve crises and to develop sustain strategies to cope with their problems and service needs independently. This involves:

- Evaluating the effectiveness and relevance of the plan;
- Measuring client progress toward stated goals and activities; and
- Revising the plan as needed (with minimum frequency according to the acuity level).

Procedure:

1. All clients with unmet needs (acuity score greater than 0) will participate in the development of a Care Plan.
2. Use the *ND Ryan White Program Part B Care Plan* as a template to identify problems and barriers and prioritize goals and action steps to help the client meet their goals.
    a. Keep in mind the client's ability to attain only one goal at a time and that goal should be attainable based on the client's perspective.

3. Care Plan must be completed within 45 calendar days from the completion of the Acuity Scale. If the Care Plan is not completed within this time frame, documentation that explains the delay must be included in the progress notes in the client file.
4. In an ongoing interactive process with the client, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the mutual development of goals, assigned activities, and reporting outcomes.
5. Specify who is responsible for the completion of the assigned task: either the client or the case manager, or both.
6. Document target date of tasks and goals.
7. Document completion date to show when the task was completed.
8. Both case manager and the client should sign and date the Care Plan on the date it was developed.
9. Document the progress notes regarding completion of the plan and whether the client received a copy.
10. The goals and activities developed during the planning process should be at a minimum based on the requirements for each acuity level to determine progress and whether any changes in the client's situation warrant a change in the Care Plan.
11. Involve other members of the client's care team (e.g. medical provider, county social worker, insurance enrollment assister, housing assistance case manager) to help coordinate needed services and address client's needs.
12. Client and Case manager must at a minimum maintain contact according to the acuity level to build trust, communication, and rapport. Careful planning by the client and the case manager can determine how often contact is needed to minimize crisis situations and to best meet the client's anticipated needs.
13. Clients should be encouraged to contact their case manager when changes occur in their health condition, in social factors that impact their day-to-day living, or in their support systems.
14. Follow-up and monitoring activities can occur through face-to-face meetings, telephone, email, letters.
15. Case manager should document all attempts to get in contact with the client.

Documentation:

- All clients with acuity score above 0 have a completed *ND Ryan White Program Pat B Care Plan* in their chart within 45 days of the completion of the Acuity Scale.

- Care Plan is revised a minimum as required based on the acuity level and includes progress notes on the outlined activities, dates of follow-up, referral contacts, and specific activities.

3.6 Care Planning Termination or Completion

Standard:

The client's care planning may be concluded for a variety of reasons, including:

- Client has satisfactorily met goals of the Care Plan;
- The client is no longer enrolled in the Ryan White program;
- The client transfers to another agency;
- The client withdraws from or refuses Case Management services, reports that services are no longer needed, or no longer participates in the Case Management plan;
    - If a client reports that services are no longer needed or decides to no longer participate in the Care Plan, then the client may withdraw from services.
    - Case manager should assess client's reasons for withdrawal and identify factors that are interfering with the client's ability to fully participate if services are still needed.
    - If other issues are identified that cannot be managed by the case management agency, case manager is encouraged to refer these clients to agencies which are skilled in providing the needed services.
    - Client's refusal to participate in Care Planning may affect client's Ryan White program eligibility.
- The client is not adhering to Ryan White Client Responsibilities and exhibits a pattern of abuse and/or noncompliance;
- The client cannot be located.

Procedure:

1. Care planning will end for those clients who have successfully completed all goals in the Care Plan and have an Acuity Scale score of 0.
2. Document the reason for Care Planning termination.
3. For clients that are refusing to be a part of the care planning process, document client contact attempts and client's refusal to participate in planning. Clients that refuse to follow case manager's instructions for medical care engagement, treatment adherence, and health insurance enrollment, may be removed from the program due to non-compliance.
4. For clients that are unable to be located, follow the client follow-up protocol of contact before the client is removed from the Ryan White program.

Documentation:

- For self-sufficient clients:
    - Documentation of completed goals in the Care Plan.

- If terminating planning before client's goals have been met, document the reasons and all client contact attempts.

3.7 Client Screening and Counseling

Case managers will ensure that clients have received the recommended CDC screenings for persons living with HIV. Client screening information can be obtained from the client, client's medical chart (if access is available), client's provider, or through the North Dakota Health Information Network (NDHIN).

If case managers are not able to obtain screening information, and the client does not recall whether they were screened as recommended, case manager should coordinate the screening/testing at the agency or refer the client to their medical provider.

Client screening and counseling services are reimbursed under Medical Case Management.
The cost of the vaccine and administration fee are reimbursed under Outpatient/Ambulatory Medical Care.

CDC Recommended Screenings for PLWH

CDC recommends PLWH to get screened for the following conditions since their HIV diagnosis:

- Tuberculosis (TB)
- Hepatitis B
    - Persons that are not immune to hepatitis B are recommended to receive the hepatitis B vaccine series.
- Hepatitis C (persons at increased risk such as those who inject drugs should be screened at least annually)

STD Screening

All persons living with HIV who are sexually active are recommended to get site specific testing for **chlamydia/gonorrhea and syphilis** at the initial HIV medical visit, and at least annually thereafter. Persons at increased risk, such as men who have sex with men (MSM), persons who inject drugs (PWID), persons with multiple or anonymous sex partners, persons who exchange sex for drugs or money, transgender females (male to female), and others are recommended to get screened every 3 to 6 months.

Pap Screening

Women should be screened for cervical cancer precursor lesions by cervical Pap per existing guidelines. HIV infected women should get tested within 1 year of the onset of sexual activity, and the next test should be in 12 months. If the results of the 3 consecutive Pap tests are normal, follow up tests should be every 3 years.

HIV Risk Reduction Screening

Clients should be screened for high risk behaviors, and if not virally suppressed referred to partner services.

Mental Health and Substance Abuse Screening

All clients should receive mental health and substance abuse screening during enrollment, and annually at reenrollment. Clients that indicate mental and or substance abuse issues should be linked to appropriate services.

Adult Immunizations for PLWH

Persons living with HIV are at an increased risk for certain conditions, and are recommended to get vaccinated, if vaccine is available, against those conditions.

A list of adult vaccines recommended for persons with HIV can be found at: http://www.immunize.org/catg.d/p4041.pdf.

Comprehensive adult vaccine schedule can be found at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf.

Clients should be counseled of the importance of immunizations and linked to receive the vaccines at the Agency. If immunizations are not available at the Agency, clients can be referred to their medical provider.

4. CLIENT ENROLLMENT AND ELIGIBILITY

Client eligibility is determined by the Ryan White CARE Act (PL 104-146) Sect. 2617 4b (II) and *HRSA/HAB Program Policy Notice No. 97-01*. This policy identified client eligibility requirements and limitations for individuals applying for RW Part B funding.

Case managers determine the client's eligibility for the program during the enrollment or intake. Client enrollment is a time to gather and provide basic information from the client with care and compassion. It is also a pivotal moment to establish trust, confidence, and rapport with client. The first steps of the intake process are to ensure the client understands what case management is and what assistance is available through the Ryan White Program.

Case managers should determine client eligibility based on the criteria listed below. A person is eligible to receive case management services from only one case manager at a time and receives ongoing case management during the time they are enrolled in the program.

4.1 Eligibility Requirements

1. **HIV Status**
   To be eligible to receive Ryan White Part B services, person must have a confirmed HIV infection. RW case managers do not need a proof of HIV infection, as that information is available through the HIV Surveillance Program.

2. **Residency**
   Client must be a resident of North Dakota and needs to provide a state issued ID within 60 days of enrollment.

3. **Income Criteria**
   Clients must have a gross income at or below 400% of the current federal poverty level. The client must provide a month of pay stubs or a copy of their tax return for the previous year to verify their eligibility. All unemployed clients, or those that have not filed taxes for the previous year, must indicate so on the enrollment form.

   Clients with gross household incomes of 401% to 500% of the poverty level may continue to receive case management and ADAP insurance assistance (including premium and copay/deductible assistance) if they are enrolled in a Marketplace or the off-Marketplace insurance recommended by ADAP. Their assistance will continue until the client is able to transition onto other public or private health coverage, until the client is eligible to enroll in a self-selected Marketplace plan

through special enrollment, or until the current Marketplace plan ends on December 31 of the current year.

4. **Health Coverage**

   Clients must apply for all eligible health coverage to ensure that Ryan White is the payer of last resort.

   Clients with no health coverage must complete the *Statement of No Health Coverage.* Clients that are eligible for other coverage must apply and provide a proof of acceptance or denial within 3 months. See Health Coverage Policy for more information.

Long-term inmates of the State or Federal corrections system and immigration detainees are not eligible for services under the RW Program.

Affected individuals (people not identified with HIV) may be eligible for RW services in limited situations if the service for the affected individual benefits a person living with HIV.

Additional Requirements

1. Ryan White program must be the "payer of last resort" and *Ryan White HIV/AIDS Treatment Extension Act of 2009* funds must be used to supplement, not supplant, funds available from local, state, or federal agency programs. Clients must utilize all other available services and denial letters may be requested from other programs to ensure that RW is the last resort payer.
2. Client must complete the enrollment form with the help of the RW case manager and must provide updated information with every reenrollment (April) and recertification (October).
3. Clients must keep their case manager informed whenever there is a change in income, residency, or insurance coverage.
4. Clients must sign applicable consent for service forms and privacy/security agreements as required.
5. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through RW funding may be immediately removed from the participation in the program.

Income Calculation and Verification

North Dakota uses gross household income (see Section 5.9 Household Definition) before the deductions to determine the program eligibility. Income includes the following:

1. Monetary compensation for services, including wages, salary, commission or fees

2. Net income from farm and on-farm self-employment
3. Unemployment insurance compensation
4. Government civilian employee or military retirement or pension, including veteran's payments
5. Private pensions or annuities
6. Alimony or child support payments
7. Regular contributions from persons not living in the household
8. Net royalties
9. Social Security benefits
10. Dividends or interest on savings or bonds, income from estates or trusts or net rental income
11. Other cash income received or withdrawn from any source including savings, investments, trust accounts, or other resources.

North Dakota Ryan White Program does not take into consideration client's assets for program eligibility.

Client's Housing Status

- Stable/permanent housing includes:
    - Renting or owning and living in an unsubsidized house or apartment
    - Unsubsidized permanent placement with families or other self-sufficient arrangements
    - HOPWA funded housing assistance, including Tenant-Based Rental Assistance (TBRA) or Facility-Based Housing Assistance,
    - Subsidized, non-HOPWA, house or apartment, including Section 8, and Public Housing
    - Permanent housing for formerly homeless persons, including Shelter Plus Care
    - Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility)
- Temporary Housing includes:
    - Transitional housing for homeless people
    - Temporary arrangement to stay or live with family or friends
    - Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification centers
    - Hotel or motel paid for with emergency shelter voucher
    - Temporary incarceration including jail or juvenile detention facility
- Unstable Housing Arrangements includes:

- Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation such as a vehicle, an abandoned building, a bus/train/subway station, or anywhere outdoors
- Hotel or motel paid for with emergency assistance funding

4.2 Enrollment Form

Client must complete the *ND Ryan White Program Part B Enrollment Application (SFN 54191)* and provide the following documents:

1. Proof of residency
    - ND driver license (must provide a state ID within 60 days of applying)
    - Paystub/earning statement
    - Rent agreement/mortgage agreement
    - Bank statement
    - Utility bill
    - Homeless shelter voucher
2. Current household income (one of the following):
    - Income tax return for the previous year
    - Paystubs (one month of most current paystubs)
    - If unemployed: indicate no current income on the enrollment
3. Current health coverage information
    - Copy of the insurance card (front and back)
    - Copy of the monthly premium statement
    - Denial letters
4. Release of Information Form

Case manager will assist the client with completing the application and collecting the documentation necessary to verify the eligibility. If determined eligible, case manager will keep the documents in a secure environment and enter client information in MAVEN. Case manager will also fax a copy of the form and the documentation to the RW Program Coordinator.

RW client will receive two numbers from the RW Coordinator. RW number is used for RW services reimbursement, and ADAP number is used for medication reimbursement through Medicaid Managed Information System (MMIS).

4.3 Client Rights and Responsibilities

Case manager must review the Rights and Responsibilities with the client during enrollment, and periodically as determined by the case manager. Client should be given a copy for their own records.

Client Rights

As participants in the ND Ryan White Part B Program, clients have the right to:

- Be treated with respect, dignity, consideration, and compassion
- Receive case management services free of discrimination based on race, color, sex/gender, ethnicity, national origin, religion, age, class, sexual orientation, physical and/or mental ability
- Participate in creating a plan for case management services
- Be informed about services and options available to them
- Reach an agreement with their case manager about the frequency of contact they will have, either in person or over the telephone
- Have their medical records and case management records be treated confidentially
- Have information released only in the following circumstances:
    - When they sign a written release of information.
    - When there is a medical emergency
    - When a clear and immediate danger to them or others exists
    - When there is possible child or elder abuse
    - When ordered by a court of law
- File a grievance about services they are receiving or denial of services
- Not be subjected to physical, sexual, verbal and/or emotional abuse or threats

Client Responsibilities

As participants in the ND Ryan White Part B Program, clients have the responsibility to:

- Treat other clients and staff of this agency with respect and courtesy
- Protect the confidentiality of other clients they may encounter at this agency
- Not subject case managers, staff, or other clients to physical, sexual, verbal and/or emotional abuse or threats
- Participate as much as they are able in creating a plan for case management
- Let their case manager know any concerns they have about their case management plan or changes in their needs
- Make and keep appointments to the best of their ability, or if possible to phone to cancel or change an appointment time
- Stay in communication with their case manager by informing him/her of changes in their address or phone number, income, and responding to the case manager's calls or letters to the best of their ability

- Provide their case manager any requests for payment of bills within 30 days of the statement date
- Apply for all programs and obtain available health coverage their case manager asks of them
- File taxes and provide their case manager with the tax returns if they are receiving premium assistance for Marketplace coverage
- Stay in care by visiting their doctor regularly and take prescribed medication to ensure their health and well-being
- Annually recertify eligibility for the ND Ryan White Program Part B by April 30th for the eligibility period starting May 1st through October 31st, and by October 31st for the eligibility period starting November 1st through April 30th.

4.4 Reenrollment and Recertification

Ryan White clients are required to recertify every 6 months per HRSA HAB Policy Clarification Notice #13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements* to ensure that they continue to meet the eligibility guidelines and to ensure that RW Program is the payer of last resort. Clients reenroll annually in April and recertify in October.

Client eligibility data must be entered in MAVEN surveillance system.

Clients that do not comply with the eligibility recertification will become ineligible to receive program assistance. If the case is closed due to late submission of recertification client may reapply for services at any time. If a waitlist would be implemented, the client would move to the end of that list.

Clients are required to be evaluated for eligibility every April and October; however, any changes in income, residency, and health coverage must be reported to the case manager immediately. Case managers will enter change in address and insurance in MAVEN.

Clients that have enrolled less than 60 days prior to reenrollment or recertification do not need to go through the eligibility verification process.

Case managers are required to enter eligibility information in MAVEN and send a copy of the documentation to the RW program coordinator.

4.5 Annual Reenrollment (April)

Clients' eligibility will be reviewed annually every April. Clients must complete the reenrollment by April 30th for the eligibility period May 1 - October 31. Clients that do not complete the reenrollment process by April 30th will become ineligible for RW and ADAP services.

Clients must submit:

1. Completed the *ND Ryan White Program Part B Reenrollment Application (SFN 58583)* by April 30th
2. Proof of ND residency
3. Proof of current gross household income by including one of the following:
    a. Income tax return for the previous year, or
    b. One month of paystubs
    c. If unemployed and have not filed taxes, client must indicate so on the reenrollment

4. Proof of health coverage (copy of the front and back of the insurance card) or denial letters or if uninsured, completed *Statement of No Health Coverage*
5. Signed Release of Information
6. Annual satisfaction survey

4.6 Six-month Recertification (October)

Clients will complete the *ND Ryan White Program Part B Recertification (SFN 59334)* form annually by October 31st for the eligibility period November 1 - April 30. Clients that do not submit the completed recertification form by October 31st will become ineligible for RW services.

No documentation other than the recertification form needs to be completed unless there have been changes in income, insurance, or residency.

4.7 Relocation

Clients moving within the state are required to notify their case manager of their move. Case manager will link the client to the case manager serving the area where they are moving to and will forward client's latest eligibility information to the case manager that will continue their management.
Client is still considered active and does not need to complete a new intake form but will need to provide an updated proof of residency, income, and insurance to their new case manager.

Clients moving out of state will be linked to RW services of the state where the client will be residing and will be closed in ND Ryan White Program.

4.8 Termination and Discharge Planning

Case file closure, service termination and/or discharge planning procedures may be initiated for a number of circumstances:

- The client moves out of North Dakota;
- The client is self-sufficient or adequately insured and does not need Ryan White assistance;
- The client declines continued Ryan White assistance;
- The client is no longer eligible to receive services based on the program guidelines;
- The client fails to recertify or provide required documentation before the recertification deadline;
- The client refuses to adhere to the agency or program's conduct guidelines (see Client Responsibilities)
    - If the client is threatening and abusive (many times due to a mental health or substance abuse issue), the client may be required to obtain proper mental health care and adhere to the Care Plan.
- If client does not follow through and continues to be abusive, they will be subject to termination from the program until they comply.
    - If the client has no documented mental health or substance abuse issues, case manager may request the client have an evaluation and follow the recommendations of that evaluation. Again, if the client refuses to comply, then they are subject to termination from the program.
    - If neither of these situations applies, a client may be provided a written warning, stating that their behavior is not acceptable and the potential consequences to their involvement in the program. Additionally, the client will be reacquainted with the Clients Rights and Responsibilities document, informed of the agency (or state) grievance procedures and terminated from the program.

- The client cannot be located.
    - The case manager will document a minimum of 3 follow-up attempts and one certified letter over a 2-month period after the first attempt.

If the client declines case management services, or is determined to be no longer eligible, the case manager must make reasonable efforts to provide appropriate referrals to other available services to ensure the continuum of care for the individual.

Case manager will notify the client of discharge and write a discharge summary in each client's file including date of discharge, reason(s) for discharge and referrals made at time of discharge if applicable. Case manager will enter a date of discharge in MAVEN and notify RW Coordinator to end their ADAP eligibility in MMIS.

5. ADMINISTRATIVE POLICIES

5.1 Grant Awards & Contracts for RW Program

Grant opportunities to provide funding to sites to administer the RW Part B program will be made available in the first quarter of each year to participate in the program for the next upcoming calendar year. Contracts will be awarded for the time period April 1 – March 31 of the following year.

The contract awarded will contain a specific dollar amount allocated to each site to administer their program. This amount is variable from year to year based on federal funding. Sites who experience budget shortfalls within the grant period due to unforeseen circumstances, such as an increase in client load, clients with increased expenses, and others, can apply for revisions to allocate additional funds to ensure that there is ample funding to administer the program through the entire grant period.

5.2 Reimbursement for RW Grants & Contracts

The reimbursement form should be completed and submitted monthly to the North Dakota Department of Health HIV.STD.TB.Viral Hepatitis Program Manager via the Program Reporting System (PRS). The worksheet provided by the RW program must be included as an attachment to the request for reimbursement in order for it to be processed. This document serves as the monthly progress report for each site. The reports are due 15 days after the end of the month. The final expenditure report ending March 31st must be received by May 15th.

If you do not have any reimbursements for the month, please submit a report for the month in PRS regardless showing a zero amount for request for the month. This ensures that the months of reimbursement stay consistent. Likewise, multiple months of reimbursement requests may be submitted as long as it is indicated in both the PRS system as well as on the reimbursement attachment.

Allowable expenses and reimbursement rates are detailed on the worksheet used to determine your level of reimbursement.

The most current worksheet for reimbursement requests can be found at: https://www.ndhealth.gov/hiv/RyanWhite/.

5.3 Forms

All Ryan White Forms can be found at: https://www.ndhealth.gov/hiv/RyanWhite/.

5.4 Bill Submission

The North Dakota's Ryan White Part B Program bill submission policy is as follows:

- Clients must submit bills to their case manager for payment 30 days from the statement date. Bills will not be accepted after 30 days.
- New clients can submit bills for up to 30 days before entering the program. However, this must stay within the 30 days from statement date.
- Client must submit the final bill after all other programs (i.e., private insurance, Medicaid or Medicare) have been applied.
- If services are reimbursed where other payer was available, case manager is expected to attempt to recoup the expended RW funds.

Special circumstances may arise and will be dealt with on an individual basis.

5.5 Confidentiality

The RW Program and contractors are required to follow Health Insurance Portability and portability and Accountability Act (HIPPA) guidelines.

The RW Program and contractors must ensure that procedural safeguards are followed in confidentiality requirement according to the NDCC 23-01.3 and *North Dakota HIV.STD.TB.Viral Hepatitis Security and Confidentiality Policy.* Case managers must review the Confidentiality Policy annually and sign the *Statement of Protection of Confidential Information*.

Client information should not be released without a current signed *Release of Information* form signed by the client. Release of Information form is valid for 12 months and can be revoked at any time by the client. New release of information needs to be signed with every reenrollment or 12 months from the date the client signed the Release of Information.

The case management agency may request additional confidentiality forms to be signed as required per their agency's confidentiality policy.

5.6 Client Satisfaction Survey

Clients are surveyed annually to evaluate client satisfaction with the agency and the overall Ryan White program, as well as determine the gaps and barriers in care, and areas for improvement. Case managers will mail the survey to clients annually and return the completed surveys to the RW program coordinator. The RW Program Coordinator will provide the survey results annually to case managers, Quality Management Committee, and the HIV/HCV Community Planning Group (CPG).

Client and community input will also be obtained through the CPG, annual round-table meetings with PLWH, and HIV support groups.

5.7 Grievance Policy

Each case management agency must post their consumer grievance policy in a visible location. Agency staff must make clients aware of this policy during the intake and annual recertification process.

The North Dakota Ryan White Program is committed to assuring that no infringement of a client's rights occurs at an agency funded by the program, at any time, and that there is an established procedure for addressing problems or complains that clients may have. A grievance policy ensures that clients can voice their concerns or receive additional problem-solving assistance if needed.

Procedure:

1. The issue is first presented to client's case manager who will work with the client on resolving the issue.
2. In the event that the client's concerns and grievances are not resolved, case manager will present the client with their agency's grievance policy.
3. If even after the completion of the case management's agency's grievance protocol the client is still not satisfied with the resolution, the client can fill out the *ND Ryan White Program Part B Grievance Resolution Form (SFN 60629)* and send it to:

   Ryan White Program Coordinator
   North Dakota Department of Health
   Division of Disease Control
   2635 East Main Avenue
   P.O. Box 5520
   Bismarck, North Dakota 58506-0278

4. Ryan White Program Coordinator will review the issue and respond in writing within 14 days of receipt of the grievance resolution form.

5.8 Health Coverage Policy

Standard:
Ryan White is a payer of last resort, and case managers are expected to pursue all available options for obtaining enrollment in third party payers, and secure non-Ryan White funds whenever possible for services provided to the clients (*HRSA HAB Policy 13-04 and related to HAB Policies 13-01, 13-02, and 13-05*).

Granted by statute, Ryan White funds may not be used for items or services where payment has been made or can be expected to be made by another payment source. However, Ryan White funds may be used to cover gaps in care such as co-pays, deductibles, insurance premiums, and services not covered under the client's primary health coverage.

Procedure:

Medicaid and Medicare:

1. Clients with income below 138 percent of the FPL are required to apply for Medicaid and provide a proof of acceptance or denial.
    - Information on Medicaid expansion is found at: www.nd.gov/dhs/medicaidexpansion.

2. Clients 65 or older, or who are on disability for at least 24 months, are eligible for Medicare and must apply for Medicare Part D.

Private Employer Based Insurance:

1. Clients eligible for affordable (less than 9.56 percent of the client's income) private employer insurance must enroll in offered insurance.

2. Client's premiums may be reimbursed through ADAP if the client's insurance provider will accept a third-party payment from the Ryan White program.

Marketplace Insurance:

1. Clients who do not qualify for Medicaid or Medicare and are not offered affordable private employer insurance must enroll in a Qualified Health Plan (QHP) through the Marketplace. North Dakota uses Federally Facilitated Marketplace located online at www.HealthCare.gov or can be contacted by calling 1.800.318.2596.

2. Ryan White Program can use ADAP funds to assist with premium payments for any health plan after the premium tax credits have been applied. Ryan White Program will recommend health insurance plans that are most cost-effective for the program. For information on recommended plans and premium assistance, please refer to the *Health Insurance Premium Assistance* policy.
    - Clients with income 401-500% of FPL at reenrollment who are enrolled in an ADAP recommended Marketplace plan will continue to receive insurance assistance only (including premium and copay/deductible assistance) until they are eligible for other public or private coverage, or the next open enrollment cycle. This will ensure continuity of coverage as clients may not be able to afford ADAP recommended premium cost and copays.
3. Insured clients are required to provide a proof of coverage (i.e., copy of the front and back of the insurance card) and list the start date on the eligibility forms.

Any change in coverage must be reported to the case manager and the State RW coordinator.

<u>Uninsured Clients:</u>

1. Uninsured clients must complete the *Statement of No Health Coverage* and provide a proof of:
    - Clients with household income below 138 percent of the poverty level must provide a Medicaid denial/acceptance letter.
    - Clients with household income above 138 percent, must have employer(s) complete the *Marketplace Employer Coverage Tool* (https://www.healthcare.gov/downloads/employer-coverage-tool.pdf) for all household members that are employed (including part-time, seasonal, temporary employment).
    - Clients that do not qualify for public or employer health coverage, must enroll in health plan through Marketplace and complete:
        - The *Marketplace Insurance Enrollment Ryan White Premium Assistance* form
        - Sign up for tax credits
        - Report any changes in income, household size, employment, and other major life changes to the marketplace, and to their case manager immediately
        - File their taxes for the year in which they received tax credits and provide a copy of the tax return to their case manager

2. Clients eligible but not enrolled in health insurance through Medicaid, Medicare or Private Employer Based Plans, are not in compliance with Ryan White Part B polices regarding “payer of last resort.” They will be ineligible for Ryan White Covered Services and will be suspended from all services until appropriate coverage is obtained. Consideration will be made to provide medications and services for a **period of up to three months** to cover services until plans may become active. After that point, services will be unavailable.

3. Clients that are not eligible for health coverage through Medicaid, Medicare or Private Employer Based Plans must enroll in a qualified health plan through the Health Insurance Marketplace with a Ryan White approved plan during the next enrollment period that you are eligible to apply under. The Ryan White program will pay your portion of the insurance premium and all co-pays and deductibles for outpatient medical services and medications related to HIV infection.

4. Failure to enroll in a health insurance plan during the next available enrollment period will result in a **one-year suspension** from the Ryan White Part B program or suspension until health coverage is obtained.

Documentation:

- Case manager will maintain documentation of all actions, and pursuits of enrollment in health coverage. This documentation will be made available upon request to the RW Coordinator.
- Documentation of insurance or denial letters are filed in client’s chart.
- Uninsured clients have completed the *Statement of No Health Coverage* with specified 3-month deadline by which clients must provide documentation.

5.9 Household Definition

The North Dakota Ryan White Part B Program defines a household as the individual Ryan White applicant and anyone who is claimed as a dependent on the individual's federal tax return.

If the individual does not file a tax return and is not claimed as a dependent on a tax return, the household is the individual and the persons living with the individual that are related to the individual by blood, marriage, or adoption.

Domestic partners and unmarried couples that do not file taxes jointly are not included in the household definition.

5.10 Payer of Last Resort

The Ryan White HIV/AIDS Treatment Extension Act of 2009 states that Ryan White grant funds cannot be used to make payments for any item or service if payment has been made or can reasonably be expected to be made by State compensation program, private insurance, or any Federal or State health benefits program. This portion of the legislation is also included in the *HRSA HAB's Policy 08-01*. It states:

> *The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.*

Case managers and program staff are expected to vigorously pursue funding sources other than Ryan White whenever possible.

5.11 Record Retention

Case managers are required to maintain a file on site for all clients who enroll in RW services through their agency. Client files must be kept in a confidential, secure, and locked space with access limited only to the case manager, the case manager's supervisor, and other program staff assisting RW clients at that agency.

All documentation must be legible, kept in an organized manner, and available for administrative review as needed.

For auditing purposes, the case manager maintains documentation in client's file of all actions. This documentation will be made available upon request to RW program staff.

- Records of **deceased** clients must be kept for **six months** after client's passing.
- Records of **inactive** clients must be kept for at least **two years** after departure from the program.

Case management agency may choose to follow their record retention policy. However, it is encouraged that records should be kept as long as the above recommendations.

The Ryan White Program will retain records of all inactive clients.

5.12 Use of RW Funds for Incarcerated Persons

HRSA funds may be used for Ryan White core medical and support services to persons living with HIV incarcerated in local jails on a short-term and transitional basis only in duration of up to 180 days.

Transitional basis refers to time-limited provision of appropriate core medical and support services for the purpose of ensuring linkage and continuity of care.

Clients incarcerated long-term in North Dakota State Penitentiary are not eligible to receive ND Ryan White services.

6. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

ND ADAP Program is administered by the ND Ryan White Part B Program. The purpose of the program is to provide eligible North Dakotans access to the prescription medication needed to manage and treat HIV and related conditions. ADAP assistance includes medications assistance for the uninsured, and insurance premium/co-pay/deductible/co-insurance assistance for the insured patients. The RW ADAP follow the federal guidelines Section 2617 (b) (6) (F) of Ryan White CARE Act.

Clients can obtain medications from any ND retail pharmacy that is enrolled in the ND Medicaid program. Pharmacies bill ND ADAP through ND Medicaid Managed Reimbursement System (MMIS).

Department of Human Services, Medicaid Office invoices the pharmacies for the submitted claims on a weekly basis and provides a copy of the invoice along with a list of individual claims to the Ryan White Program for reimbursement.

ND ADAP participates in the 340B Program and receives rebates on reimbursed medications. ND Medicaid also processes ADAP rebates on behalf of the Ryan White Program using Drug Rebate Analysis and Management System (DRAMS).

ADAP reimbursed medications are entered into MAVEN for AIDS Drug Report (ADR) and adherence monitoring.

6.1 ND ADAP Formulary

The current statute requires that all States/Territories determine formularies from the list of core classes of antiretroviral medications established by the Secretary (for more information, please refer to Section 2616(c)(1) of the PHS Act).

ND ADAP Formulary is an open formulary with certain exclusions that follows National Alliance of State and Territorial Directors (NASTAD) recommendations on drug additions based on the special pricing agreements reached with pharmaceutical companies.

Medications on ND ADAP Formulary are reimbursed at 100% up to the Medicaid reimbursement rate. Antiretroviral medications, medications for the treatment of opportunistic infections, and conditions related to HIV are approved at the point of sale. Other medications may require prior authorizations. Certain medications categories are excluded from the ADAP Formulary.

Current formulary can be found at www.ndhealth.gov/hiv/RyanWhite.

6.2 Requesting Medication Not on the Formulary

Clients can request medication not on the formulary by having their provider fill out the *Request for Prescription Not on RW Drug Formulary (SFN 58585)* form and submitting it to RW Coordinator for approval. The conditions for obtaining the medication are:

1. Detailed explanation why the client needs a drug not on the ND ADAP Formulary.
2. Medication must be related to client's HIV care and treatment.
3. Other payment sources have been exhausted.
4. Provider and the client have signed the form.
5. RW Coordinator has approved the medication.

6.3 ADAP Clients Leaving North Dakota

ND ADAP requires approval for dispensing more than a 30-day supply of medication. Clients that are temporarily leaving the state, or are moving out of the state, may receive up to 90-day supply per approval from the RW Coordinator.

6.4 Prescription Assistance Programs

Uninsured or underinsured individuals not eligible for the North Dakota Ryan White Program can receive medication assistance through the following programs:

1. Drug Manufacturer's Prescription Assistance Programs

Individuals not eligible for ND ADAP, or other public programs, may qualify for assistance through the drug manufacturer. To apply for the assistance, complete the below application and send a copy to each company you are requesting assistance from.

Common Patient Assistance Program Application (CPAPA) can be found at. www.nastad.org/sites/default/files/PAP_form_interactive.pdf.

For information on HIV medication assistance, including HIV PrEP and PEP, visit: www.nastad.org/file/3695/download?token=yY7Hq2e.

2. Prescription Connection of North Dakota

Prescription Connection of ND is administered by the ND Insurance Department. Eligible individual must be a ND resident, does not qualify for any state assistance programs for prescription drugs, and has low income or financial challenges affording their prescription.

For more information visit: http://www.nd.gov/ndins/prescription/

3. North Dakota Drug Repository Program

ND Drug Repository program is administered by the North Dakota Board of Pharmacy. Through the program, pharmacies collect and distribute unused medications to those in need.

For more information,
visit:https://www.nodakpharmacy.com/drug_repository/drugsearch.asp.

6.5 ADAP Medication Adherence

Active participation in ADAP is defined as the consistent adherence to the prescribed treatment reflected in suppressed viral load (less than 200 viral copies/mL).

Medication adherence is essential in lowering the HIV viral load, thus preventing the HIV damage to the body, and potential transmission of HIV to others. Consistent treatment also prevents multiplication of a more virulent HIV strains, thus causing drug resistance resulting in fewer treatment options and more complicated drug treatment.

Case managers are expected to monitor medication adherence and viral suppression through the MAVEN's lab values. Clients with detectable viral loads, where previously they were virally suppressed, are considered not adherent to their antiviral treatment, and require medication adherence counseling.

Procedure:

1. The HIV Surveillance Coordinator will monitor the viral suppression of all HIV infected persons in the state and will inform the RW Coordinator of current or past RW clients that are not virally suppressed.

2. The RW Coordinator will inform the case manager to follow-up with the client and discuss the reasons for high viral load. Case manager will make several attempts to contact the client via telephone.

3. If the client cannot be reached by telephone, the case manager will send a certified letter to the client one week after the notification.

4. Case manager will follow up with a telephone call one week after the letter has been sent.

5. If the client does not respond to the telephone calls or the letter, the client will be required to meet face-to-face with the case manager during recertification period to review the reasons that the client is virally not suppressed, and to reassess the client's needs and any barriers.

6. Clients that do not respond to case manager's calls or fail to meet in person during next re-enrollment or recertification, and continue to be non-adherent, will not be able to recertify, and will be removed from the program for non-compliance.

Documentation:

1. Document the action steps taken on the *ND Ryan White Case Manager's Record of Contacts on Medication Adherence (SFN 60077)* form or in the client's Care Plan.

6.6 ADAP Waiting List

North Dakota ADAP has not had a wait list to date due to adequate funding, but if a waitlist were to be implemented, clients would be served on a first come, first serve basis with following conditions:

1. All applications must be completed through a case manager. This requirement ensures that each applicant has the opportunity to work with a case manager to access HIV medications through other mechanisms such as Pharmaceutical Assistance Programs (PAPs) and other community-based services.

2. All new clients will be placed on the ADAP waiting list, including the clients moving to the state. Existing RW clients will continue to receive ADAP services without interruption.

3. Clients closed due to failure to reenroll before April 30th and recertify before October 31st will be closed. They can reapply for the program, but will be placed at the end of the waiting list.

APPENDICES

A. Acronyms

Acronym	Definition
ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education Training Center
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CARE	Comprehensive AIDS Resources Emergency
CBO	Community Based Organization
CDC	Center for Disease Control and Prevention
CM	Case Management
CQM	Clinical Quality Management
CPG	Community Planning Group
CTR	Counseling Testing and Referral
DC	Disease Control
DOH	Department of Health
DHS	Department of Human Services
HAART	Highly Active Antiretroviral Therapy
HAB	HIV/AIDS Bureau
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
MAI	Minority AIDS Initiative
MCM	Medical Case Management
MMIS	Medicaid Managed Information System
NASTAD	National Alliance of State and Territorial AIDS
NHAS	National HIV/AIDS Strategy
NOFO	Notice of Funding Opportunity
OAMC	Outpatient/Ambulatory Medical Care
PEP	Post-Exposure Prophylaxis
PHS	Public Health Services
PLWH	Person Living with HIV
PM	Performance Measure
PrEP	Pre-Exposure Prophylaxis
PRS	Program Reporting System
QM	Quality Management
RW	Ryan White
RWPB	Ryan White Part B
TA	Technical Assistance

B. Ryan White Case Management Directory

City	Case Management Agency	Case Manager	Telephone & Email
Bismarck	Bismarck Burleigh Public Health 500 E Front Ave #3 Bismarck, ND 58504	Kjersti Hintz	(701) 355-1580 khintz@bismarcknd.gov
Crosby	Upper Missouri District Health Unit 300 Main St N Crosby, ND 58730	Juliet Artman	(701) 965-6813 jartman@umdhu.org
Devils Lake	Lake Region District Health Unit 524 4th Ave NE #9 Devils Lake, ND 58301	Lori Stevenson	(701) 662-7035 llstevenson@nd.gov
Dickinson	Southwestern District Health Unit 227 16th St W Dickinson, ND 58601	Karen Goyne	(701) 483-0171 kgoyne@nd.gov
Fargo	Fargo Cass Public Health 1240 25th St S Fargo, ND 58103	Kristi Lee-Weyrauch	(701) 241-1382 klee-weyrauch@cityoffargo.com
Fargo	SE ND Community Action Agency 3233 S University Drive Fargo, ND 58104	Sarah Hasbargen Megan Evjen	(701) 232-2452 sarahh@sendcaa.org (701) 232-2452 ext. 122 megane@sendcaa.org
Fargo	Goodwill Foundation Inc. 15 21st St S, Fargo Fargo, ND 58103	Minnie Tarwoe	(701) 781-7190 info@gwfinc.org
Grand Forks	Grand Forks Public Health 151 S 4th St #301 Grand Forks, ND 58201	Twyla Streibel	(701) 787-8122 tstreibel@grandforksgov.com
Jamestown	Central Valley Health Unit 122 2nd St. NW Jamestown, ND 58401	Karena Goehner	(701) 252-8130 kgoehner@nd.gov
Mandan	Custer District Health Unit 403 Burlington St SE Mandan, ND 58554	Jennifer Pelster	(701) 667-3370 jpelster@custerhealth.com
Minot	First District Health Unit 801 11th Ave SW Minot, ND 58701	Beth Weidler	(701) 852-1376 bjweidler@nd.gov
Stanley	Upper Missouri District Health Unit 18 2nd Ave SE Stanley, ND 58784	Michelle Svangstu	(701) 628-2951 msvangstu@umdhu.org
Wahpeton	Richland County Public Health 413 3rd Ave. N #21	Carol Lee	(701) 642-7743 caroll@co.richland.nd.us

	Wahpeton, ND 58075		
Watford City	Upper Missouri District Health Unit 109 2nd Ave. NE Watford City, ND 58854	Ashley Saylor	(701) 444-3449 asaylor@umdhu.org
Williston	Upper Missouri District Health Unit 110 W Broadway Suite 101 Williston, ND 58801	Kathy Stenson	(701)744-7416 kstenson@umdhu.org

C. Acuity Scale

Life Area	0 points Self Mgmt.	1 point Basic Need	2 points Moderate need	3 points High Need
Medical Case Management				
Linkage and Retention in Medical Care *Acuity Score:*	☐ Client attended all HIV medical appointments in the last 12 months.	☐ Client missed one appointment in the last 12 months or has rescheduled multiple appointments.	☐ Client missed more than one medical appointment in the last 12 months.	☐ No reported labs in the past 12 months. Client is: ☐ newly-diagnosed ☐ pregnant ☐ immuno-compromised. ☐ released from a correctional facility within the past 90 days. ☐ is/was hospitalized or used ER or urgent care in the last 30 days
Understanding of HIV & Risk Behavior *Acuity Score:*	☐ Understands risks & practices harm reduction behavior and communicates with sexual partners about safer sex (e.g. condom use, PrEP, testing)	☐ Understands risks and practices harm reduction most of the time.	☐ Has poor knowledge and engages in risky behaviors. Viral load detectable. Needs partner services.	☐ Frequently engages in risky behaviors. Not virally suppressed. High risk for HIV transmission. Needs partner services.
Medication Adherence *Acuity Score:*	☐ Complete medication adherence reflected in the undetectable viral load.	☐ Misses doses occasionally with continued viral load suppression.	☐ Misses doses frequently. Has a detectable viral load below 200 copies/mL. Needs adherence counseling.	☐ Misses doses daily and has a viral load over 200 copies/mL. Needs adherence counseling.
Health Coverage *Acuity Score:*	☐ Has medical coverage. Able to access medical care.	☐ Enrolled in health coverage but requires support to maintain coverage.	☐ Has medical coverage but requires ADAP premium assistance and CM support to maintain coverage.	☐ No health coverage. ☐ Not eligible for public or private coverage. ☐ Eligible but not enrolled.
Non-Medical Case Management				

Life Area	0 points Self Mgmt.	1 point Basic Need	2 points Moderate need	3 points High Need
Basic Needs *Acuity Score:*	☐ Food, clothing, and other basic items available through client's own means. ☐ Has ongoing access to assistance programs that maintain basic needs consistently. ☐ Able to perform activities of daily living independently (ADL)	☐ Basic needs met on a regular basis with occasional need for help accessing assistance programs. ☐ Unable to routinely meet basic needs without emergency assistance. ☐ Needs assistance to perform some ADL weekly.	☐ Routinely needs help accessing assistance programs for basic needs. ☐ History of difficulties in accessing assistance programs on own. ☐ Often w/o food, clothing, or other basic needs. ☐ Needs in-home ADL assistance daily.	☐ Has no access to food. ☐ Without most basic needs. ☐ Unable to perform most ADL. ☐ No home to receive assistance with ADL.
Mental Health *Acuity Score:*	☐ No history of mental health problems. No need for referral.	☐ Past problems and/or reports current difficulties/stress – is functioning or already engaged in mental health care.	☐ Having trouble in day-to-day functioning. Requires significant support. Needs referral to mental health care.	☐ Danger to self or others and needs immediate intervention. Needs referral to mental health care.
Substance Use *Acuity Score:*	☐ No difficulties with substance use. No referrals needed.	☐ Past problems but currently in recovery. Not impacting ability to function daily or access medical care.	☐ Current substance use – willing to seek help. Impacts ability to function and access medical care.	☐ Current substance use – not willing to seek help. Unable to function daily or maintain medical care.
Housing *Acuity Score:*	☐ Living in clean, stable housing. Does not need assistance.	☐ Stable housing (subsidized or not). Occasionally needs housing assistance (<2 times per year).	☐ Temporary housing (subsidized or not). Frequent violations and eviction notices and history of homelessness.	☐ Unstable housing. Currently facing eviction or homelessness.
Language/Cultural Barriers *Acuity Score:*	☐ No language/cultural barriers.	☐ Some language/cultural barriers that do not majorly affect	☐ Language & cultural barriers that prevent client from accessing	☐ Language/cultural barriers. Client is not able to access

Life Area	0 points Self Mgmt.	1 point Basic Need	2 points Moderate need	3 points High Need
		access to medical care or services.	medical care and services.	medical care or treatment without translation services and CM assistance.
Transportation *Acuity Score:*	☐ Has consistent and reliable access to transportation with no need for agency support.	☐ Occasionally needs transportation assistance to stay in medical care.	☐ Has a car or a bus pass but requires CM assistance in coordinating and reimbursing transportation.	☐ Limited or no access to transportation (language, cognitive ability, mental health) which impacts access to medical care and services.
Total Points:	**Add up the total points from each line to determine the total** 0 pts: Self-Management 1-10 pts: Basic Case Management 11-20 pts: Moderate Case Management 21-30 pts: Intensive Case Management			

D. Online Resources

ND HIV Resources:

- ND HIV Program: www.ndhealth.gov/hiv/
- ND Ryan White Part B Forms and the Manual: www.ndhealth.gov/hiv/RyanWhite/
- ND Ryan White Resources for Persons Living with HIV: www.ndhealth.gov/hiv/Resources/

HRSA Resources:

- HRSA HAB Policies & Program Letters: hab.hrsa.gov/manageyourgrant/policiesletters.html
    - HRSA Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services Eligible Individuals & Allowable Uses of Funds: hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
- TARGET Center Technical Assistance website for Ryan White case managers: careacttarget.org/category/audience/case-managers?hm=y
- Affordable Care Enrollment (ACE) TA Center: careacttarget.org/ace

HIV Treatment Guidelines: aidsinfo.nih.gov/guidelines

HIV Basics:

- www.cdc.gov/hiv/
- www.hiv.gov
- www.aidsetc.org

Patient Assistance Programs for HIV Drugs:

- www.nastad.org/file/3695
- Application for assistance: www.nastad.org/sites/default/files/resources/docs/cpapa_form_fillable_2019.pdf

HIV PrEP Resources:

- www.cdc.gov/hiv/basics/prep.html
- www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/