Oklahoma State Department of Health

Ryan White Part B – HIV Care Coordination Services
Annual Enrollment Form

Description of HIV Care Coordination/Case Management

HIV Care Coordination is a specialized form of case management for individuals diagnosed with HIV infection. Its intent is to link clients to appropriate outpatient medical care and support services through goal-oriented activities that create, locate, coordinate and/or monitor a wide range of HIV-related health and human services. Care Coordination case managers assist HIV-positive individuals, including those who are Medicaid eligible, to gain access to needed medical, psychological, social, or other services. The primary task of Care Coordination is to ensure that the client has access to outpatient medical care where HIV disease can be monitored and treated appropriately. HIV Care Coordination/Case Management consists of the following activities:

- Intake interview and biopsychosocial assessment to determine eligibility, acuity, and needs
- Defining responsibilities of client and case manager
- Development of the individualized Care Plan, monitoring progress toward goals
- Reassessment of needs and revision of goals, as needed
- Application assistance in Pharmaceutical Compassionate Care Programs or OSDH programs, such as the HIV Drug Assistance Program, HIV Home Health Program or Health Insurance Assistance Program
- Termination of HIV Care Coordination/Case Management services, when necessary and appropriate

A minimum level of contact must be maintained between the client and the lead HIV Care Coordinator/case manager in the process of completing the above activities and in accordance with the *State of Oklahoma HIV Care Coordination Standards of Care for Ryan White Part B Case Management Services*. The minimum level of contact will be dictated by client needs and acuity scale criteria. A complete review (biopsychosocial assessment) of the client's needs and circumstances is to be completed at intake and reassessed as determined by client needs. This thorough assessment must include one face-to-face meeting with the client. If the assessment cannot be completed in one session, telephone contact may be used for a portion of the assessment.

Care Coordination/Case Management services may be amicably terminated if a client feels that he/she is no longer in need of assistance. Termination may also occur if there is insufficient contact with the client to justify the maintenance of a client file, or if the client presents a threat or disruption to the Case Management staff (or is, in any other way, deemed non-compliant according to agency guidelines).

Freedom of Choice

HIV Care Coordination/Case Management assures the client's freedom of choice in the selection of services, service providers, Care Coordination sites, lead Care Coordination agencies, and to the extent possible, case managers. The client is expected to fully participate in determining the most appropriate services to be sought and accessed.

Client Eligibility

Documentation of HIV-infection is required for all clients seeking HIV Care Coordination/Case Management services. Proof of income is necessary for all Part B services. Clients are expected to utilize all third party pay sources since Ryan White Part B resources are payer of last resort. This includes private insurance, Medicaid, Medicare, Veterans Administration benefits, ADvantage Medicaid Waiver services, etc.

Restrictions

The client may receive HIV Care Coordination/Case Management services from only one HIV Care Coordination provider (care site) at a time. The client may choose to transfer to another care site for a variety of reasons, including, but not limited to, the following: the client moves to another part of the state, another care site is more accessible to the client, or the client is dissatisfied with current services. If a client chooses to change providers, he/she must notify both the current and the new care site of this intent. The receiving site must complete a client reassessment. The client must sign both a new Enrollment Form and a Release of Information to allow the current care site to provide the client's case file to the new provider.

Informed Participation Agreement for HIV Care Coordination and Designation of Lead Care Coordination Agency

1. I have received an explanation of HIV Care Coordination/Case Management services. I have reviewed and understand the description and hereby choose to participate in these Ryan White Part B-funded services that are made available through the Oklahoma State Department of Health (OSDH).
2. I understand that, in receiving Ryan White Part B services funded by the Ryan White HIV/AIDS Program, certain client characteristics and utilization of these services will be reported to the OSDH by my provider agency. This will include identifying information about me such as name, address, race/ethnicity, but will only be used by the OSDH in the strictest confidential manner for quality management and evaluation purposes in order to improve services to clients living with HIV in Oklahoma. Therefore, by signing this Enrollment Form, I give my informed consent to work with me in providing me with quality HIV Care Coordination/Case Management services.
3. I agree to utilize any of the Care Coordination/Case Management services or other Part B-offered services available through third party pay sources, such as Medicaid, Medicare, VA, private insurance, ADvantage Medicaid Waiver Program before accessing Ryan White Part B resources.

I hereby select Tulsa CARES **as my Lead Care Coordination/Case Management Provider.**

The program has been explained to me and I understand that:

1. HIV Care Coordination services are advisory in nature, and are available only to HIV-positive individuals.
2. My case manager will work with me, my family, and/or my designated representative of choice to help me identify my needs, as well as personal practices that may interfere with my general health and well-being.
3. My case manager and I, or my designated representative, will develop my Care Plan together. I will follow, in good faith, the Care Plan that is developed to meet my needs, so I can maintain access to HIV outpatient medical care.
4. My case manager will help find available services and work with relevant agencies to address my medical, financial, legal, and psychosocial needs. I understand that some services may be beyond my case manager's ability to locate.
5. My case manager will help me apply for Pharmaceutical Compassionate Care Programs and OSDH Programs (HIV Drug Assistance Program, HIV Home Health Program, or Health Insurance Assistance Program), where eligible.
6. I am expected to complete all Ryan White Part B Needs Assessment Surveys and Client Satisfaction Surveys.
7. My care site/or case manager may decide to no longer provide services to me after giving me adequate notice and assisting me in locating another HIV Care Coordination/Case Management provider, if available.
8. I may terminate HIV Care Coordination services at any time, and I must notify the provider of my intent to do so.
9. I may request a transfer to another care site at any time. I am expected to notify both the current and new provider of my intent to transfer and sign a release allowing my new provider access to my case file.
10. I may request a different case manager within the same agency. I understand that my request will be handled according to the provider's guidelines and may not be granted when staffing or scheduling limitations exist.
11. My confidentiality will be maintained according to HIPAA Requirements. The information that I provide will be entered into the Ryan White CAREWare database and kept in my case file, and will only be accessible to HIV Care Coordination/Case Management program staff and reimbursement/funding entities (i.e., Medicaid, OSDH, HRSA). My signature below allows for my HIV status and personal information to be shared only with other providers involved in my care, treatment referral, or the reimbursement or funding of any services provided to me.
12. My signature below confirms my intent to participate in the HIV Care Coordination/Case Management services made available through Ryan White HIV/AIDS Program and the Oklahoma State Department of Health. I understand and consent to the above noted conditions.

Client Name:	Client Signature:	Date:
Case Manager Name:	Case Manager Signature:	Date:

Name of Designated Representative (if applicable):	Relationship to Client:	
Mailing Address:		
Representative Signature:	Date:	Phone: