

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Non-Medical Case Management Service Directive**  
**Approved by Planning Council on August 15, 2013**

Service Category Goals	2012-2015 Comprehensive Strategic Plan Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p><b>Goals:</b></p> <p>1) Provide support to soon-to-be released/recently incarcerated inmates living with HIV to engage in HIV medical and support services.</p> <p>2) Provide advice and assistance to PLWHA in obtaining medical, social, community, legal, financial, and other needed services to</p>	<p><b>Objectives:</b></p> <p>Objective 2: To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis.</p> <p>Objective 3a: To increase retention in HIV care and treatment.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART</p>	<p><b>A. Transitional Case Management to currently/recently incarcerated people living with HIV in the New York City correctional system</b></p> <p><b>Include, but not be limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• Provide time-limited (pre-release and 90 days post-release) assistance with benefits and entitlements, including restoration of Medicaid and ADAP resources, financial counseling, treatment education, risk reduction counseling, linkage and referral and follow-up for currently incarcerated PLWHA in the NYC correctional system.</li> <li>• Provide post-release assistance with benefits and entitlements, including restoration of Medicaid and ADAP resources, financial counseling, treatment education, risk reduction counseling,</li> </ul>	<p><b>A. Transitional Case Management to currently/recently incarcerated people living with HIV in the New York City correctional system</b></p> <p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Inmates who test positive or who are known to be living with HIV in the NYC Department of Corrections who will be incarcerated for a brief time, who are nearing release, or whose release date is unknown.<sup>3</sup></li> <li>• Persons newly released to NYC from NYS correctional facilities.</li> <li>• Active substance use does not preclude client eligibility.</li> </ul> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Governmental and non-profit organizations (community based organizations, clinics, and hospitals)</li> </ul>

<sup>3</sup> Inmates at a NYC Department of Corrections facility are exempt from providing proof of residency and income.

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<p>3) improve their physical and mental health status.<sup>1</sup></p>	<p>adherence.</p> <p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p> <p>Objective 3e: To decrease reliance on acute care.</p> <p>Objective 4a: To reduce (and then maintain below significance) socio-demographic differences in delayed diagnosis of HIV.</p> <p>Objective 4b: To reduce (and then</p>	<p>linkage and referral and follow-up for eligible clients newly released to New York City from the New York State correctional system.</p> <ul style="list-style-type: none"> <li>• Provide HIV-specific discharge planning to incarcerated individuals in New York City to ensure linkage to medical care, medical case management, mental health, alcohol and substance use, and housing services post-release through accompaniment, referral, and follow-up.</li> </ul> <p><b>B. nMCM in non-correctional settings</b></p> <p><b>Include, but not be limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• Provide time-limited assistance with benefits and entitlements, financial counseling, treatment education, risk reduction counseling, linkage and referral, and follow-up.</li> <li>• Ensure linkage to medical care, medical case management, mental health, alcohol and substance use, and housing services through accompaniment, referral, and</li> </ul>	<p>with experience serving recently or currently incarcerated HIV+ populations.</p> <ul style="list-style-type: none"> <li>• Governmental and non-profit organizations (community based organizations, clinics, and hospitals) with experience reaching out to and engaging individuals who are out of care, sporadically in care or in need of self-management support.</li> <li>• Applicants must agree to be part of the Transitional Health Care Consortium if funded.</li> </ul> <p><b>B. nMCM in non-correctional settings</b></p> <p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• PLWH who meet the baseline eligibility criteria for services in the NY EMA <b>AND</b></li> <li>• Are not receiving duplicative services elsewhere</li> </ul> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• NYC non-profit organizations (community-based organizations, clinics, and hospitals) with experience serving HIV+ individuals and with experience reaching out to and engaging individuals who are out of care, sporadically in care or in need of self-management</li> </ul>
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<sup>1</sup> Ryan White HIV/AIDS Treatment Modernization Act of 2006. Definitions for Eligible Services. "Case management services (non-medical) include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments."

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	<p>maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis.</p> <p>Objective 4c: To reduce (and then maintain below significance) socio-demographic differences in retention in primary medical care.</p> <p>Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.</p>	<p>follow-up.</p> <p><b>C. All nMCM Programs:</b></p> <p><b>Include, but not be limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• Assist eligible clients to identify and access appropriate services including medical care, health home care management, managed care behavioral health services, and existing and future insurance exchanges or new models that may arise from full implementation of ACA and Medicaid redesign.</li> <li>• Promote strategies known to improve the health of people living with HIV.</li> <li>• Facilitate access to a continuum of care that includes medical and support services, as appropriate, including but not limited to mental health and alcohol and substance use treatment and housing.<sup>2</sup></li> </ul>	<p>support.</p> <p><b>C. All nMCM Programs</b></p> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Agencies must either house or establish bilateral linkages with programs with expertise in medical care, early intervention services, mental health services, food and nutrition services, alcohol and substance use services, medical case management services, supportive counseling and family stabilization services, housing services, Medicaid, Medicare, and NYS Health Insurance Exchange Systems.</li> <li>• Agencies must ensure that staff members have cultural sensitivity training appropriate to the populations that they serve.</li> <li>• Although any individual agency does not have to serve clients from all five boroughs, funded agencies should be accessible to and able to serve clients from throughout the five boroughs of New York City.</li> <li>• Agencies must have the capacity to provide services in languages reflective of the populations served.</li> </ul>
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<sup>2</sup> Note: Does not involve the coordination or follow-up of medical treatments.