

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Non-Medical Case Management/Incarcerated & Released Service Directive**  
**Approved by the HIV Planning Council on February 29, 2024**

<p><b>Service Category Goals</b></p>	<ol style="list-style-type: none"> <li>1) Provide support to soon-to-be released/recently incarcerated inmates living with HIV to engage in HIV medical and support services</li>   <li>2) Provide advice and assistance to PWH in obtaining medical, social, community, legal, financial, and other needed services to improve their physical and mental health status<sup>1</sup></li>   <li>3) Reduce disparities in health outcomes for PWH involved with the correctional system</li> </ol>
<p><b>2022-2026 Integrated Plan Objectives<sup>2</sup></b></p>	<p>Goal: Increase the percentage of persons living with HIV who know their serostatus to at least 98%.</p> <p>Goal: Increase the percentage of New Yorkers who tested for HIV in the past 12 months.</p> <p>Goal: Reduce the number of new HIV diagnoses by 55%.</p> <p>Goal: Increase the percentage of persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Goal: Increase the percentage of persons living with diagnosed HIV who receive HIV medical care to 90%.</p> <p>Goal: Increase the percentage of Black persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Goal: Increase the percentage of Hispanic/Latino persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Goal: Reduce current disparities in median CD4 among persons living with diagnosed HIV.</p> <p>Goal: Reduce current disparities in the reengagement rate of persons living with diagnosed HIV identified as out of care within six months across all racial and ethnic groups, age groups, and across all genders (identified by assigned sex at birth) across all regions in NYS.</p>

<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.”

<sup>2</sup> New York State Department of Health, New York State’s Integrated HIV Prevention and Care Plan 2022-2026, (last accessed Dec. 19, 2023), available at [https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated\\_hiv\\_prevention\\_plan22-26.pdf](https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated_hiv_prevention_plan22-26.pdf).

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<p><b>Program Directive &amp; Service Model</b></p>	<p><b>Transitional Case Management for 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 PWH 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, linkage and referral and follow-up for eligible clients newly released to New York City from the New York State correctional system. Provide pre-release assistance with Medicaid enrollment should CMS approve NYS's 1115 waiver component to provide Medicaid coverage 30 days prior to release.</li> <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>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 insurance exchanges or that may arise from Medicaid redesign.</li> <li>• Promote strategies and evidence-based approaches known to improve the health of PWH who are justice-involved.</li> <li>• Facilitate access to a continuum of care that includes medical and support services, as appropriate, including but not limited to oral health, mental health and alcohol and substance use treatment, food and nutrition services and housing.<sup>3</sup></li> </ul>
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<sup>3</sup> Note: Does not involve the coordination or follow-up of medical treatments.

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<p><b>Client and Agency Eligibility</b></p>	<p><b>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>4</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) with experience serving recently or currently incarcerated HIV+ populations.</li> <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>• Agencies must either house or establish bilateral linkages with programs with expertise in medical care, oral health services, 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>• 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 New York EMA.</li> <li>• Agencies must have the capacity to provide services in languages reflective of the populations served.</li> </ul>
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<sup>4</sup> Inmates at a NYC Department of Corrections facility are exempt from providing proof of residency and income.