



# **NORTH DAKOTA RYAN WHITE PROGRAM PART B**

## **Program and Service Standards**

08/16/2023



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## INTRODUCTION

According to the Centers for Disease Control and Prevention (CDC), an estimated 1.2 million people are living with HIV in the United States. Of those, approximately 13 percent, or one in eight persons, are unaware of their infection.

Since the early days of the AIDS epidemic in the mid-eighties, HIV has evolved from a non-treatable terminal condition to a manageable chronic condition. Today, individuals living with HIV who are receiving medical care and are virally suppressed can expect to have a near-normal lifespan as those without HIV. In addition, with consistent treatment and sustained viral suppression, persons living with HIV are not considered infectious and cannot transmit HIV to their sexual partners. This is known as treatment as prevention (TasP) or Undetectable = Untransmutable (U=U).

While new HIV infections continue to decline, HIV continues to disproportionately affects minorities, particularly racial and ethnic minorities, and gay, bisexual, and transgender persons. HIV rates are also higher among those that experience socio-economic and cultural barriers, homelessness, incarceration, mental health, and substance use challenges.

Ryan White Program funds services and agencies to catalyze quality, cost-effective care by linking the patient, the medical provider, and other agencies and services essential for the comprehensive well-being of the client. With the coordination of care and services through the Ryan White Program, persons living with HIV are more likely to have better medical outcomes including higher retention in care and lower viral suppression.

This manual sets forth requirements for the North Dakota Ryan White Part B funded agencies as stipulated in the Ryan White HIV/AIDS Treatment Extension Act and as mandated by the Health Resources and Services Administration (HRSA) and the North Dakota Health and Human Services (NDHSS).

The manual lays out program and service standards for the North Dakota Ryan White Program as the recipient of the federal award, and Ryan White contracted agencies as sub-recipients. 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 and published at  
[www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW)

We acknowledge and commend valued partners and stakeholders who provide excellent Ryan White services to North Dakotans living with HIV. With dedication, partnering agencies and individuals play a critical role in providing services to people living with HIV. We thank you and look forward to our continuing partnership in enhancing and sustaining a system for providing compassionate and high-quality services that support persons with HIV.

Gordana Cokrljic  
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North Dakota Health and Human Services (ND HHS)



## 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), the 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 that other payers are not available for 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 the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). 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 to accommodate new and emerging needs, such as an increased emphasis on fund 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>.

The legislation authorizes programs in five Parts to meet the 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 the 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 healthcare 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 Ryan White Part B funding only.

## **1.2 NORTH DAKOTA RYAN WHITE PART B**

The North Dakota Health and Human Services is North Dakota's grantee for the Ryan White grant which includes the Part B base award and the AIDS Drug Assistance Program award (i.e., the ADAP earmark).

### **Mission:**

The program's mission is to provide access to medical care, treatment, health coverage, and support services to help individuals manage their HIV and maintain their optimal health and overall well-being.

### **Vision:**

The vision of North Dakota's Ryan Program Part B is that all persons living with HIV across North Dakota will have access to quality medical care and necessary support services, free from stigma and discrimination. This will result in optimal health outcomes for the individual, reduced HIV transmission, and cost savings for North Dakota's health system.

### **Goals and Objectives**

The goals of North Dakota's Ryan White Program Part B 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;
- Provide culturally competent services;
- Identify client needs and eligibility through a client-centered assessment process;
- Identify gaps in services and link clients 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 the client's care accordingly;
- Empower clients to strive toward self-sufficiency and overall well-being.

### 1.3 PART B SERVICES

Per the Ryan White 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 pursue other funding sources vigorously and consistently (i.e., Medicaid, Medicare, private insurance purchased through the Marketplace, and 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 clients to cross the HIV care continuum from diagnosis to retention in care to viral suppression. Per HRSA's legislative requirements, 75% or more of Ryan White Part B funds must be used to fund core medical services and up to 25% for support services.

Below are listed core and support services reimbursed through the North Dakota Ryan White Program Part B as defined under the *HRSA Federal Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds*.

The RW Program Part B consists of RW services and AIDS Drug Assistance Program (ADAP). The RW services funded through the RW Program Part B are listed below and help clients engage and remain in medical care. ADAP provides access to medications by reimbursing medications for uninsured clients and insurance premiums, medication copays, deductibles, and coinsurance for insured clients.

### **RW Core Services:**

- AIDS Drug Assistance Program (ADAP) Funding:
  - Medication Assistance
  - Insurance Assistance
    - Medication copays/deductibles/co-insurance
    - Health insurance premiums
- Part B Funding:
  - Ambulatory/Outpatient Medical Care
  - Medical Case Management
  - Mental Health Services
  - Oral Health Care
  - Substance Abuse Outpatient Care
  - Vision Care

### **RW Support Services:**

- Emergency Financial Assistance (rent & utilities)
- Medical Transportation
- Non-Medical Case Management
- Nutritional Supplements
- Psychosocial Support Services (group & individual)
- Substance Abuse Services (residential)

The ND HHS contracts with ten agencies that provide case management and reimburse funded services and two agencies that provide specific RW-funded services. Table 1 lists the 2023 grant year (April 1, 2023 – March 31, 2024) reimbursement rates and reimbursement caps for allowed services.

For the list of Ryan White-funded agencies, visit

[www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW).

Table 1. ND Ryan White Program Part B Reimbursed Services

Service	Reimbursement Rate or Cap	Type of Service	Type of Funding
Ambulatory/Outpatient Medical Care	100%	Core	Part B
Dental Care	\$10,000	Core	

Vision Care	100%	Core	
Mental Health	100%	Core	
Medical Case Management	\$60/hr	Core	
Substance Abuse Outpatient Care	100%	Core	
Case Management (non-medical)	\$60/hr	Support	
Case Manager Mileage for Home Visit	\$0.655	Support	
Emergency Assistance: Rent	\$2,000	Support	
Emergency Assistance: Utilities		Support	
Emergency Assistance: Glasses	\$500 every 2 years	Support	
Housing Referral Case Management	\$60/hr	Support	
Nutritional Supplements	100%	Support	
Substance Abuse Residential	100%	Support	
Transportation	\$0.655	Support	
Psychosocial Support Services (Hourly)	100%	Support	
Psychosocial Support Services (Cost of Service)	100%	Support	
Insurance Premium (ADAP Funds)	100%	Core	ADAP
Medicare Premium (ADAP Funds)	100%	Core	
Medicare Supplemental Premium (ADAP Funds)	100%	Core	
Injectable Medications (ADAP Funds)	100%	Core	

\*Reimbursement percent is the maximum rate at which expenses can be paid. Funded agencies may 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 list of Ryan White allowable services refer to *HRSA Federal Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds*

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>.

## 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:

1. Cash payment to clients or clients' family members
2. Emergency room (ER) care
3. Inpatient care
4. HIV Pre-Exposure Prophylaxis (PrEP)
5. Employment and employment-readiness services
6. Funeral, burial, cremation, or related expenses
7. HIV counseling and testing or prevention/risk reduction counseling for HIV-negative or at-risk individuals
8. Lobbying activities
9. Mortgage payments, property taxes, rental security deposits or other rental fees (application fees, background checks, pet security deposits, parking fees, etc.)
10. Penalty for failure to obtain essential health coverage
11. Purchase of clothing or household items
12. 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.)
13. Services for long-term incarcerated persons
14. Social, recreational, or entertainment activities
15. Purchase of syringes
16. Transportation for reasons other than medical care or support services related to HIV

## 1.5 HOPWA OR TRISTATE HELP

Housing Opportunities for Persons With HIV/AIDS (HOPWA) 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, also known as Tri-State HELP (Housing Environment for Living Positively), serves the residents of North Dakota, Montana, and South Dakota.

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 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, call 701-258-2240 or visit [www.cap7.com/what-we-do/#Self-RelianceProgram](http://www.cap7.com/what-we-do/#Self-RelianceProgram).

## 2. RYAN WHITE STANDARDS

The following standards include service standards for services reimbursed by the North Dakota Ryan White Program Part B 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*. The following standards also include program and fiscal monitoring standards.

### 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 the 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

Each Ryan White sub-recipient is responsible for being familiar with and understanding the standards. To review the National Monitoring Standards, visit <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2022-rwhap-nms-part-b.pdf>.

### 2.2 ND RYAN WHITE PROGRAM MONITORING STANDARDS

This manual describes ND Ryan White program and service standards (or standards of care). They provide a framework for evaluating services and define accountability and compliance with the program guidelines. Service standards are the minimum requirement that sub-recipients are expected to meet when providing or reimbursing HIV care and support services funded by the ND Ryan White Program.

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



**Description:** Describes the scope of the service or the policy.

**Procedure (i.e., Performance Measure/Method):** lists the specific activities required to meet the standard.

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

The ND HHS ensures that the RW Program Part B and sub-recipient agencies in North Dakota meet the expectations outlined in these standards.

### 3. 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. 21-02*. 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 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 the 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 ND 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.

#### 3.1 ELIGIBILITY REQUIREMENTS

##### 1. **HIV Status**

To be eligible to receive Ryan White Part B services, a person must have a confirmed HIV infection. HIV Surveillance program can obtain proof of HIV. However, in certain instances, case managers may need to collect that from the client.

Affected individuals (people affected by but not living with HIV) may be eligible for RW services in limited situations if the service for the affected individual benefits a person living with HIV or while they are HIV-indeterminate (infants < 2 years only born to mother with HIV but whose HIV status is not yet determined).

##### 2. **Residency**

The client must reside in North Dakota and must provide a state-issued ID within 60 days of enrollment.

##### 3. **Income Criteria**

Clients must have a gross household income at or below 500% 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 and the re-enrollment form.

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

### **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 enroll in eligible health coverage and utilize all other available services. Denial letters may be requested from other programs to ensure that RW is the last resort payer. See 7.8 Health Coverage Policy Section.
2. Client must complete the enrollment form with the help of the case manager and must provide updated information with every annual re-enrollment.
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 that is misleading or fraudulent for obtaining benefits through RW funding will be removed from the program and may need to reimburse the program for the services they received.

### **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. Net royalties
8. Social Security benefits

9. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
10. 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 the 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 another 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 another 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 include:
  - 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
- Incarcerated
  - Temporary incarceration including jail or a juvenile detention facility.
- ***Clients' housing status is documented in Maven with intake, annual re-enrollment, and each time it changes.***

## 3.2 RYAN WHITE APPLICATION

### **Procedure and Documentation:**

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

1. Proof of residency
  - ND driver's 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)
  - If uninsured:
    - denial letters if denied health coverage
    - completed Employer Coverage Tool for all employed household members
4. Signed Release of Information Form
5. The case manager will assist the client with completing the application and collecting the documentation necessary to verify eligibility. Eligibility is determined at the local agency level. If determined eligible, the case manager will keep the documents in a secure environment at the agency as well as upload the form and supporting documents to Maven.
6. Notify the RW Coordinator of the new client.

## 3.3 RYAN WHITE CARD

The client will receive a Ryan White card with two numbers from their case manager. RW number is used for RW services reimbursement and ADAP number is used for medication reimbursement through the Medicaid Managed Information System (MMIS).

Case manager will write the RW and ADAP numbers on the RW card and provide them to the client. Once assigned, the client's RW and ADAP numbers will remain the same throughout their initial and subsequent enrollments in the ND Ryan White Program.

### **3.4 ANNUAL RE-ENROLLMENT (REAPPLICATION)**

Clients must complete the re-enrollment process annually by April 30<sup>th</sup> for the eligibility period of May 1 – April 30. Clients that do not reapply by April 30<sup>th</sup> will become ineligible for the Ryan White program services, including ADAP. Clients that enroll between February 1<sup>st</sup> and April 1<sup>st</sup> do not need to reenroll until the following year.

#### **Six-month Recertification (October)**

As of October 2022, clients are not required to complete the 6-month recertification. However, at this time clients must be screened for retention in care, health coverage, and immunizations.

### 3.5 CLIENT RIGHTS AND RESPONSIBILITIES

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

#### Client Rights

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

- Be treated with respect, dignity, consideration, and compassion.
- Receive Ryan White case management and other 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 your care.
- Be informed about services and options available to you.
- Reach an agreement with your Ryan White case manager about the frequency of contact you will have, either in person or over the telephone.
- Have your Ryan White records be treated confidentially.
- File a grievance about services you are receiving or denial of services.

#### Client Responsibilities

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

- Treat other clients and staff of this agency with respect and courtesy.
- Protect the confidentiality of other clients you 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 you are able in creating a plan for your care.
- Let your Ryan White case manager know any concerns you have about your Care Plan or changes in your needs.
- Make and keep appointments to the best of your ability, or if possible, call to cancel or change an appointment time.
- Stay in communication with your Ryan White case manager by informing them of changes in your address, phone number, or income, and respond to their calls or letters to the best of your ability.
- Provide your Ryan White case manager with any requests for payment of bills within **30 days of the statement date** and provide the required documentation.
- Follow the Ryan White case manager's directions to get assistance from other available programs and services.



- Stay in care by visiting your doctor regularly and taking prescribed medication to ensure your health and well-being.
- Annually complete the re-enrollment documentation by **April 30<sup>th</sup>** for continued Ryan White program eligibility.

**Procedure:**

1. Clients are informed of their Rights and Responsibilities at each intake and annually during re-enrollment.

**Documentation:**

- Documentation of annual Rights and Responsibilities (part of the application form) signed and dated by the case manager and the client is in the client's chart.

### 3.6 RELOCATION

Clients moving within the state are required to notify their case manager of their move. The case manager will link the client to the case manager serving the area where they are moving to and reassign the case to the new case manager in Maven.

The client is still considered active and does not need to complete a new application form but will need to provide 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 the ND Ryan White program.

### 3.7 TERMINATION AND DISCHARGE PLANNING

**Procedure:**

1. Case file closure, service termination, and/or discharge planning procedures may be initiated for several circumstances:
  - a. The client moves out of North Dakota;
  - b. The client resides in a long-term facility that covers their full care.
  - c. The client does not need or declines continued Ryan White assistance;
  - d. The client is no longer eligible to receive services based on the program guidelines;
  - e. The client fails to re-enroll or provide the required documentation before the re-enrollment deadline;
  - f. The client refuses to adhere to the agency or program's conduct guidelines (see Client Responsibilities)
  - g. If the client is threatening and abusive (can be 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.
  - h. If the client does not follow through and continues to be abusive, they will be subject to termination from the program until they comply.
  - i. If the client has no documented mental health or substance abuse issues, the 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.
  - j. 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 Client's Rights and Responsibilities document,

- informed of the agency (or state) grievance procedures, and terminated from the program.
2. If the client declines RW 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.
  3. Case manager will notify the client of their termination from the program via certified letter and write a discharged summary in client's file including the date of discharge, reasons(s), and referrals made at the time of discharge, if applicable.
  4. The case manager will enter a case closed date, and reason for closure in Maven and notify the RW Coordinator of the discharge.

**Documentation:**

- Client chart has the certified letter notifying the client of their termination from the program.
- Client's Maven record has the closed date and the reason.

## 4. RYAN WHITE CASE MANAGEMENT

### 4.1 CASE MANAGER ROLES AND RESPONSIBILITIES

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 assist them on their way to self-sufficiency.

Case managers also help reduce the cost of care by ensuring that the client is retained in medical care, thus preventing the decline in clients' health and subsequent high cost of medical care. Clients with case managers are more likely to follow their medication regimens and thus have improved CD4 cell counts, higher viral suppression rates, and lower chances of HIV transmission.

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 Medicaid (Traditional and Expansion), Medicare, Federal Marketplace and enrollment assistance organizations, Tri-State HELP (HOPWA), low-income assistance programs, Federally Qualified Health Centers, sliding-fee scale clinics, private infectious disease providers, and other service providers in the area.

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 into two categories: Medical Case Management (MCM) and Non-Medical Case Management (NMCM). Medical Case Management aims to improve healthcare outcomes, whereas the NMCM aims to improve access to needed services.

Ryan White Part B-funded HIV case management in North Dakota is provided through contracts with local public health departments. Visit [www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW) for a list of the Ryan White-funded agencies in North Dakota.

#### **The Ryan White Part B HIV case management is:**

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

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 activities revolve.
- Clients have the right to personal choice, and the 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 the case manager to continue supporting the client's 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 the 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 services needed to a continuum of medical and supportive services. The first and highest priority of all HIV case management is to ensure that all PLWH are enrolled and retained in coordinated health care and treatment for HIV disease that optimizes their health and well-being.
  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 the risk of complications, prevent associated illnesses, and enable people living with chronic conditions to have the best possible quality of life.

PLWH need support and information to become effective managers of their health. Chronic conditions require not only medical interventions but behavioral interventions as well. To effectively manage their health, clients 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 managers, family, friends, and community.

Effective self-management support is acknowledging the client's central role in their care, one that fosters a sense of responsibility for their health. Using a collaborative approach, the 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.

## 4.2 MEDICAL CASE MANAGEMENT

### **Description:**

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 a 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 North Dakota's surveillance system, Maven, client assessments, collaboration with medical providers, and by reviewing medical charts when available.

MCM also includes vigorous pursuit and enrollment of clients into eligible health coverage.

### **Procedure:**

1. Screen clients by completing the Acuity Scale and develop a Care Plan to meet the identified needs. See Sections 3.4-3.6 for Acuity Scale and Care planning Standards.

2. Monitor and supervise client's HIV medical care by ensuring that clients have had lab work within the past 12 months, schedule/monitor appointments, review lab work, address medication adherence, and any barriers to medical care and treatment.
3. Educate clients about HIV and HIV management and the importance of ongoing HIV care.
4. Provide HIV risk reduction and treatment adherence counseling to persons that are not virally suppressed or are at risk for HIV transmission (i.e., persons who inject drugs, persons with multiple sex partners, persons with anonymous sex partners, MSM).
5. 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).
6. Assist clients to receive recommended immunizations and CDC-recommended screenings for PLWH.

**Documentation:**

- All activities to engage client in care, provide medication adherence counseling, referrals or assistance with enrollment in health coverage are documented in client's chart.
- Maintain client charts that include the date of the encounter, type, duration, and key activities.
- See Sections 3.4-3.6 for Acuity Scale and Care planning Standards for documentation pertaining to Acuity Scale and Care planning Standards.

*Program Guidance:*

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to HIV treatments shall be considered MCM or Outpatient/Ambulatory Health Services (OAHS). Treatment Adherence services provided during an MCM visit should be reported as MCM whereas Treatment Adherence services provided during an OAHS visit should be reported under the OAHS category.

## 4.3 NON-MEDICAL CASE MANAGEMENT

### **Description:**

Non-Medical Case Management (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention of needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. It also includes the determination of eligibility for the program and the annual eligibility assessment every April. 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 Program Part B and various RW-funded services.
2. Provide an overview of the Ryan White program for new clients and inform clients of their rights and responsibilities and the 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. Link clients to available support services, including referrals and follow-up.
6. Provide reimbursement for core and support services that allow clients to access or maintain retention in medical care.
7. See Sections 3.4-3.6 for Acuity Scale and Care planning Standards.

### **Documentation:**

- Document all NMCM services offered and/or provided to the client including evidence of linking clients to needed services, client-specific advocacy, outcomes of service referrals.
- Maintain client charts that include the date of the encounter, type, duration, and key activities.
- Collect documentation of client eligibility.
- See Sections 3.4-3.6 for Acuity Scale and Care planning Standards.



## 4.4 CASE MANAGER PERSONNEL QUALIFICATIONS

The minimum education and/or experience requirements for ND Ryan White Case Managers are:

1. Master of Social Work (MSW), Bachelor of Social Work (BSW); or other related health or human service degree from an accredited college or university; or
2. Current North Dakota registered nurse (RN) license; or
3. A bachelor's degree from an accredited college or university; or
4. Associate degree with two years of experience working with HIV, STIs/viral hepatitis/TB, chronic illness populations, and underserved populations.

The minimum training experience required for Case Managers to complete within first six months of employment are:

1. Completion of the AETC National HIV Curriculum: <https://aidsetc.org/nhc>.
2. Completion of the AETC (Southeast) Medical Case Management Curriculum: <https://www.seaetc.com/modules/>;
3. Completion of at least six hours of annual training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral, and prevention; and
4. Minimum of two hours of Insurance/Medicaid/Medicare training/updates annually; and
5. Minimum of two hours of cultural competency training annually.

***Documentation of completion of required training must be kept in the personnel file.***

National and ND HHS webinars and conferences related to HIV can be counted toward the annual training hours.

## 4.5 CASE MANAGEMENT ACUITY SCALE

Acuity-based case management is used to assess clients' level of need, tailor case management 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 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.

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

Life Area & Score	0 points Self Mgmt.	1 point Basic Need	2 points Moderate Need	3 points High Need
<b>Medical Case Management</b>				
<b>Linkage and Retention in Medical Care</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Client attended all HIV medical appointments in the last 12 months.	<input type="checkbox"/> Client missed one appointment in the last 12 months or has rescheduled multiple appointments.	<input type="checkbox"/> Client missed more than one medical appointment in the last 12 months.	<input type="checkbox"/> No reported labs in the past 12 months. Client is: <input type="checkbox"/> newly diagnosed <input type="checkbox"/> pregnant <input type="checkbox"/> immunocompromised <input type="checkbox"/> released from a correctional facility within the past 90 days <input type="checkbox"/> is/was hospitalized or used ER in the last 30 days
<b>Understanding of HIV &amp; Risk Behavior</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Understands risks & practices harm reduction behavior and communicates with sexual partners about safer sex (e.g., condom use, PrEP, testing)	<input type="checkbox"/> Understands risks and practices harm reduction most of the time.	<input type="checkbox"/> Has poor knowledge and engages in risky behaviors. Viral load detectable. Needs partner services.	<input type="checkbox"/> Frequently engages in risky behaviors. Not virally suppressed. High risk for HIV transmission. Needs partner services.
<b>Medication Adherence</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Complete medication adherence reflected in the undetectable viral load.	<input type="checkbox"/> Misses doses occasionally with continued viral load suppression.	<input type="checkbox"/> Misses doses frequently. Has a detectable viral load below 200 copies/mL.	<input type="checkbox"/> Misses doses daily and has a viral load over 200 copies/mL. Needs adherence counseling.

Life Area & Score	0 points Self Mgmt.	1 point Basic Need	2 points Moderate Need	3 points High Need
<b>Health Coverage</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Has medical coverage. Able to access medical care.	<input type="checkbox"/> Enrolled in health coverage but requires support to maintain coverage.	<input type="checkbox"/> Has medical coverage but requires ADAP premium assistance and CM support to maintain coverage.	<input type="checkbox"/> No health coverage. <input type="checkbox"/> Not eligible for public or private coverage. <input type="checkbox"/> Eligible but not enrolled.
<b>Non-Medical Case Management</b>				
<b>Basic Needs</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Food, clothing, and other basic items available through the client's means. <input type="checkbox"/> Has ongoing access to assistance programs that maintain basic needs consistently. <input type="checkbox"/> Able to perform activities of daily living independently (ADL)	<input type="checkbox"/> Basic needs met regularly with occasional need for help accessing assistance programs. <input type="checkbox"/> Unable to routinely meet basic needs without emergency assistance. <input type="checkbox"/> Needs assistance to perform some ADL weekly.	<input type="checkbox"/> Routinely needs help accessing assistance programs for basic needs. <input type="checkbox"/> History of difficulties in accessing assistance programs. <input type="checkbox"/> Often w/o food, clothing, or other basic needs. <input type="checkbox"/> Needs in-home ADL assistance.	<input type="checkbox"/> Has no access to food. <input type="checkbox"/> Without most basic needs. <input type="checkbox"/> Unable to perform most ADL. <input type="checkbox"/> No home to receive assistance with ADL.
<b>Mental Health</b>  <b>Acuity Score:</b>	<input type="checkbox"/> No history of mental health problems. No need for referral.	<input type="checkbox"/> Past problems and/or reports current difficulties/stress – is functioning or already engaged in mental health care.	<input type="checkbox"/> Having trouble in day-to-day functioning. Requires significant support. Needs referral to mental health care.	<input type="checkbox"/> Danger to self or others and needs immediate intervention. Needs referral to mental health care.
<b>Substance Use</b>  <b>Acuity Score:</b>	<input type="checkbox"/> No difficulties with substance use. No referrals needed.	<input type="checkbox"/> Past problems but currently in recovery. Not impacting ability to function daily or access medical care.	<input type="checkbox"/> Current substance use – willing to seek help. Impacts ability to function and	<input type="checkbox"/> Current substance use – not willing to seek help. Unable to function daily or maintain medical care.

Life Area & Score	0 points Self Mgmt.	1 point Basic Need	2 points Moderate Need	3 points High Need
			access medical care.	
<b>Housing</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Living in clean, stable housing. Does not need assistance.	<input type="checkbox"/> Stable housing (subsidized or not). Occasionally needs housing assistance (<2 times per year).	<input type="checkbox"/> Temporary housing (subsidized or not). Frequent violations and eviction notices and history of homelessness.	<input type="checkbox"/> Unstable housing. Currently facing eviction or homelessness.
<b>Language and Cultural Barriers</b>  <b>Acuity Score:</b>	<input type="checkbox"/> No language/cultural barriers.	<input type="checkbox"/> Some language/cultural barriers that do not majorly affect access to medical care or services.	<input type="checkbox"/> Language & cultural barriers that prevent client from accessing medical care and services.	<input type="checkbox"/> Language/cultural barriers. Client is not able to access medical care or treatment without translation services and CM assistance.
<b>Transportation</b>  <b>Acuity Score:</b>	<input type="checkbox"/> Has consistent and reliable access to transportation with no need for agency support.	<input type="checkbox"/> Occasionally needs transportation assistance to stay in medical care.	<input type="checkbox"/> Has a car or a bus pass but requires CM assistance in coordinating and reimbursing transportation.	<input type="checkbox"/> Limited or no access to transportation (language, cognitive ability, mental health) which impacts access to medical care and services.
<b>Total Points:</b>	<b>Add up the total points from each line to determine the total.</b> 0 pts: Self-Management                      1-10 pts: Basic Case Management 11-20 pts: Moderate Case Management   21-30 pts: Intensive Case Management			

### Acuity Level of Interaction:

Acuity Score	Type of CM Required	Required Level of Interaction:
High (21-30)	Intensive MCM or CM	Minimum: <ul style="list-style-type: none"> <li>• In-person acuity assessment every 6 months.</li> <li>• Care Plan updated every month.</li> <li>• Weekly contact.</li> </ul>

Moderate (11-20)	Moderate MCM or CM	Minimum: <ul style="list-style-type: none"> <li>• In-person acuity assessment every 6 months.</li> <li>• Care Plan updated every 3 months.</li> <li>• Monthly contact.</li> </ul>
Basic (1-10)	Brief- contact CM or MCM	Minimum: <ul style="list-style-type: none"> <li>• In-person acuity assessment every 12 months</li> <li>• Care Plan developed for clients with presenting issues. No Care Plan needed for clients with no issues to be addressed.</li> <li>• Contact every 6 months.</li> </ul>
Self-Management (0)	Minimal CM needed.	Minimum: <ul style="list-style-type: none"> <li>• Acuity assessment every 12 months</li> <li>• No Care Plan needed.</li> <li>• Contact every 12 months.</li> </ul>

#### **Procedure:**

1. Assess clients' needs by completing the Acuity Scale.
2. An acuity level for each life area is assigned using own judgment to determine the appropriate level of program support and services referral.
3. The Acuity Scale or Care Plan do not have to be completed with the client present, but the client and the case manager are expected to develop the Care Plan together.
4. Clients with an acuity score of 21 to 30 points require Intensive Case Management which includes minimum contact of every week, Care Plan developed and updated at least monthly, and in-person reassessment of the Acuity Level at least every 6 months.
5. Clients with an acuity score of 11 to 20 points require Moderate Case Management which includes minimum monthly contact, Care Plan updated every three months, and in-person acuity reassessed every six months.
6. Clients with an acuity score of 1 to 10 points require Basic Case Management which includes an in-person acuity assessment every 12 months, Care Plan developed for clients with presenting issues, and minimum contact every 6 months.
7. Clients with acuity score of 0 are self-sufficient and only require their acuity to be reassessed annually with the re-enrollment.

8. Develop a comprehensive, strengths-based, Care Plan for all clients requiring more than Basic Case Management (score above 10) outlining the steps the client and the case manager will take to meet identified needs.
9. Develop a Care Plan within 45 days of the completion of the Acuity Scale.
10. Document in the Care Plan all case management 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.

**Documentation:**

- Acuity Scale is completed and maintained in client's chart for all enrolled clients upon intake and annually at re-enrollment.
- Acuity Scale is completed and maintained in client's chart every 6 months for clients needing more than Basic Case Management (score above 10).
- Care Plan is completed every 6 months for clients needing more than Basic Case Management (score above 10). See Section 3.5 Care Plan Development and Implementation.
- Progress notes document all client interactions, including the date, time, duration, and content of interaction for clients needing Basic Management or who are Self-Managed.

## 4.6 CARE PLAN DEVELOPMENT AND IMPLEMENTATION

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 the 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 the client's self-determination and self-management of a chronic disease whenever possible and empowers the 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 present options and help them develop contingency plans if necessary. There should be an ongoing and joint assessment of the appropriateness of the Plan.

Care Plan activities should be used as tools for helping the client resolve crises and to develop sustainable 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 needing more than Basic Case Management (score of 10) will participate in the development of a Care Plan.
2. Use the *ND Ryan White Program Part B Care Plan* or the Agency's electronic chart's Care Plan 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 the target date of tasks and goals.
7. Document completion date to show when the task was completed.
8. Ideally, both the case manager and the client should sign and date the Care Plan on the date it was developed, and a copy should be provided to the client. If the client is not able to be present and sign the Plan, case manager should note that client was informed and agrees to work toward the goals outlined in the Care Plan.
9. Document the progress notes regarding the 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, human services social worker, insurance navigator, housing assistance case manager) to help coordinate needed services and address the client's needs.
12. Client and the 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 crises 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, and letters.
15. Case manager should document all attempts to get in contact with the client.

**Documentation:**

- All clients needing more than Basic Case Management (score above 10) have a developed Care Plan in their chart within 45 days of the completion of the Acuity Scale.
- Care Plan should be revised to 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.
- Care Plan is signed and dated by the case manager and the client on the day it was completed.
- If the Care Plan is electronic or client was not able to sign the Care Plan, documentation that client is aware of and agrees to the Care Plan activities.

## 4.7 CARE PLANNING TERMINATION OR COMPLETION

### **Procedure:**

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

- Client has satisfactorily met the 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 the 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, a case manager is encouraged to refer these clients to an agency that is skilled in providing the needed services.
  - Client's refusal to participate in Care planning may affect the client's Ryan White program eligibility.
- The client is not adhering to Ryan White's Client Responsibilities and exhibits a pattern of abuse and/or non-compliance.
- The client cannot be located.

### **Documentation:**

- Document the reason for Care planning termination.
- For clients that are refusing to be a part of the Care planning process, document client contact attempts and the client's refusal to participate in planning.
- For clients that are unable to be located, document contact attempts to reengage the client into care.
- For self-sufficient clients or those needing Basic Case Management:
  - Documentation of completed goals in the Care Plan. Reassessed Acuity Scale with a score of 10 or below.

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

## 4.8 CLIENT SCREENING AND COUNSELING

### **Procedure:**

- 1) Case managers will screen clients at intake and annually for recommended CDC screenings for persons living with HIV.
- 2) Client screening information can be obtained from the client, the client's medical chart (if access is available), the client's provider, or through the North Dakota Health Information Network (NDHIN).
- 3) If case managers are not able to obtain screening information, and the client does not recall whether they were screened as recommended, the case manager should coordinate the screening/testing at the agency or refer the client to their medical provider.
- 4) Client screening and counseling services are reimbursed under Medical Case Management. The cost of vaccines and administration fees are reimbursed under Outpatient/Ambulatory Medical Care.

### **CDC Recommended Screenings for PLWH**

CDC recommends persons with HIV get screened for the following conditions since their HIV diagnosis:

- i) Tuberculosis (TB)
- ii) Hepatitis B
- iii) Persons that are not immune to hepatitis B are recommended to receive the hepatitis B vaccine series.
- iv) 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) are recommended to get screened every 3 to 6 months.

### **Pap Screening**

Women with HIV aged <30 years should have a Pap test following the initial diagnosis of HIV. Pap tests should be done every 12 months. If the results of three consecutive Pap tests are normal, follow-up Pap tests can be performed every 3 years.

### **HIV Risk Reduction Screening**

Clients that are not virally suppressed or that are out of care should be screened for high-risk behaviors. Clients who report sexual or needle-sharing activities while having a detectable viral load should be referred to the local field epidemiologist for partner services. Clients should be informed that the HHS field epidemiologist will be contacting them to elicit partner information.

### **Mental Health and Substance Abuse Screening**

All clients should receive brief mental health and substance abuse screening during enrollment, and annually at re-enrollment. Clients that indicate mental and or substance abuse issues should be referred 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.

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

A comprehensive adult vaccine schedule can be found at:  
[www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf](http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf).

Clients should be counseled on the importance of immunizations linked to receiving the vaccines at the local public health agency. If immunizations are not available through the local public health, clients can be referred to their private medical provider.

### **Documentation:**

- Clients are screened at each enrollment and annually at re-enrollment for recommended screenings.
- Referrals of appropriate referrals or provision of screening or testing are documented in the client's chart.

## 5. CORE SERVICES STANDARDS

### 5.1 OUTPATIENT/AMBULATORY MEDICAL CARE

#### **Description:**

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 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 or for medical care out-of-state, the client's provider must complete the *ND Ryan White Program Part B Request for Medical Care (SFN 62371)* explaining the procedure and the estimated cost. This request must be approved by the RW Coordinator.
4. Ryan White funds are utilized only after all other payers have been applied.
5. If the client is found to be eligible retroactively for health coverage, the case manager must attempt to recoup any expended Ryan White funds where another payer source was available.

6. 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](http://www.ndbom.org/public/find_verify/verify.asp)).
7. If the case manager is reimbursing medical expenses related to injectable HIV medications (e.g., Cabenuva), they must notify the RW Coordinator and upload the medical bill to Maven.
8. Reimbursed medical visits must be listed by the date the visit occurred on the monthly request for reimbursement form.

**Documentation:**

- Case managers must keep records of reimbursed medical services including dates, types of procedures, the frequency, and the cost of procedures.
- Documentation that the service is related to HIV must be within the client's chart.
- Documentation that reimbursed care is provided by a qualified professional with a valid license to practice in North Dakota.
- Completed *ND Ryan White Program Part B Request for Medical Care (SFN 62371)* for HIV-related procedures other than routine HIV care or procedures done outside of North Dakota.

## 5.2 MENTAL HEALTH SERVICES

### **Description:**

Mental Health Services is the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state of ND to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

### **Procedure:**

1. Eligible clients will be referred for Mental Health Services by a medical provider or the case manager.
2. All mental health services provided are documented in the client's record. If psychotropic medications are used, the medication list, assessment for side effects, and treatment education will also be included.
3. A mental health screening must be completed to determine the need. Mental health screenings can include PHQ-9, GAD-9, AUDIT-DAST, Rx Abuse Screener, and MOCA.
4. If mental health services are deemed appropriate, a service plan is developed within 15 days of the initial screening to include:
  - a. Diagnosed mental illness or condition
  - b. Service modality (individual or group or both)
  - c. Treatment goals
  - d. Start date for mental health services
  - e. Projected end date for services
  - f. Recommended number of sessions
  - g. Reassessment dates of client progress every 90 days.
5. A complete psychosocial assessment will be completed, and the result of the assessment will be used to complete the service plan as necessary.
6. Mental health services, provided as group or individual sessions, should be specific to individual client needs and can include counseling regarding:
  - a. Prevention and transmission risk behaviors, including root causes and underlying issues related to increased HIV transmission behaviors
  - b. Substance misuse
  - c. Treatment adherence
  - d. Development of social support systems



- e. Community resources
  - f. Maximizing social and adaptive functioning
- 7. Care will be coordinated across the agency and specifically address monitoring mental health and treatment adherence.
- 8. Refer the client to other medical, mental health, and other services as appropriate (e.g., psychiatric services, substance abuse treatment, neuropsychological testing, day treatment programs, in-patient hospitalization, and case management).
- 9. Clients are discharged when mental health services are:
  - a. No longer needed
  - b. Goals have been met
  - c. Client has met the annual cap for mental health services
  - d. Client is transferred
  - e. Client cannot be located
  - f. Client is violating RW Rights and Responsibilities is abusive, or is violating the safety or confidentiality of others
  - g. Client is no longer enrolled in the ND Ryan White program
- Reason for discharge and options for other service providers should be discussed with the client. If verbal contact is not possible upon discharge, a certified letter must be sent to the client's address.

Unable to Locate:

- If the client cannot be located, the agency will contact the client's case manager to verify contact information and program eligibility. The agency will make and document a minimum of three follow-up attempts (calls, emails, or a letter) over a period of 30 days. Clients that cannot be located within 30 days of the last contact attempt will be closed.
- Withdrawal from Service: If the client reports that services are no longer needed or decides to no longer participate, the client may withdraw from services. It may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood or identify factors interfering with the client's ability to fully participate. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.

Administrative Discharge:

- Clients who engage in behavior that abuses the safety or violated the confidentiality of others may be discharged. Before discharging a client for this reason, the case must be reviewed by leadership according to the agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for the discharge and includes alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chat.

10. All mental health professionals will have appropriate and valid licensure and certifications required to practice in North Dakota.

11. All mental health professionals must be supervised by a licensed clinical mental health practitioner.

12. Mental health professionals must complete at least 2 hours of continuing education in HIV treatment and care annually.

13. Agency will verify that each client is currently enrolled in the Ryan White program with the client's case manager or the RW Coordinator.

14. Clients will complete the Release of Information annually.

14. Clients will be informed of the agency's grievance policy and process. Grievances are documented in the client's chart along with status and resolution.

#### **Documentation:**

- Following must be components of the client's record:
  - Referral
  - Initial assessment
  - Documentation of screening signed and dated by mental health service provider
  - Individualized treatment plan including treatment modality, and frequency and quantity of treatments
  - Documentation of all contacts and dates of service
  - Reassessment of the treatment plan to include monitoring and assessment of the client's progress
  - Referrals and follow-ups

- Discharge summary within 30 days of discharge, including certified letter if applicable
  - Documentation of coordination with medical staff, case manager, pharmacy, and other support services as needed related to treatment adherence
  - Signed and dated Release of Information within the last 12 months.
- Following must be components of the agency's or provider's record:
    - Documentation of current licensure and completed training are in the provider's personnel file
    - Documentation of supervision according to agency policy
    - Documentation of completed HIV/AIDS training and certificates

## 5.3 ORAL HEALTH CARE

### **Description:**

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 hygienist, and licensed dental assistant.

Assistance is available for routine check-ups, x-rays, cleanings, extractions, and fillings. More extensive procedures may be covered based on available funding. For clients needing extensive treatments due to bone loss or other issues, the total cost per grant year per client is capped at \$10,000 for two consecutive years and is capped at \$25,000 for five years.

### **Procedure:**

1. All routine or prophylactic dental care may be reimbursed up to 100%.
2. Essential procedures such as dentures and implants may be reimbursed if medically necessary and per available funding. All dental costs cannot exceed \$10,000 per grant year for two consecutive years, and \$25,000 in five years.
3. Client's provider or the case manager 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.
4. Case manager will approve or deny the request based on available funding.
5. Case manager will coordinate dental appointments and refer clients to sliding fee-scale dental clinics if available.

### **Documentation:**

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

## 5.4 SUBSTANCE ABUSE TREATMENT SERVICES (OUTPATIENT)

### **Description:**

Substance Abuse Outpatient Care is an allowable expenditure under the *HRSA HAB Policy 16-02* for the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include screening, assessment, diagnosis, and/or treatment of substance use disorder. These can include pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with substance use disorder, outpatient drug-free treatment and counseling, neuro-psychiatric pharmaceuticals, and relapse prevention.

### *Program guidance:*

Acupuncture therapy may be allowable under this service category if it is included in a documented plan as part of a substance use disorder treatment program funded under the RW program.

Syringe access services are allowable, to the extent that they cannot comport with current appropriations law and applicable HHS guidance, including HRSA or HAB-specific guidance.

### **Procedure:**

1. Local RW case management agencies can reimburse substance abuse outpatient care up to 100%, contingent on available funding.
2. Document the date of the visit and the amount reimbursed.

### **Documentation:**

- For auditing purposes, documentation including the date of the service, type of service, and form must be included in the client's chart and be available to the Ryan White program staff per request.
- Documentation that the service was provided by a qualified professional with a valid license to practice in North Dakota must be included in the client's chart.

## 5.5 VISION ASSISTANCE

### **Description:**

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

### **Procedure:**

1. All exams will be reimbursed up to 100 percent rate under the vision care services category, based on available funds.
2. Corrective eyewear can be reimbursed up to \$500 every other year based on available emergency assistance funding.
3. All procedures besides preventative care must be related to HIV.
4. *Request for Vision Care (SFN 60072)* form must be completed by a vision healthcare provider or the case manager before reimbursement. The form must include an explanation of the procedure and the 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 the service was provided by a qualified professional with a valid license to practice in North Dakota must be included in the client's chart.

## 5.6 HEALTH INSURANCE PREMIUM ASSISTANCE

### **Description:**

Health Insurance Premium Assistance is an allowable expense under the *HRSA HAB Policy 16-02* 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 private individual policies (Marketplace or off-Marketplace insurance), private employer-based health insurance (where the employer accepts third-party payments for insurance premiums), Medicare Part D, and Medicare Advantage (Medicare Part C) coverage.

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

- Insurance must be essential to the 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 paying 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.

### **PRIVATE – INDIVIDUAL (MARKETPLACE) INSURANCE**

Insurance Premium Assistance for Marketplace coverage is available under the following conditions:

- Clients are not eligible for public or affordable employer coverage.
- Client must accept the Advanced Premium Tax Credit and must file a 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 the Marketplace.
- Clients must provide a copy of the filed tax return to their case manager for the year in which they received RW premium assistance. The Ryan White program may recoup any funds that the client receives for the underpayment of tax credits.
- Ryan White Program is not considered essential health coverage, and uninsured clients may have to pay the individual mandate penalty. Ryan White funds may not be used to pay this penalty.

- Clients that become eligible for public or employer health coverage must cancel the Marketplace policy by calling the Marketplace or through their Marketplace account and must notify their case manager to stop the monthly premium payments.

**Procedure:**

1. When enrolling in Marketplace insurance, the client must:
  - a. Complete the *ND Ryan White Program Part B Request for Premium Assistance (SFN 60502)* form.
  - b. Provide a statement with the insurance premium amount (computer screenshots are accepted).
  - c. Complete additional documentation as requested by the Ryan White Coordinators such as a Disclosure of Information form.
2. For premiums paid by the State office, upload these documents in Maven and notify the Ryan White Coordinator. Please allow a minimum of 2 weeks for the first payment to the insurance company.
3. For premiums paid by the Agency, submit the paid expenses as Insurance Premium (ADAP funds).
  - a. Premiums are paid with ADAP funds, and contractual funds will not be affected.
4. Clients are eligible for Marketplace premium assistance until they become eligible for Medicaid, Medicare, or employer coverage. Once a client becomes eligible for other coverage, they must apply and transition to that coverage and cancel their Marketplace policy.
5. Insurance through the Marketplace must be canceled by calling the Marketplace or canceling the coverage via the client's Marketplace account. Clients can be referred to a local navigator to assist them with updating or canceling their Marketplace policy.
6. If a premium was paid for a client that becomes ineligible for the RW program or the client transitions to public or private employer coverage, Ryan White Coordinator, or the case manager must attempt to recoup that premium payment.
7. Clients must inform their case manager of any changes in the premium or checks received from the insurance company immediately.

**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 for Marketplace insurance 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**

Medicare Part D covers outpatient prescription drugs. It is offered through private companies that contract with the federal government. Persons eligible for Medicare Part D include persons 65 years of age or older, persons who have received Social Security Disability Insurance (SSDI) benefits for more than 24 months, and those who have been diagnosed with end-stage renal disease (ESRD).

### **Procedure:**

1. Clients must submit the Medicare Part D premium letter to their case manager for reimbursement.
2. Case manager may pay Medicare Part D premiums for the period in increments of up to three months.
3. Case manager will submit the expenses under Medicare Premium on the monthly request for reimbursement and must 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.

## 6. SUPPORT SERVICES STANDARDS

### 6.1 MEDICAL TRANSPORTATION ASSISTANCE

#### **Description:**

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 case manager or 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 the current state reimbursement rate for the use of personal vehicles.
4. Reimbursement with a gas certificate or voucher will be made to the nearest dollar indicated by the number of miles multiplied by the state reimbursement rate.
5. Public Transportation: Assistance is available for public transportation (e.g., bus, taxi, or Uber/Lyft). Because the client cannot receive cash, the ticket or fare may 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 the type of reimbursement.

## 6.2 EMERGENCY FINANCIAL ASSISTANCE

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 the 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 or family members and cannot be used for mortgage payments.

### **Procedure:**

Emergency Financial Assistance (EFA):

- 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 and focused on the client becoming self-sufficient.
- 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.
- Is limited to \$2,000 per client per grant year.
- Assistance requests over the \$2,000 cap may be approved by the RW Coordinator for special circumstances based on available funding. Special circumstances include being under an economic or medical crisis (i.e., loss of employment, medical disability or emergency, substantial change in household composition).
- For assistance above the \$2,000 annual cap, the 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.). Exceptions may apply if the client has incurred late fees that prevent them from finding housing or are placing them at risk of eviction.
- The case manager and the client will complete the *Request for Emergency Assistance (SFN 58588)* form each time the client requests assistance.
- 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 *ND Ryan White Request for Emergency Assistance (SFN 58588)*, the lease or rental agreement listing the client as the tenant, the amount paid, and any additional supporting documentation.

## **6.3 GROUP PSYCHOSOCIAL SUPPORT SERVICES – SUPPORT GROUPS**

### **Description:**

Psychosocial Group 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.

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 the client's 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 a comprehensive referral list for the full range of services. The provider will collaborate with other agencies and providers to provide effective, appropriate referrals.
3. All persons providing Psychosocial Group Support Services must be familiar with the North Dakota HIV Confidentiality Policy and sign the Confidentiality Oath annually.

### **Documentation:**

- The 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 the group,
  - copies of materials and handouts,
  - summary of topics discussed,
  - activities conducted, and
  - goals and objectives achieved during group sessions.

- Signed HIV Confidentiality Oath for all persons providing Group Psychosocial Support Services.

## 6.4 INDIVIDUAL PSYCHOSOCIAL SUPPORT SERVICES – PEER NAVIGATION

### **Description:**

Individual Psychosocial Support Services or Peer Navigation Services link clients with peer navigators. Peer navigators are persons living with HIV who are experienced in managing their HIV and services and can provide their lived experience expertise, guidance, and support to others. They empower clients to manage their HIV and have effective strategies for living fulfilling and healthy lives. Peer navigators help build relationships among equals, based on a core set of values and principles. They serve as role models for living and thriving with HIV, provide hope to people living with HIV, and share strategies for overcoming the challenges of living with HIV.

Peer navigation services are not medically trained and do not provide medical advice. They are 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 the client's situation, lifestyle, and need.

### **Procedure:**

1. Case managers will check with a client if they are interested in Psychosocial Support Services. If interested, they will inquire whether the client would like to be contacted by a Peer Coordinator or will provide them with a referral form to fill out on their own time.
2. Case manager will inform Canopy's Peer Coordinator regarding a client that is interested in services. The Peer Coordinator will reach out to the client to complete the necessary paperwork and link them with a Peer Navigator.
3. Peer navigators will contact the client to provide support, advice, and a listening ear. The peer navigator will remain in contact with the client as long as the client needs the service and based on the agreed-upon mode and frequency between the navigator and the client.
4. Peer navigators will contact the enrolled clients at a minimum quarterly.
5. Clients will sign the Peer Navigator Consent form that enrolls them into the Peer Navigation Program and identify how often they would like to be contacted. A copy should be given to the client.

**Documentation:**

The provision of Peer Navigation services must be documented and include the following:

- Signed and dated by the Peer Navigator and the client Peer Agreement Form and the Consent for Peer Navigation forms;
- Date, type, and duration of contacts, location (if in-person);
- Peer notes with concerns addressed; and
- Documented the number of attempted contacts (or “touches”) which the client did not respond.

## **6.5 SUBSTANCE ABUSE SERVICES (RESIDENTIAL)**

**Description:**

Substance Abuse Services (residential activities) are those provided for the treatment of drug or alcohol use disorders in a residential setting including screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication-assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

**Program Guidance:**

Substance Abuse Services (residential) are permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RW program.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RW program.

HRSA RW funds may not be used for inpatient detoxification in a hospital setting.



**Procedure:**

1. Local RW case management agencies can reimburse substance abuse outpatient care up to 100%, contingent on available funding.
2. Document the date of the visit and the amount reimbursed.

**Documentation:**

- For auditing purposes, documentation including the date of the service, type of service, and form must be included in the client's chart and be available to the Ryan White program staff per request.
- Documentation that the service was provided by a qualified professional with a valid license to practice in North Dakota must be included in the client's chart.

## **6.6 OUTREACH SERVICES**

**Description:**

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 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 persons living with HIV who are in medical care; and
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 have fallen out of care
- Provision of information/education
- Maintaining contact
- Making referrals
- Linking persons with HIV 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: the 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 the 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 the 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 the program's capacity for outreach services. Outreach services base the approach on harm reduction to help clients access health and benefits information and increase self-determination and self-

advocacy. All volunteers and peers will be given an orientation before providing services and will be supervised by qualified program staff.

**Documentation:**

- Outreach services provider documents the 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 before providing services and must be supervised by qualified program staff.
- All persons providing Outreach services must be familiar with the North Dakota HIV Security & Confidentiality Policy and annually sign the Confidentiality Oath.

## **6.7 MEDICAL NUTRITION THERAPY**

**Description:**

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 under 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 or purchase supplements for the client.

**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.

## **7. ADMINISTRATIVE POLICIES**

### **7.1 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 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 that 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.

### **7.2 REIMBURSEMENT FOR RW GRANTS & CONTRACTS**

The reimbursement form should be completed and submitted monthly to the ND HHS Sexually Transmitted and Bloodborne Diseases Unit Director via the Program Reporting System (PRS). The worksheet provided by the RW program must be included as an attachment to the request for reimbursement 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 31<sup>st</sup> must be received by May 15<sup>th</sup>.

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 a 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:

[www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW)

## 7.3 BILL SUBMISSION

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 30 days from the 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 another payer was available, the case manager is expected to attempt to recoup the expended RW funds.

## 7.4 CLINICAL QUALITY MANAGEMENT PLAN

### **Description:**

Per HRSA PCN 15-02, Ryan White programs and sub-recipient agencies are responsible for ongoing quality management programs to improve funded programs, as well as to offer regular feedback to staff to help improve patient care, health outcomes, and patient satisfaction.

### **Procedure:**

1. Three components of a CQM program are Infrastructure, Performance measurement, and Quality Improvement. Performance measures for the statewide CQM are provided to the sub-recipient agencies every quarter.
2. Sub-recipients are required to determine at least two performance measures that their agency will address each grant year.
3. Agencies are required to measure and report quarterly data via the monthly RFP form.
4. Statewide RW CQM plan is developed and revised annually by the Ryan White Coordinator and the CQM committee.
5. CQM Work Plan and Performance Measures are reviewed quarterly by the CQM Committee.
6. PMs are calculated every quarter and provided to stakeholders and sub-recipient agencies.

### **Documentation:**

- Documentation of all CQM activities, performance measures, and meeting minutes is collected by the RW Coordinator.

- Sub-recipient agencies: At least two performance measures per funded agency are listed on the monthly RFP form and are measured every quarter.

## **7.5 CLIENT SATISFACTION SURVEY**

Clients are surveyed annually to evaluate client satisfaction with the agency and the overall Ryan White program, as well as to determine the gaps and barriers in care and areas for improvement. All funded agencies should offer the survey to their enrolled clients annually and return the completed surveys to the RW Coordinator who will analyze and share the results.

Client and community input will also be obtained through the HIV Advisory Board, HIV support groups, needs assessments, public forums, and other means.

## **7.6 FORMS**

All Ryan White forms can be found at: [www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW)

## 7.7 GRIEVANCE POLICY

Each funded agency must post in a public place that clients can file a grievance if they are not satisfied with the services they are receiving. Agency staff must make clients aware of this policy and the grievance process during the intake and the annual re-enrollment 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 complaints that clients may have. A grievance policy ensures clients can voice their concerns or receive additional problem-solving assistance if needed.

### **Procedure:**

1. The issue is first presented to the staff at the agency who will work with the client on resolving the issue.
2. If the client's issue is not resolved at the agency level, the client will be presented with the *ND Ryan White Program Part B Grievance Resolution Form (SFN 60629)*. The client will be instructed to complete the form and mail it to:

Ryan White Program  
North Dakota Health and Human Services  
600 E Boulevard Ave  
Bismarck, North Dakota 58505-0250

3. Ryan White Coordinator will review the issue and respond to the grievant in writing within 14 days of receipt of the grievance resolution form as well as inform the agency of the solution.

### **Documentation:**

- Funded agency will keep a file of all filed grievances and have them available to the RW Coordinator upon request.
- RW Coordinator will keep a file of all submitted grievances.



## 7.8 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 Policies 21-02, 18-01, 16-02, 14-01 and 13-04*).

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 proof of acceptance or denial.
  - Information on Medicaid expansion is found at [hhs.nd.gov/healthcare](https://hhs.nd.gov/healthcare)
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 or Medicare Part C that includes medication coverage. Exceptions will be made for persons who do not qualify for Medicare due to their immigration status.

#### Private Employer-Based Insurance:

1. Clients eligible for affordable (less than 9.12% of the client's household income) private employer insurance must enroll in the 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 ([www.HealthCare.gov](https://www.HealthCare.gov); 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. Each year, Ryan White Program will review the available plans and recommend health insurance

plans that are most cost-effective for the program as well as beneficial for the client. For information on recommended plans and ADAP premium assistance, please refer to the Section 5.6 *Health Insurance Premium Assistance* standard.

3. Insured clients are required to provide proof of coverage (i.e., a copy of the front and back of the insurance card) and the start and end date of each health coverage policy to their case manager. Case managers must inform the RW Coordinator of any changes in health coverage to ensure continuous and seamless ADAP assistance.
4. Clients must be screened for private or public health coverage during intake, annually at re-enrollment, or if there is a change in the employment for any household members by completing the *Health Coverage Screening* portion of the application or the *SFN 62368 ND Ryan White Health Coverage Screening* form.
5. Employed household members must complete the Marketplace Employer Coverage Tool.

#### Uninsured Clients:

1. Uninsured clients must be screened for health coverage by completing the *Ryan White Health Coverage Screening* portion of the application:
  - 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 their 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, and temporary employment).
  - Clients that do not qualify for public or employer health coverage, must enroll in a 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 right away.
    - 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 the Ryan White Part B “payer of last resort” requirement. 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. Clients may continue to receive case management but will not be eligible for full-pay medication assistance.
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 they are eligible to apply under. The Ryan White program will pay their portion of the insurance premium and all co-pays and deductibles for outpatient medical services and medications related to HIV infection.

**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.
- Uninsured clients or clients on Marketplace insurance with RW premium assistance:
  - Documentation of insurance or denial letters is filed in the client’s chart.
  - Documentation that the client was informed of the Payer of Last Resort policy and completed the *ND Ryan White Health Coverage Screening* with a specified 3-month deadline by which clients must provide documentation.
  - *Employee Coverage Tool* is completed for all employed household members in the client’s household.

## **7.9 HOUSEHOLD DEFINITION**

The North Dakota Ryan White Part B Program defines a household as the individual Ryan White applicant, their spouse, and additional tax dependents. Family members that do not file joint taxes with the client are not counted toward the household definition.

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

For more information on the household definition, visit

<https://www.healthcare.gov/income-and-household-information/household-size/>.

## **7.10 SECURITY AND CONFIDENTIALITY**

Ryan White-funded agencies are working with private and highly sensitive information and ND HHS requires them to comply with federal laws, the Health Insurance Portability and Accountability Act (HIPAA), as well as ND HHS laws and regulations that govern the collection and release, storage, and sharing of information. By law, that information is confidential and can only be shared with authorized users. As such, ND HHS has guidelines and policies related to HIV information and Maven access.

### **Release of Information**

Client information should not be released without a current signed *Release of Information* form signed by the client. The release of Information form is valid for 12 months and can be revoked at any time by the client. A new Release of Information needs to be signed with every re-enrollment or 12 months from the date the client signed the Release of Information. The agency may request additional confidentiality forms to be signed as required per their agency's confidentiality policy.

### **ND HHS Sexually Transmitted and Bloodborne Diseases Security and Confidentiality Policy**

Ryan White sub-recipient agencies and other personnel working with confidential Ryan White information are required to follow the procedural safeguards and confidentiality requirements according to the NDCC 23-01.3 and the *ND HHS Sexually Transmitted and Bloodborne Pathogens Security and Confidentiality Policy*. This policy outlines the confidentiality and security measures for the ND HHS, Disease Control, and Forensic Pathology Section. It includes how to securely store and transfer confidential information. Case managers must annually review the *Policy* and sign the *Statement of Protection of Confidential Information Oath* (page 16).

### **Maven**

The North Dakota Electronic Disease Surveillance System, known as Maven, is an electronic disease surveillance system that allows public health officials to receive, manage, process, and analyze disease and other condition-related data. For contract

and partner organizations, Maven access is specific to the intended program. For example, if a user needs Maven access for the RW, SSP, and CTR programs, the user will be required to have three separate sets of login information. When logged into Maven with the RW login, users will not be able to view SSP or CTR information.

Ryan White agencies are required to have a Maven Site Administrator who is considered the overall responsible party for Maven at the agency. This administrator oversees users, or individuals who have access to Maven, and ensures that they are following program requirements. One Maven Site Administrator can oversee RW, CTR, and SSP. To request access to Maven, Maven Site Administrator, and Users sign the agreements to ensure that individuals are aware of the security policies and procedures. Any questions about Maven and RW program requirements can be directed to the Ryan White Coordinator.

Maven Site and User Agreements will expire on December 31. Annual agreements are required to be completed by January 31 of the following year to maintain Maven access for the Ryan White program.

### **Maven Site Administrators and Site Agreement**

Each year, Maven Site Administrator will need to complete the [Maven User and Site Agreement Qualtrics Form](#) to renew the access for all Maven users at the agency. This form is also used to add a new Site Administrator, add a new Maven user, or remove a user. Only the Site Administrator can complete this form. When completing the *Maven User and Site Agreement Qualtrics Form*, entities can indicate that the agreements are for multiple sites and programs within one agency. Only one Maven Site Agreement form is completed for all three programs (RW, CTR, and SSP).

Once the Maven Site Administrators submit the *Maven User and Site Agreement Qualtrics Form*, each user that is entered as needing Maven access will receive an email from [disease@nd.gov](mailto:disease@nd.gov) with a personalized Qualtrics link for completing their *Maven User Agreement*. When users complete their annual Maven User Agreement, they shall receive email confirmation of their agreement. Users are recommended to keep their survey responses for their records.

### **Maven Users and Maven User Agreement**

Individuals who need access to Maven include those responsible for entering data that is required to be reported by the RW program. It is strongly recommended that individuals who do not perform data entry more than at least monthly, do not have

access to Maven. ND HHS may terminate access to Maven for users who do not perform frequent data entry.

All users who have access to enter or view data in Maven must sign a *Maven User Agreement*. The *Maven User Agreement* describes user responsibilities of maintaining the confidentiality of information contained in Maven as well as following Maven security procedures. These procedures include but are not limited to not sharing user IDs and passwords, only using Maven while actively performing project tasks and only using Maven in secure locations.

The *Maven User Agreement* requires employees to confirm that they have HIPAA training within the last year. If entities do not have their own HIPAA training, training resources can be found at [www.hhs.gov/hipaa/for-professionals/training/index.html](http://www.hhs.gov/hipaa/for-professionals/training/index.html). There is no requirement for the length or content of the HIPAA training as long as individuals are aware of HIPAA and how it applies to protected health information.

Users will receive a personalized Qualtrics link via email from [disease@nd.gov](mailto:disease@nd.gov) if they need to complete a Maven User Agreement for their annual requirements or if they are new employees. The user agreement requires employees to enter their name, contact information, and organization information and to attest to having HIPAA training and to following Maven policies and security procedures. If a user has access to Maven for multiple programs (i.e., SSP and/or CTR), they only need to complete one Maven User Agreement.

### **Requesting Maven Access for New Employees**

Maven Site Administrators should utilize the *Maven User and Site Agreement Qualtrics Form* to request Maven access for new employees. The administrators must enter their full name, email, phone, and job title. Once the Maven Site Administrators submit the Qualtrics survey, each user that is entered as needing Maven access will receive an email with a personalized Qualtrics link for completing their Maven User Agreement. It may take up to four hours after the Maven Site Administrator completes their portion of the Qualtrics survey for the user to receive their personalized Qualtrics link. When users complete their Maven User Agreement, they shall receive email confirmation of their agreement. Users are recommended to keep their survey responses for their records. Users will be contacted by the Electronic Surveillance Systems Manager of ND HHS or the Ryan White Coordinator with their Maven login information.

**Documentation:**

- Completed *Maven User and Site Agreement Qualtrics Form* for all agencies and users that have a RW Maven account annually.
- Signed *Statement of Protection of Confidential Information Oath* for all RW sub-recipient staff that work with RW clients annually.

## **7.11 SUB-RECIPIENT SITE VISITS**

North Dakota Health and Human Services (HHS) are required to monitor the sub-recipient stewardship of federal funds and programmatic compliance with federal and state guidelines. The guidelines include:

- Health Resources and Services Administration (HRSA) Monitoring Standards (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2022-rwhap-nms-part-b.pdf>)
- Office of Management and Budget guidance for federal funds: Uniform Guidance 2 CFR 200/HHS Title 45 Subtitle A, Sub-chapter A, Part 75
- State of North Dakota legislative requirements
- North Dakota HHS policies and procedures outlined in the Ryan White Part B Standards of Care Manual: [www.hhs.nd.gov/health/HIV/Contractors/RW](http://www.hhs.nd.gov/health/HIV/Contractors/RW)

In accordance with these guidelines, ND HHS is required to perform a series of monitoring efforts including conducting the annual site visit to all Ryan White Program Part B sub-recipients.

**Procedure:**

1. Annual site visit areas of focus will be administrative, programmatic, and fiscal. The visiting team may be composed of a program and a fiscal monitor.
2. A copy of *ND Ryan White Program Part B Subrecipient Annual Review Tool* will be provided to the agency before the visit and a list of needed documents for review.
3. The site visit may include staff interviews, client records or chart reviews, a facility tour, a review of documentation related to the sub-recipient operations, and observation of services.
4. A site visit letter with a corrective action plan will be provided to the agency within 3 months of the visit.
5. Sub-recipient agency will review the findings and sign if in accordance.

**Documentation:**

- Completed and signed by the RW Coordinator and the Agency *ND Ryan White Program Part B Subrecipient Annual Review Tool* each fiscal year.
- *Chart Review Form* for each agency every fiscal year.

## 7.12 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 a 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 21-02 (Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program)*. It states:

*Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under. . . any State compensation program, under an insurance policy, or any Federal or State health benefits program. . . , or by an entity that provides health services on a pre-paid basis."*<sup>8</sup>

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

## 7.13 RECORD RETENTION

Case managers are required to maintain a paper or electronic file 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 agency maintains documentation in the client's file of all actions. This documentation will be made available upon request to RW program staff.

The agency may choose to follow its record retention policy. However, it is encouraged that financial records are retained for **three years** from the date of submission of the final expenditure report and program records for a period of **six years** or until an audit has been completed and closed.



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

The agency will be evaluated for record retention compliance annually during the Ryan White sub-recipient site visit.

## **7.14 USE OF RW FUNDS FOR INCARCERATED PERSONS**

Based on HRSA Policy 18-02 *The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services for People Living with HIV Who Are Incarcerated and Justice-Involved*, RW funds may be used for Ryan White's core medical and support services to persons living with HIV incarcerated in local jails on a short-term and transitional basis.

A transitional basis refers to the time-limited provision of appropriate core medical and support services to ensure the continuity of care.

Clients incarcerated for the long term (e.g., North Dakota State Penitentiary) are not eligible for the ND Ryan White Part B Program services.

## 8. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the Ryan White HIV/AIDS Program (RHWAP) to provide FDA-approved medications to low-income persons living with HIV. ADAP assistance includes medication assistance for the uninsured and insurance premium/co-pay/deductible/co-insurance assistance for insured patients. The ND ADAP follows the federal guidelines Section 2617 (b) (6) (F) of the Ryan White CARE Act.

### **Procedure:**

1. North Dakota ADAP pharmacy network includes any pharmacy that is enrolled in ND Medicaid. Medications claims are processed via Medicaid Managed Reimbursement System (MMIS) at ND Medicaid rates (the lower rate between NADAC or MAC).
2. Clients that are uninsured and do not qualify for private or public health coverage are eligible for medication assistance.
3. Clients that qualify for private or public health coverage are allowed a 3-month full-pay medication assistance while they are enrolling in eligible coverage.
4. The Medicaid's fiscal office reimburses billing pharmacies every week and invoices ND ADAP for the expenses as well as provides a list of reimbursed claims.
5. Pharmacy Office provides monthly utilization reports to the RW Coordinator who imports the data into Maven for AIDS Drug Report (ADR), fiscal planning, and adherence monitoring.
6. North Dakota is a rebate state. Rebates are generated and processed by Medicaid using Drug Rebate Analysis and Management System (DRAMS). Additional information, such as claims level data, is submitted by the RW Coordinator.

### **Documentation:**

- All billed claims information is processed and stored electronically in MMIS.
- Fiscal information such as weekly invoices is managed by the Fiscal Department.
- ADAP reimbursed claims are imported by the RW Coordinator and stored in Maven.

## 8.1 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 several categories that are excluded. ND ADAP follows Nastad's recommendations and special pricing agreements with pharmaceutical companies as well as ND Medicaid recommendations on formulary changes and updates.

Medications on the ND ADAP Formulary are reimbursed at 100% up to the Medicaid reimbursement rate. Where ADAP is the secondary payer, medication copays and deductibles are reimbursed as determined by the primary payer.

HIV injectables and hepatitis C treatment medications are available as insurance benefits. Exceptions apply to those who are not eligible for health coverage (e.g., undocumented individuals), those who are in a transition period, or those whose primary coverage denies coverage of these medications.

Certain medication categories are excluded from the ADAP Formulary. The current list of exclusions can be found at [www.hhs.nd.gov/health/Contractors/RW](http://www.hhs.nd.gov/health/Contractors/RW).

Providers can submit a request to cover the medication not on the ADAP formulary by completing the *ND Ryan White Request for Drug Not on the ADAP Formulary* (SFN 58585) form to the RW Coordinator.

## 8.2 INJECTABLE HIV MEDICATIONS

Injectable HIV medications administered in the provider's office are billed and reimbursed as medical benefits or in some instances as pharmacy claims. Please notify the RW Coordinator when reimbursing injectable HIV medications. The cost of the medication is reimbursed as Injectable Medication (ADAP Funds). The cost of the medical visit, including the administration fee, is reimbursed as Outpatient Medical Care.

## 8.3 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 with approval from the RW Coordinator.

## 8.4 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. Collated information for drug manufacturer assistance is available from Nastad at [nastad.org/resources/pharmaceutical-company-patient-assistance-programs-and-cost-sharing-assistance-programs](http://nastad.org/resources/pharmaceutical-company-patient-assistance-programs-and-cost-sharing-assistance-programs)

2. Prescription Connection of North Dakota

The Prescription Connection of ND is administered by the ND Insurance Department. Eligible individual must be 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 [www.nd.gov/ndins/prescription/](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 [www.nodakpharmacy.com/drug\\_repository/drugsearch.asp](http://www.nodakpharmacy.com/drug_repository/drugsearch.asp).

## 8.5 ADAP MEDICATION ADHERENCE

Active participation in ADAP is defined as 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 HIV damage to the body and potential transmission of HIV. Consistent treatment also prevents drug resistance resulting in fewer treatment options and more complicated drug treatment.

Case managers are expected to monitor medication adherence and viral suppression through Maven's lab values. Clients with detectable viral loads are considered not adherent to their antiviral treatment and require medication adherence counseling.

Clients, and all persons living with HIV in North Dakota, will also be monitored for viral suppression by the HIV Surveillance Coordinator. Clients with viral loads above 200 copies/ml will be referred for re-engagement in care and partner services to the local Field Epidemiologist.

**Procedure:**

1. The RW Coordinator will use RW Dashboard to determine which clients are out of care each month and inform their case managers to follow up.
2. Case managers will make several attempts to contact the client via telephone.
3. The HIV Surveillance Coordinator will monitor the viral suppression of all HIV-infected persons in the state and assign cases with high viral load to the local Field Epidemiologist for re-engagement in care and partner services.
4. If the client cannot be reached by telephone, the case manager will send a certified letter to the client one week after the notification.
5. Case manager will follow up with at least one telephone call one week after the letter has been sent.

• **Documentation:**

1. Progress notes or the client's Care Plan document the action steps taken by the case manager to re-engage the client in care, provide medication adherence, and address any barriers client is having.

## **8.6 ADAP WAITING LIST**

North Dakota ADAP has not had a waitlist to date due to adequate funding. However, if a waitlist were to be needed, clients would be served on a first come first serve basis with the 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 30<sup>th</sup> will be closed. They can reapply for the program but will be placed at the end of the waiting list.
4. Income eligibility level may be lowered for newly enrolled clients.

## **8.7 ADAP EMERGENCY RESPONSE**

The North Dakota Department of Health and Human Services (ND HHS) has an obligation to the citizens of North Dakota to perform its essential functions efficiently during disruptions. When emergencies or other situations arise that disrupt ADAP operations, the ND Ryan White program would follow the *Department of Health and Human Services Response & Licensure – Bismarck Continuing of Operations Plan (COOP)* to continue essential functions under any circumstance. In addition, the following steps outline the ADAP-specific COOP steps.

ND ADAP uses ND Health Enterprise Medicaid Management Information System (MMIS) for processing pharmacy claims. The ND Ryan White Program, ND Medicaid, and Information Technology Department ensure that safeguarding is in place for this application.

ND ADAP structure includes a statewide network of pharmacies for medication distribution which provides an efficient method for distributing medications and minimizes access issues.

In an event of an emergency, Ryan White Coordinator is the Chief Emergency Response Coordinator. If the Ryan White Coordinator is not available, the Sexually Transmitted and Bloodborne Diseases Director will serve as the Chief Emergency Response Coordinator. Duties of the Chief Emergency Response Coordinator include:

- ADAP COOP implementation and communication with RW-funded agencies and clients.
- Operations: Maintaining operations including contact with Medicaid pharmacy services, retail pharmacies that dispense medications, and other entities.
- Logistics: coordinating services between ADAP, RW-funded agencies, HIV providers, and other partners and stakeholders.
- Communication: ensuring that clients and key stakeholders have current information on accessing medications from existing ND pharmacies, adjusting early refill or max fill policies, while ensuring the confidentiality of client records.
- Planning: maintaining and updating the ADAPs emergency response plan as necessary.

### Continuity of Operations Plan (COOP) – Primary Essential Functions

Sequence No.	Subtask Name	Description
1.	Point of Sale	Pharmacy providers will contact the Ryan White Coordinator at 701-328-2379, or Disease Control at 701-328-2378 when they need certain overrides for ADAP recipients. This is a vital task for us as most recipients are standing in the pharmacy waiting to get their medications.
2.	Processing Claims	Medicaid staff processes ADAP claims for our providers. Many providers rely on our payments to keep their businesses up and running. ND Medicaid pays claims on behalf of ADAP and invoices ND ADAP weekly.
3.	Claim Related Calls	Providers and recipients call Ryan White Coordinator (701-328-2379), Disease Control (701-328-2378), or Medicaid Provider Relations line (701-328-7098) related to claims status, eligibility, and other miscellaneous information.
5.	Checks and remittance	Checks and remittances are sent by the ND HHS Fiscal Department.

### Teams and Positions selected for Processes in Plans, with Employees

#### Key Ryan White Personnel

<b>Name</b>	<b>Work Phone</b>	<b>Work Email</b>	<b>Role</b>
Lindsey VanderBusch	701-328-0455	<a href="mailto:lvanderbusch@nd.gov">lvanderbusch@nd.gov</a>	Division Director, Sexually Transmitted and Bloodborne Diseases
Gordan Cokrlc	701-328-2379	<a href="mailto:gcokrlc@nd.gov">gcokrlc@nd.gov</a>	Ryan White Coordinator
Stephanie Rasmussen	701-328-3304	<a href="mailto:srasmussen@nd.gov">srasmussen@nd.gov</a>	Fiscal Services, Accounting Manager
RW agencies – list posted at <a href="http://www.hhs.nd.gov/health/HIV/Contractors/RW">www.hhs.nd.gov/health/HIV/Contractors/RW</a>			

#### **Key Medicaid Pharmacy Services Personnel**

<b>Name</b>	<b>Work Phone</b>	<b>Work Email</b>	<b>Role</b>
Brendan Joyce	701-328-4023	<a href="mailto:bjoyce@nd.gov">bjoyce@nd.gov</a>	Administrator, Medicaid Pharmacy Services
Alexi Murphy	701-328-4061	<a href="mailto:amurphy@nd.gov">amurphy@nd.gov</a>	Quality and Operations Pharmacist, Medicaid Pharmacy Services

#### **Key Executive Personnel**

<b>Name</b>	<b>Work Phone</b>	<b>Work Email</b>	<b>Role</b>
Kirby Krueger	701-425-6083	<a href="mailto:kkruieger@nd.gov">kkruieger@nd.gov</a>	Section Director, Disease Control and Forensic Pathology
Molly Howell	701-328-4556	<a href="mailto:mhowell@nd.gov">mhowell@nd.gov</a>	Assistant Section Director, Disease Control and Forensic Pathology



ND Ryan White clients are considered vulnerable or “medically fragile” and must be prioritized during emergencies. In the event of an emergency, clients will be instructed to try to prepare as much as possible by:

- Having a current prescription for all medications and keeping at least a 14-day supply of medications on hand.
- Keeping a list of all medications and emergency contacts.
- Keeping at least three days of non-perishable food items that meet the energy, protein, fat, and micronutrient requirements for medication and health needs.
- Store at least one gallon of water per person per day. As a minimum, have three days/ worth of water on hand.

The following guidance will be used if non-HIV specialized providers are needed to care for Ryan White clients who have been displaced by disasters:

<https://clinicalinfo.hiv.gov/en/guidelines/guidelines-caring-persons-hiv-disaster-areas/guidance-non-hiv-specialized-providers>.

## **Disease Outbreak & Pandemic Response Planning**

The COVID-19 pandemic affected the daily operations of the Ryan White program including the reassignment of staff to emergency response operations, surveillance, and contact tracing. Some of the changes during the pandemic included virtual visits and telephone calls to enroll clients and verify continued eligibility, extended time allowed for recertifications, and extended or early medication refills.

Individual pharmacies within the ADAP’s network can mail medications to clients as requested. This is especially useful in rural areas of ND and during the pandemic to prevent vulnerable clients from being exposed to COVID-19.

Currently, considerations are made to ensure that Ryan White staff and sub-recipients continue to maintain data privacy when handling protected health information in a working-from-home environment.

## **Cybersecurity Preparedness**

The ND Ryan White Program, ND Medicaid, and Information Technology Department ensure that safeguarding is in place for the MMIS, Maven Surveillance System, and other platforms for communication and information sharing (e.g., email, Teams).



## 9. APPENDICES

### A. ACRONYMS

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

<b>RW</b>	Ryan White
<b>RWPB</b>	Ryan White Part B
<b>TA</b>	Technical Assistance

## B. ONLINE RESOURCES

### ND HIV Resources:

- ND HIV Program: [hhs.nd.gov/HIV](https://hhs.nd.gov/HIV)
- Living with HIV: [hhs.nd.gov/hiv/LivingwithHIV](https://hhs.nd.gov/hiv/LivingwithHIV)
- ND RW page for the public: [www.hhs.nd.gov/HIV/RyanWhite](https://www.hhs.nd.gov/HIV/RyanWhite)
- ND RW page for the contracted agencies:  
[www.hhs.nd.gov/health/HIV/Contractors/RW](https://www.hhs.nd.gov/health/HIV/Contractors/RW)

### HRSA Resources:

- HRSA HAB Recipient Resources: <https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>
- TARGET Center Technical Assistance website for Ryan White case managers:  
[careacttarget.org/category/audience/case-managers?hm=y](https://careacttarget.org/category/audience/case-managers?hm=y)
- Affordable Care Enrollment (ACE) TA Center: [careacttarget.org/ace](https://careacttarget.org/ace)

**HIV Treatment Guidelines:** [aidsinfo.nih.gov/guidelines](https://aidsinfo.nih.gov/guidelines)

### HIV Basics:

- [www.cdc.gov/hiv/](https://www.cdc.gov/hiv/)
- [www.hiv.gov](https://www.hiv.gov)
- [www.aidsetc.org](https://www.aidsetc.org)

### Patient Assistance Programs for HIV Drugs:

[nastad.org/resources/common-patient-assistance-program-application-cpapa](https://nastad.org/resources/common-patient-assistance-program-application-cpapa)

### HIV PrEP Resources:

- [www.cdc.gov/hiv/basics/prep.html](https://www.cdc.gov/hiv/basics/prep.html)
- [www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/](https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/)