



CASE MANAGEMENT STANDARDS OF CARE

FOR

HIV CARE SERVICES IN ORANGE COUNTY

Approved by Planning Council 11/12/25

Tab 13

SECTION 1: INTRODUCTION

The goal of case management is to enhance independence and increase quality of life for individuals living with HIV through adherence to medical care. Case management shall prioritize individuals who need support in accessing and maintaining regular medical care. Case management addresses the needs of clients with HIV and assists them in overcoming the obstacles they face in obtaining critical services. Case management shall be flexible to accommodate the medical and psychosocial needs of clients with different backgrounds and in various stages of health and illness. The services delivered shall reflect a philosophy of service delivery that affirms a client's right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

Case management is a client-centered process. This means respecting the client's perception of their needs and developing service plans in collaboration with them. This also means empowering the client to take control of their care. It is recommended to incorporate a strengths-based approach, by helping clients identify barriers to accessing care and subsequently identifying personal strengths to overcome these barriers. This is especially important when working with newly diagnosed clients or clients who are returning to care and linking them into medical care. A client-centered process is beneficial to relationship and trust building between the client and their case manager.

Case managers shall also seize opportunities to educate clients about HIV prevention and care. When appropriate, case managers shall educate their clients on life skills such as: practical living skills, functional communication, community integration, treatment adherence, nutritional counseling, and skill building exercises.

Goals of the Standards. These standards of care are provided to ensure that Orange County's case management services:

- Are accessible to all people living with HIV (PLWH) who meet eligibility requirements
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Foster interagency collaboration
- Provide opportunities and structure to promote client and provider education
- Maintain the highest standards of care for clients
- Protect the rights of people living with HIV
- Provide support services to enable clients to stay in medical care
- Increase client self-sufficiency and quality of life

SECTION 2: DEFINITIONS OF CASE MANAGEMENT

The Health Resources and Services Administration (HRSA) defines case management in Policy Clarification Notice (PCN) #16-02 as a range of client-centered activities focused on improving

health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Case management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- 1) initial assessment of service needs;
- 2) development of a comprehensive, individualized care plan;
- 3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- 4) continuous client monitoring to assess the efficacy of the care plan;
- 5) re-evaluation of the care plan with adaptations as necessary;
- 6) ongoing assessment of the client's and other key family members' needs and personal support systems;
- 7) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and
- 8) client-specific advocacy and/or review of utilization of services.

In Orange County, services under case management are provided under various categories of case management: Medical Case Management and Non-Medical Case Management.

Under Medical Case Management there are two (2) levels:

- 1) Linkage to Care
- 2) Medical Retention Services

Under Non-Medical Case Management there is one (1) level:

- 1) Client Support Services

Definitions for each service are stated below:

Linkage to Care (LTC): Includes a range of client-centered services using the Anti-Retroviral Treatment and Access to Services (ARTAS) strengths-based model that link clients to medically appropriate levels of health and supportive services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. These services ensure timely and coordinated access to medically appropriate levels of health and support services. LTC shall also ensure continuity of care through ongoing assessment of the client's needs and personal support systems. The ARTAS Linkage to Care program shall be limited to six (6) months. Individuals that require additional assistance beyond six (6) months shall be transitioned to ongoing Medical Case Management services to ensure linkage and retention in care.

Key activities for LTC include:

- 1) initial assessment of service needs;
- 2) development of an individualized strength-based service plan;

- 3) coordination of services required to implement the plan;
- 4) monitoring of client to assess the efficacy of the plan;
- 5) periodic re-evaluation and adaptation of the plan, as necessary; and
- 6) clear documentation of assessment, plan, and referrals.

LTC services are intended for individuals who are:

- Newly HIV-diagnosed
- New to Orange County and have not linked to a HIV medical provider
- Returning or re-engaging to HIV care
- Recently released from incarceration
- Transitioning to another payer source and have not linked to a HIV medical provider

Medical Retention Services: Includes a range of client-centered services that link clients to medically appropriate levels of health and supportive services. These services ensure timely and coordinated access to medically appropriate levels of health and support services. Medical Retention Services shall also ensure continuity of care through ongoing assessment of the client's needs and personal support systems. Medical Case Management services shall focus on ensuring medical adherence and retention in care. Successful engagement in care may be defined by sustained viral load suppression or acuity scores consistent with Client Support Services or Client Advocacy; however, case managers should utilize best judgement in choosing to change the client's level of case management. The rationale must be documented. Individuals who are successfully engaged in care should have a plan for transitioning out of Medical Retention Services.

Key activities for Medical Retention Services include:

- 1) initial assessment of service needs;
- 2) development of a comprehensive, individualized service plan;
- 3) coordination of services required to implement the plan;
- 4) monitoring of client to assess the efficacy of the plan;
- 5) periodic re-evaluation at least every three (3) months and adaptation of the plan, as necessary; and
- 6) clear documentation of assessment, plan, and referrals.

Medical Retention Services are intended for individuals who are:

- Not HIV medication adherent
- Medically compromised or have a viral load greater than 100,000 copies/mL
- Dealing with medical and/or behavioral health co-morbidities that impede medical care adherence

Client Support Services: The provision of needs assessment and timely follow up to ensure clients are appropriately accessing needed supportive services.

Key activities include:

- 1) initial assessment of service needs;

- 2) development of a comprehensive, individualized service plan;
- 3) coordination of services required to implement the plan;
- 4) monitoring of client to assess the efficacy of the plan;
- 5) periodic re-evaluation at least every six (6) months and adaptation of the plan, as necessary;
and
- 6) clear documentation of assessment, plan, and referrals.

Service Coordination may be used as a “step-down” model for transitioning clients to increasing levels of self-sufficiency.

SECTION 5: CLIENT REGISTRATION

Client registration is a time to gather demographic data and provide basic information about case management and other HIV services. It is also a pivotal moment for establishment of trust and confidence in the care system. Case managers shall provide an appropriate level of information that is helpful and responsive to client need, but not overwhelming.

If a client is receiving multiple Ryan White or EHE services with the same provider, registration is only required to be conducted one (1) time. It is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another client record at the same provider agency.

Provision of information regarding *Client Rights and Responsibilities* and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

The case manager shall conduct the client registration with respect and compassion. The following describe components of registration:

- **Timeframe.** Registration shall take place as soon as possible, at minimum within five (5) days of referral or initial client contact. If there is an indication that the client may be facing imminent loss of medication or is experiencing any other medical crisis, the registration process shall be expedited, and appropriate interventions may take place.
- **Eligibility and Qualification Determination.** The service provider shall obtain the necessary information to establish the client’s eligibility via the Eligibility Verification Form (EVF); See Requirements to be Eligible and Qualify for Services:
<https://www.ochealthinfo.com/about-hca/public-health-services/services/diseases-conditions/disease-information/hiv-planning/services/resources/hiv-pcs#AllProvRes>
- **Demographic Information.** The service provider shall obtain the appropriate and necessary demographic information to complete registration; this includes basic information about the client’s HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.

- **Registration Information.** The provider shall obtain information to complete registration as required for the Ryan White Services Report (RSR). This includes, but is not limited to, information regarding demographics, and risk factors.

- **Provision of Information.** The case manager shall clearly explain what case management entails, levels of case management, and provide information to the client. The case manager shall provide adequate information about the availability of various services or resources within the agency and in the community. The case manager shall also provide the client with information about resources, care, and treatment available in Orange County this may include the county-wide HIV Client Handbook.

- **Required Documentation.** The provider shall complete the following forms in accordance with state and local guidelines. The following forms shall be signed and dated by each client.
 - **HCC Consent:** Clients shall be informed of HIV Care Connect (HCC). The HCC consent must be signed at intake prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OA) to record and track their demographic, eligibility, and service information and share this information with other agencies in the Ryan White system of care.
 - **Confidentiality and Release of Information (ROI)/Authorization to Disclose (ATD):** When discussing client confidentiality, it is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a Release of Information form, authorizing such disclosure. Clients receiving Medical Case Management shall strongly be encouraged to sign a Release of Information authorizing their case manager to speak to their medical provider so that the case manager can better assist the client in coordinating care for the client. An ROI/ATD form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. This form may be signed at intake prior to the actual need for disclosure. The ROI/ATD may be cancelled or modified by the client at any time. For agencies and information covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#), the ROI/ATD must be a HIPAA-compliant disclosure.
 - **Consent for Services:** Signed by the client, agreeing to receive case management services.

The following forms shall be signed and dated by each client receiving case management services. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices (NPP):** Clients shall be informed of the provider's policy regarding privacy rights based on the provider's confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook).
- **Client Grievance Process:** Clients shall be informed of the grievance process. The HCA's Grievance Process is included in the HIV Client Handbook.

Standard	Measure
Registration process initiated within five (5) business days of initial contact with client or documentation of delay	Registration documents are completed and in client service record
Registration information is obtained	Client's service record includes data required for Ryan White Services Report
HCC Consent signed and completed prior to entry into HCC	Signed and dated based on HCC consent form guidelines by client and in client service record
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client service record as needed
Consent for Services completed	Signed and dated by client and in client service record
Client is informed of Notice of Privacy Practices	For clients receiving case management: Signed and dated by client and in client file
Client is informed of Rights and Responsibilities	For clients receiving case management: Signed and dated by client and in client file
Client is informed of Grievance Procedures	For clients receiving case management: Signed and dated by client and in client file