

**Health Planning Council of Southwest Florida, Ryan White Title II
Ambulatory Medical and Case Management Services Policy**

Effective: 4/1/2006

According to the Ryan White CARE Act and the State of Florida administrative guidelines:

Ambulatory/outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary Medical Care* for the Treatment of HIV Infection includes the provision of care that is consistent with the Public Health Service's Treatment Guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Not included are services such as, clinical services, administrative management or medical monitoring of patients, used in operating clinical trials of investigation agents or treatments.

Case Management: A range of client-centered services that link clients with health care, psychosocial and other services. Ensures timely, and coordinated access to medically appropriate levels of health and support services, continuity of care, through ongoing assessment of the client's and other family members' needs and personal support systems. Also includes inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include (1) initial assessment of the service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of the services required to implement the plan as well as client monitoring to assess the efficacy of the plan, and (4) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. May include client specific advocacy and/or review of utilization of services.

The Southwest Florida Regional HIV/AIDS Council (RHAC) implemented a new model of care July 1, 2005 that focuses on access to primary care. Primary Care Providers are contracted to provide both **ambulatory medical care** and **case management services** in conjunction with each other instead of independently. Clients are required to select one Primary Care Provider to access medical and support services (including case management). Not all clients who receive medical care need case management services but all do need eligibility updates.

Scope of Services under the Medical Care Contract

The Provider will provide basic primary care (including laboratory services and diagnostic testing) and specialty clinic services, utilizing whatever staff and available resources necessary to consistently fulfill the broad and specific categories of needed services to the Consortia and Lead Agency consistent with the DHHS USPHS HIV/AIDS Treatment Guidelines and Bartlett's Guide to the Medical Care of HIV.

The Provider will provide medical management including diagnosis and treatment of medical problems experienced by persons with HIV disease and AIDS, client assessment, development of patient care plans, referral to appropriate providers for clinical and support services, coordination of services, and follow-up to assure patient's medical needs are met.

I, (print client name) _____, have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

Client Signature: _____

Date: _____

Case Manager: _____

Date: _____

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Scope of Services under the Case Management Contract

The Provider will assess all clients for eligibility or will accept an eligibility determination completed within the previous 6 months by an authorized eligibility entity (i.e. another Ryan White II contracted provider).

The Provider will provide case management services in accordance with the most recent Florida Case Management Guidelines to those eligible clients who require case management services based on the assessment by the primary care provider and the case manager, and to those eligible clients who request the services. Provision of case management services to eligible clients may be limited by the Provider resources (i.e. FTE and client volume).

Primary Care Providers contracted under Ryan White Title II in Area 8:

- Community AIDS Network, Sarasota
- Charlotte County Health Department, Punta Gorda
- Collier County Health Department, Naples & Immokalee
- DeSoto County Health Department, DeSoto
- Hendry County Health Department, LaBelle & Clewiston
- McGregor Clinic, Fort Myers
- Sarasota County Health Department, Venice

Exception: Island Coast AIDS Network

Island Coast AIDS Network provides case management services only to non-RWII medical clients in Lee County. This option is available to allow clients the choice to stay with their non-RWII medical provider and access RWII-funded non-medical services if necessary. These clients include those with other medical coverage (private insurance, Medicare, Medicaid, RWIII, etc.) seeking care at non-RWII contracted providers (i.e. Internal Medical Associates, AIDS Resource Council) who are eligible for RWII and need non-medical services (dental, transportation, health insurance assistance such as co-payments for medical visits or prescription drugs, mental health, substance abuse, food and/or transportation).

Eligible clients who seek primary medical care from RWII-contracted primary care providers (listed above) receive authorizations for services from their PCP, not ICAN.

I, (print client name) _____, have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

Client Signature: _____

Date: _____

Case Manager: _____

Date: _____