

# NON-MEDICAL CASE MANAGEMENT SERVICES

## HRSA Definition (2-1-2016)

*Non-Medical Case Management Services (NMCM)* provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient.

Key activities include:

- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Continuous client monitoring to assess the efficacy of the care plan;
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary; and
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems

## Key Service Components

Non-Medical Case Management Services have as their objective to provide guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Programs should make every effort to ensure biopsychosocial assessments are completed within 30 days. The initial care plan should be developed within 60 days following the biopsychosocial assessment, and should be updated every six months thereafter.

## Qualifications

Competencies, Knowledge, and Skills	Evaluation/Documentation
Staff persons should demonstrate competency, knowledge and skills in the following areas: <ul style="list-style-type: none"><li>• Ability to complete a biopsychosocial assessment;</li><li>• Ability to assess an individual’s psychosocial needs and goals, and make appropriate referrals;</li><li>• Ability to assess eligibility for health insurance and drug assistance programs (e.g. Medicaid, Medicare Part D, MADAP, Patient Assistance Programs, Qualified Health</li></ul>	Demonstrated competencies, knowledge and skills must be available upon request (e.g. participation in training, formal supervisory review, direct observation, case review, etc.)  Documentation of biopsychosocial

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Competencies, Knowledge, and Skills	Evaluation/Documentation
<p>Plans, etc.);</p> <ul style="list-style-type: none"><li>• Ability to enroll clients in health insurance and drug assistance programs and/or make appropriate referrals to individuals with knowledge and expertise in health insurance navigation and enrollment; and</li><li>• Knowledge of referral resources that improve HIV medical and psychosocial support for clients</li></ul>	<p>assessment; care plan/s; referrals and follow-up; appointment outcomes related to the plan of care; case closure; and all client interactions</p>