

HIV Case Management & Support Services Program

Exceeding Service Cap Documentation

INSTRUCTIONS

Exceptions to the “Maximum Allowable” service caps can be made locally for clients who meet the following eligibility requirements:

- Client is actively enrolled in HIV case management.
- The service cap waiver will facilitate the client’s access to core medical services as defined by program policy.
- The client has a current HIV Case Management Care Plan that includes a plan to help the client meet the service need, without utilizing Ryan White, on an ongoing basis.
- The client has been assessed at Acuity Level 3 or 4.

Process:

Download and complete the “Exceeding Service Cap Documentation” form from the program website at www.healthoregon.org/hiv. The form includes the following required information:

- Total amount that is being requested to be waived;
- Acuity level and date acuity worksheet was completed;
- The reason for the requested waiver;
- How the requested service funding will facilitate the client’s access to HIV medical treatment (to be completed by the HIV Nurse Case Manager); and
- The signature of the HIV Nurse Case Manager.

Additionally, a copy of the client’s Care Plan (could include progress notes, CAREWare case notes or Care Plan form) and/or additional documentation to support the local decision to exceed maximum caps must also be attached.

Submit the required documentation and fax or mail to:

HIV Care and Treatment Program
800 N.E. Oregon Street, #1105
Portland, OR 97232
Fax: 971-673-0177

The HIV Care and Treatment Program will verify receipt of the documentation and that eligibility requirements for waiving a service cap are met.

Exceeding Service Cap Documentation Form

Date:	County/Agency:
Case Manager:	Phone #/email:
Core Service Requested:	Amount in excess of cap requested: \$
Client Acuity Level:	Date Acuity Worksheet Completed:

REASON for exceeding service cap:

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**DESCRIPTION of how service facilitates client's access to HIV core medical services:
(MUST be completed by the Nurse Case Manager):**

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Nurse Case Manager's Signature/Credentials: _____ Date: _____

Please also submit a copy of the client's Care Plan and/or additional documentation to support this local decision.