

OREGON ADMINISTRATIVE RULES  
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION  
CHAPTER 333

**DIVISION 22**

**HUMAN IMMUNODEFICIENCY VIRUS**

**HIV Case Management**

**333-022-2000**

**Purpose**

(1) The Oregon HIV Case Management Program provides case management and supportive services, through Ryan White Part B case management agencies, that include but are not limited to client-centered services that ensure timely and coordinated access to primary medical care, medications, treatment adherence counseling and other support services for HIV-positive individuals.

(2) Case management and supportive services will be available as long as the Oregon Health Authority (Authority) continues to receive Ryan White Program, Part B funds for this purpose.

(3) If insufficient funds are available for case management and supportive services, the Authority may reduce case management services or reduce funding for supportive services.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

**333-022-2010**

**Definitions**

(1) "Agency" refers to a contracted provider delivering Ryan White funded services.

(2) "AIDS" means acquired immunodeficiency syndrome.

(3) "Authority" means the Oregon Health Authority.

(4) "Family" means all individuals counted by an agency in determining the individual or client's family size.

(5) "Federal Poverty Level" or "FPL" means the annual poverty income guidelines, published by the United States Department of Health and Human Services.

(6) "Gross monthly income" means income before taxes or other withholdings.

(7) "HIV" means the human immunodeficiency virus, the causative agent of AIDS.

(8) "HIV case management service area" means all Oregon counties except Multnomah, Washington, Clackamas, Columbia and Yamhill.

(9) "Ryan White Program, Part B" means The Ryan White HIV/AIDS Program authorized and funded under Title XXVI of the Public Health Services Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009).

(10) "Ryan White Part B case management services agency" or "agency" means a contractor of the Authority that is responsible for providing case management services and administering supportive services to individuals living with HIV/AIDS in a specific jurisdiction.

(11) "Supportive services" means financial assistance that can be authorized on behalf of an individual enrolled in Ryan White Part B case management services.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2020**

#### **Eligibility**

To be eligible for the HIV Case Management Program an individual must:

- (1) Be HIV positive or have AIDS; and
- (2) Reside in an agency's jurisdiction within the HIV case management service area, unless another agency agrees to provide services and the Authority authorizes the provision of services by that other agency

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2030**

#### **Enrollment Process**

(1) To enroll in the HIV Case Management Program an individual must go through an intake process with a local Ryan White Part B case management services agency. A list of the agencies may be obtained on the Authority's website at [www.healthoregon.org/hiv](http://www.healthoregon.org/hiv).

(2) During the intake process an individual must provide information to an agency that enables the agency to verify at least the following:

- (a) Identity;
- (b) HIV status;
- (c) Residency in the HIV case management service area;
- (d) Income;
- (e) Household member information; and
- (f) Health insurance information, if applicable.

(3) Identity may be verified for an individual by providing one of the following:

- (a) Oregon Driver License;
- (b) Tribal identification (ID);
- (c) State of Oregon ID card;
- (d) Military ID;
- (e) Passport;
- (f) Student ID;
- (g) Social Security Card;
- (h) Citizenship/Naturalization documents;
- (i) Student visa;
- (j) Oregon Learner's Permit or Temporary License;
- (k) Birth certificate; or

(l) Other form of verification determined appropriate by an agency.

(4) HIV/AIDS status must be verified within 30 days of intake by a physician or lab result.

(5) Documents that verify that an individual resides in the HIV case management service area include but are not limited to documents with the client's full legal name and an address, within the service area, that matches the residential address provided during the intake.

(6) Determination and verification of income:

(a) Family size will be determined by counting the individuals related by birth, marriage, adoption, or legally defined dependent relationships who either live in the same household as the individual seeking to enroll in the HIV Case Management Program and for whom that individual

is financially responsible, or whom do not live in the same household as the individual but fall within the categories listed in subsections (b), (c) or (d) of this section, including but not limited to:

(A) A legal spouse; or

(B) A child 18 years of age or younger who qualifies as a dependent for tax filing purposes; or

(C) A child age 19 to 26 years of age who takes 12 or more credit hours in a school term, or its equivalent; or

(D) An adult for whom the individual has legal guardianship.

(b) Gross monthly income:

(A) An individual must submit documentation for all family members and from all sources to determine total monthly gross income for a family. Income after taxes or other withholdings may only be used when:

(i) A self-employed individual or the individual's family member files an Internal Revenue Service, Form 1040, Schedule C in which case the agency will allow a 50 percent deduction from gross receipts or sales; or

(ii) An individual or individual's family member has income from rental real estate and provides a copy of the most recent year's IRS Form 1040 (Schedule E). In this case the agency may use the total rental real estate income, as reported on the Schedule E. If the Schedule E shows a loss, the applicant or applicant's family member shall be considered to have no income from this source.

(B) The agency must determine an applicant's income by adding together all sources of family income, and dividing that number by the applicable FPL. The resultant sum is the applicant's percentage of the FPL.

(7) An individual must sign any authorization necessary to permit the agency to exchange information with the individual's health care providers, and any other individual or entity necessary to coordinate care and services.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2040**

#### **Approval or Denial of Enrollment**

(1) The agency will make a determination as to whether the individual is eligible for case management services within 30 days of receiving all documentation in accordance with OAR 333-022-2030.

(2) If the agency determines that an individual cannot be enrolled in the HIV Case Management Program an individual will be notified in accordance with ORS 183.415.

(3) An individual who has been denied may reapply at any time.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2050**

#### **Determination of Service Needs**

Once enrolled in the HIV Case Management Program, a client must participate in a screening and assessment process with an agency to review his or her needs and resources, for the purpose of developing a plan to address the needs identified. The purpose of this assessment is to identify actions to remove barriers to HIV care and treatment.

Stat. Auth.: ORS 413.042, 431.250, 431.830  
Stats. Implemented: ORS 431.250, 431.830

### **333-022-2060**

#### **Client Rights**

Individuals applying for or clients enrolled in the HIV Case Management Program have the following rights:

- (1) To receive HIV case management services free of discrimination based on race, color, sex, gender, ethnicity, national origin, religion, age, class, sexual orientation, physical or mental ability.
- (2) To be informed about services and options available in the HIV Case Management Program.
- (3) To have HIV case management services and other program records maintained confidentially in accordance with OAR chapter 943, division 14.
- (4) To have access to a written grievance process provided by the agency.
- (5) To receive language assistance services including access to translation and interpretation services, at no cost if the individual or client has limited English proficiency, in order to access HIV case management services.

Stat. Auth.: ORS 413.042, 431.250, 431.830  
Stats. Implemented: ORS 431.250, 431.830

### **333-022-2070**

#### **Client Responsibilities**

A client enrolled in the HIV Case Management Program is expected to:

- (1) Participate in screening, assessment, care plan development and implementation activities;
- (2) Provide accurate eligibility information at all times;
- (3) Inform the case manager of changes in address, phone number, income, family size, legal name change, or health insurance coverage within 15 days;
- (4) Make and keep appointments, or cancel or change an appointment within 24 hours of the scheduled time; and
- (5) Other responsibilities as designated by the agency.

Stat. Auth.: ORS 413.042, 431.250, 431.830  
Stats. Implemented: ORS 431.250, 431.830

### **333-022-2080**

#### **Supportive Services**

- (1) A client enrolled in the HIV Case Management Program may be eligible for supportive services if income is at or below 250 percent of the FPL.
- (2) Authorization by an agency of supportive services is discretionary and a decision to provide such services will be based on the following factors:
  - (a) The agency is funded to provide the services;
  - (b) The funds are available in the agency budget;
  - (c) The services are allowable per the contract with the Authority;
  - (d) No other payer exists to provide the needed services, with the exception of those that qualify for Veteran's Administration or Indian Health Services who may still qualify to receive Ryan White services;
  - (e) The client is eligible and currently active in the HIV Case Management Program; and

- (f) The client's need for the service has been determined by the agency and documented in the client's file.
- (3) An agency may authorize supportive services for any of the following:
- (a) Emergency financial assistance, per agency budget, including but not limited to assistance with short-term medical costs, food, utilities or housing;
  - (b) Housing assistance, including but not limited to short-term assistance to support emergency, temporary or transitional housing;
  - (c) Linguistics services, meaning interpretation and translation services;
  - (d) Medical nutritional therapy provided by a licensed registered dietitian outside of a primary care visit, including the provision of nutritional supplements;
  - (e) Oral health care, including but not limited to diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers;
  - (f) Outpatient substance abuse services, meaning the provision of medical or other treatment or counseling to address substance abuse problems in an outpatient setting, provided by a physician or under the supervision of a physician or other qualified/licensed personnel;
  - (g) Residential substance abuse services, meaning treatment to address substance abuse problems in a residential health service setting, provided by a physician or under the supervision of a physician or other qualified/licensed personnel;
  - (h) Home health care services provided in the home by licensed health care workers such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies;
  - (i) Mental health services meaning psychological and psychiatric treatment and counseling services offered to individuals with a mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the state to render such services;
  - (j) Medical transportation services necessary to access health care services; or
  - (k) Other services funded by the Authority.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2090**

#### **Client Enrollment Review**

(1) A client must participate with the agency at least every six months in reviewing the client's eligibility and enrollment information for HIV case management services, and at any time the agency deems it necessary within an eligibility period.

(2) An individual who does not provide an agency with the information necessary to verify continued eligibility may not receive supportive services until continued eligibility is documented.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2100**

#### **Incarcerated Applicants or Clients**

(1) An individual who is incarcerated may not be enrolled in the HIV Case Management Program and may not continue to be enrolled in the program except as described in section (2) of this rule.

(2) An agency may enroll or continue to provide services to an individual who is incarcerated in order to facilitate an HIV positive inmate's transition from a correctional facility to the community under the following circumstances:

(a) The incarcerated person will be released within 180 days; and

(b) There are no other transitional case management or discharge planning services provided by the correctional facility.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2110**

#### **Termination**

(1) A client enrolled in the HIV Case Management Program may be terminated from the program for any of the following:

(a) Failure to continue to meet eligibility requirements;

(b) Placement in a custodial institution for more than 180 days, such as a state or federal prison that is legally obligated to provide medical services;

(c) Cannot be located or is unresponsive to program requests for more than 60 days;

(d) Submitting false, fraudulent or misleading information in order to obtain or retain benefits;

(e) Fraudulent use of supportive services; or

(f) Consistent documented violations of the responsibilities outlined in OAR 333-022-2070.

(2) If an agency proposes to terminate an individual from the program it must notify the individual in writing, and the individual must be informed of their hearing rights per ORS 183.415. An appeal must be submitted to the local or state authority to arrange the hearing.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830

### **333-022-2120**

#### **Hearings**

A client who has been terminated has a right to a contested case hearing in accordance with ORS chapter 183.

Stat. Auth.: ORS 413.042, 431.250, 431.830

Stats. Implemented: ORS 431.250, 431.830