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# **HIV Care Services Group**

## **Ryan White: Difference Between Job Duties & Job Title**

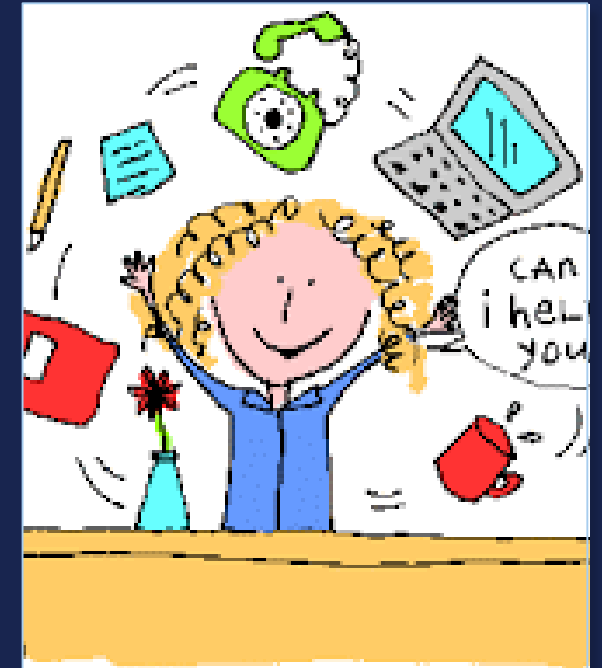
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May 29, 2019  
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# A Brief History

- At the beginning of the HIV epidemic, there was less variety in care staff job titles.
- Since one person more or less did everything in navigating clients, “gatekeeping” was the norm.
- The Ryan White program did not have robust and diverse service categories.
- In Texas, the backbone for our current standards of care were formed in 2010.



# How Do You Fit Into Ryan White?

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- What is your job title?
- What duties do you feel come with this title, in your everyday activities?
- Do you feel confident in your knowledge of which RW service categories you should bill to, for your services provided?
- Do you feel that your job duties align neatly with one service category, or encompass aspects of several service categories (i.e., MCM, NMCM, Referral, etc..)? Give an ex.



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# Service Categories: Where We Are Now

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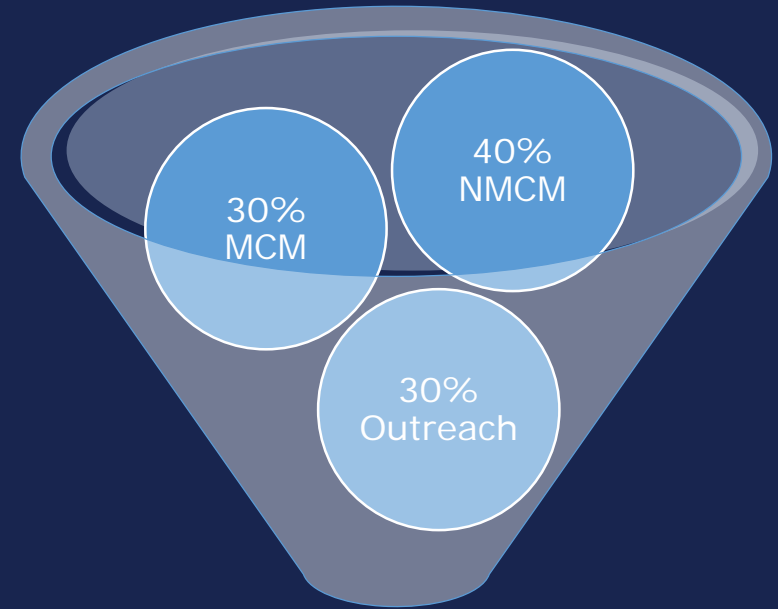
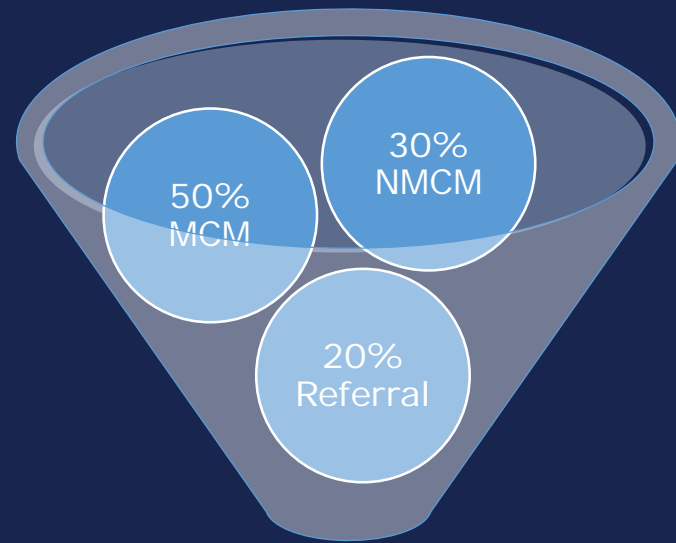
- Although service categories are robust, care services staff are still funded through one or two service categories and must use their critical thinking skills to determine which service categories to bill to.
- Staff are unable to bill to dual services that may overlap, causing uncertainty about which service to choose.
- This leads to widespread confusion in the field about whether to assist a client according to several factors; staff job title, funding stream that covers staff pay, which overlapping service category to choose from.



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# Solution 1: Expanded Funding Streams



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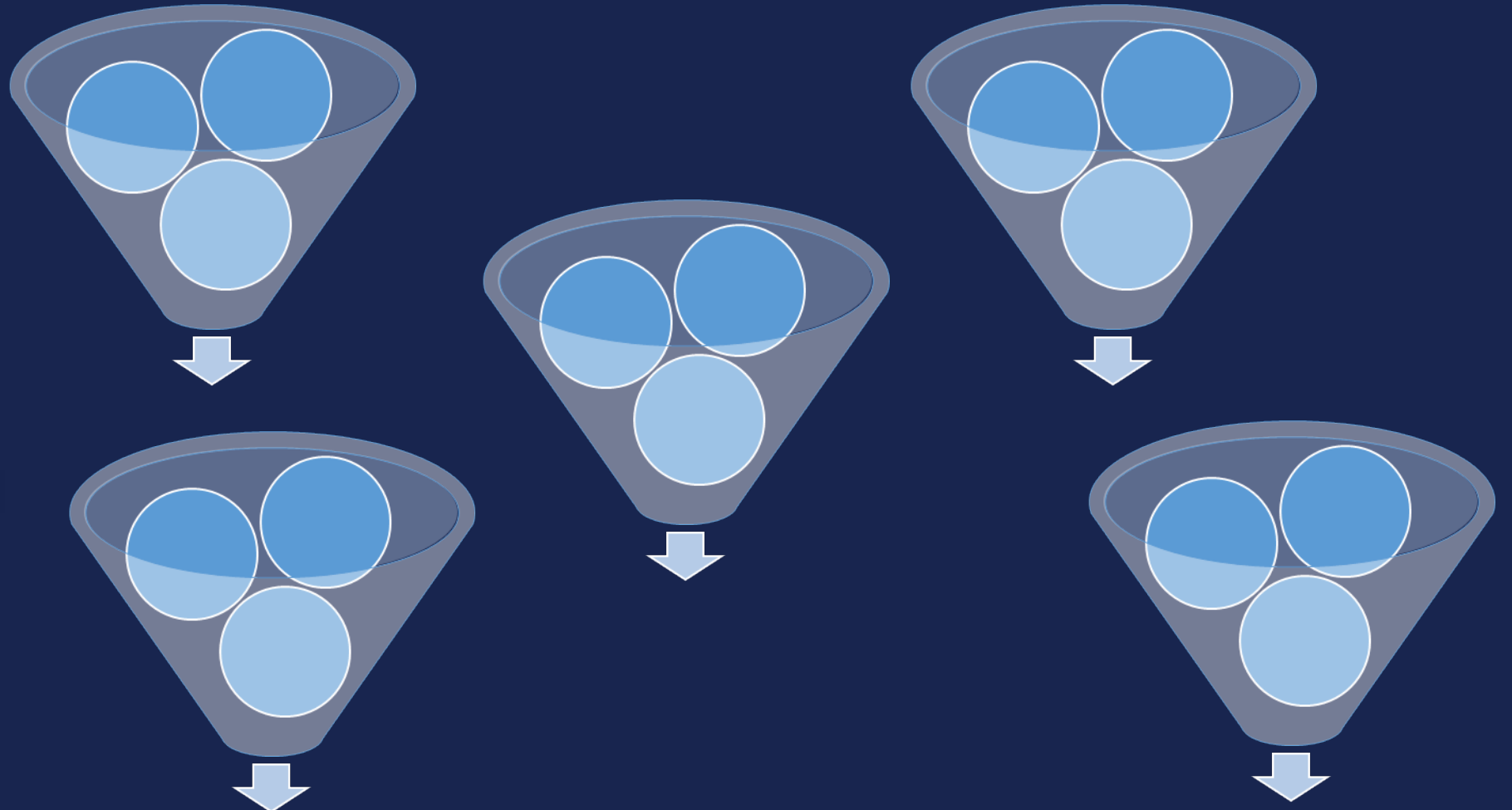
# Solution 1: DSHS & AA Proposed Mixed Models

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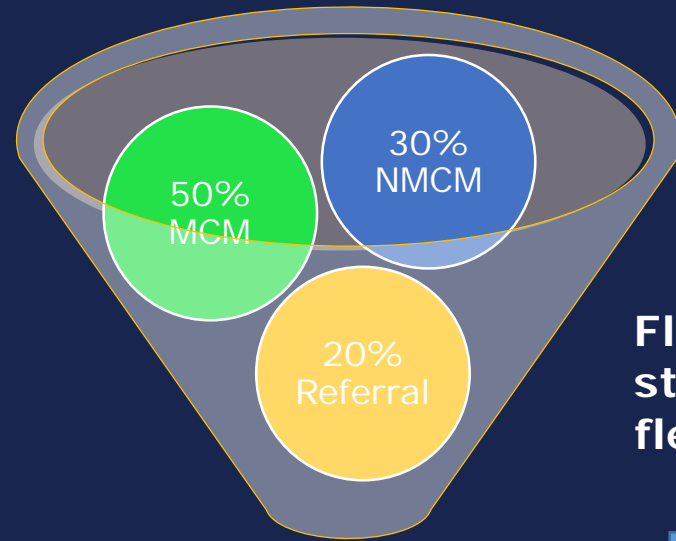


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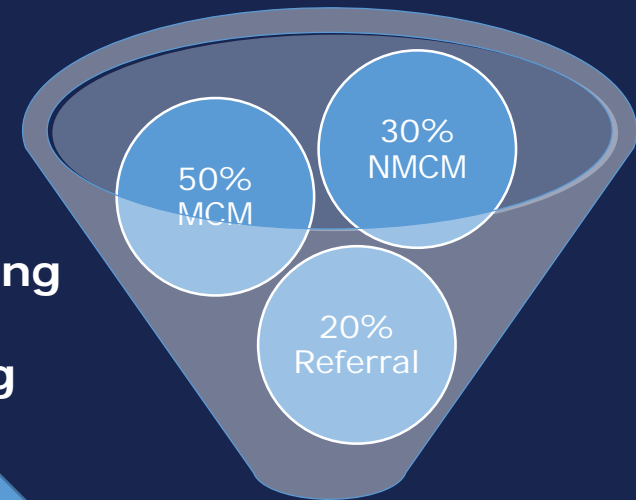
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# Solution 2: Billing to Multiple Service Categories Per Client



Flexibility in funding streams matches flexibility in billing



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# Solution 2: Billing to Multiple Service Categories Per Client

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## Case Management: MCM or NMCM??

- This solution brings up the possibility of providing both MCM & NMCM units of service to the SAME client.
- This will allow for more accurate recording of specific services provided.
- Clients will NOT need to have multiple care plans.
- A client who needs MCM can also receive NMCM units of service. However, a client who only needs NMCM should not have MCM units of service. Why?



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# Solutions Outcomes Summary

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## The Future

- DSHS & AA leadership will spend next ~2 years providing the infrastructure and support for staff to be funded with diverse funding streams.
- Case managers will be able to provide both MCM & NMCM units of service to a client, as is applicable.
- Care services staff will be able to assist clients in a more organic format, that is consistent with the overlapping nature of some service categories.
- Monitoring outcomes will improve, as compliance to adhering to standards of care becomes easier.



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# We Want To See You Succeed!

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Any Questions??



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