



HIV Medical Case Management Guidelines

*District of Columbia 2014
2nd Edition*





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Acknowledgements

The District of Columbia (DC) HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) gratefully acknowledges the contributions of District of Columbia Medical Case Managers in developing these guidelines and continuing support of DC residents living with HIV/AIDS.

The District acknowledges and thanks work group participants and others who contributed to the creation and development of these guidelines.

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A special acknowledgment is given to Christie Olejemeh, M.S., R.N., HAHSTA, who worked tirelessly to ensure that these guidelines were produced.

March 2014

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Introduction

Medical Case Management (MCM) is traditional case management with the purpose of 1) retaining clients in medical care and 2) achieving positive health outcomes for clients in the District of Columbia (hereafter, DC).

The HRSA HIV/AIDS Bureau (HAB) defines Medical Case Management (MCM) as a range of client-centered services that link clients with health care, psychosocial, and other services. Coordination and follow-up of medical treatments are components of medical case management. Services ensure timely, coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Medical case management includes treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS regimens. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes all types of case management, including face-to-face meetings, phone contact, and any other forms of communication (HRSA Action, 2008).

The aim of the DC guidelines is to establish and foster a minimum level for the quality of MCM services provided in the District, with an emphasis on achieving results and optimal health outcomes for clients; and particularly underscoring the importance of sustained viral load suppression for those on antiretroviral treatment. Emphasis is also placed on the responsibility of medical case managers to coordinate client care and ensure appropriate and timely linkage to client services. All Ryan White providers funded for Case Management are required to adhere to the DC guidelines.

Essential to these guidelines is implementation of the Acuity Scale, used to assess and categorize clients into one of four management levels: *Intensive*, *Moderate*, *Basic*, and *Self-Management*. Levels have been revised to focus assistance on the most medically vulnerable clients while encouraging self-management for empowered clients. For vulnerable clients, experiencing extreme difficulty in remaining in care, intensive MCM with acuity assessment may be the final safety net to minimize losing additional clients to care and follow up while remedying challenges.

These guidelines do not provide guidance on the law, rules and regulations that define professional case management practice, including professional and ethical conduct/misconduct; and do not provide a basis for licensure, certification or accreditation.

HIV/AIDS in the District of Columbia

The sixty-one square miles that make up D.C. are divided into four quadrants (Northeast, Southeast, Southwest, and Northwest), and eight electoral subdivision jurisdictions referred to as Wards. The District is unique in that it operates simultaneously as a city and a special Congressional district with a non-voting seat in the House of Representatives. It is a densely populated urban area. According to the United States Census, the estimated population for D.C. in 2012 was 632,323.

As of December 31, 2011 there were 15,056 residents or 2.4% of D.C. population living with HIV (13 years of age and older) indicative of a continued generalized epidemic. When compared to the nation as a whole, D.C. is disproportionately affected by HIV/AIDS. The Centers for Disease Control and Prevention (CDC) has historically defined an HIV epidemic as generalized and severe when the overall percentage of disease among residents of a specific geographic area exceeds 1 percent.

Nearly every population group in the District is experiencing a severe HIV epidemic. All race/ethnicities with HIV exceed 1% of their respective population, with African Americans disproportionately impacted at 3.7%. The highest burden of disease however is among black males with 5.4% of black males living with HIV in the District and approximately 1.5% of Hispanic residents and 1.1% of white residents.

The leading mode of transmission is through men who have sex with men (MSM) which accounts for 37.5% of living cases, followed by heterosexual contact 31.4% and injection drug use at 8.0%. Mode of transmission differs greatly by race/ethnicity, while men who have sex with men among whites account for 80.6%, and Hispanics 55.2% but heterosexual contact is the mode of transmission among blacks which accounts for 33.7% of living HIV cases. Among District women, black women accounted for the majority of living HIV cases (92.2%)

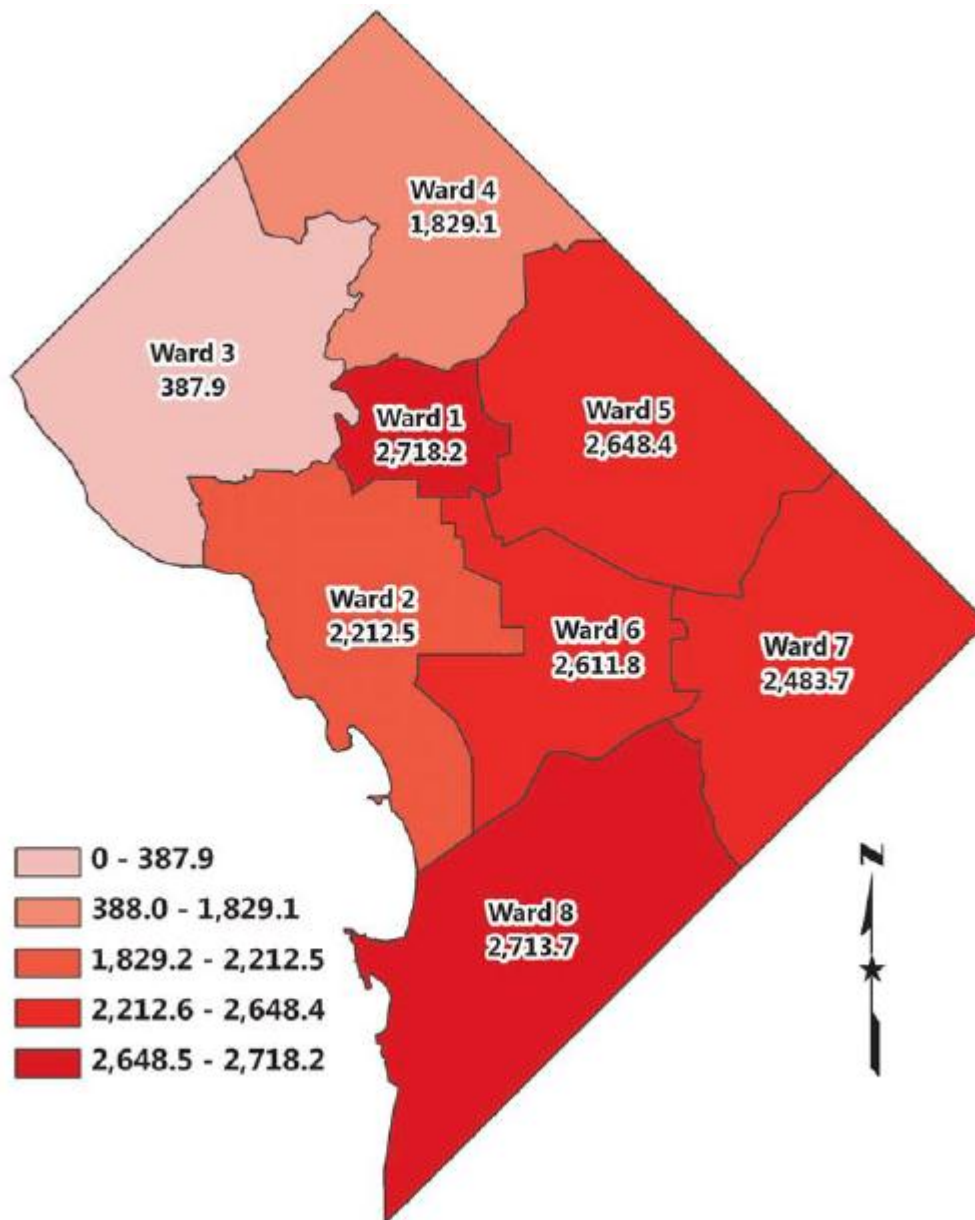
The District continues to make progress in decreasing new cases across epidemics and improving health outcomes. The number of newly diagnosed HIV cases decreased from 1333 cases in 2007 to 718 cases in 2011 representing a drastic 46% decline in the number of diagnosed cases.

The largest decrease in number of deaths by mode of transmission was among injection drug users. Death among this group decreased 52% between 2007 and 2011. The number of deaths among HIV cases with heterosexual contact and men who have sex with men reported as mode of transmission decreased 34% and 48% respectively between 2007 and 2011.

With regards to access to care and improving health outcomes, the 2010 epidemiologic data reports that approximately 89% of diagnosed cases (4,347)

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were linked to HIV medical care by December 2010. Of those linked to care (3,729), 60% kept their first appointment and are receiving care. Of diagnosed cases, 2,730 HIV cases or, 60% achieved viral suppression. The challenge remains to increase the number of persons who have sustained durable viral suppression. Overall, less than one third diagnosed cases maintain viral load suppression. Average CD4 count at diagnosis jumped from 355 in 2009 to 391 in 2010.



The District maintained “Treatment on Demand” with universal access to HIV medical care with no waiting lists for treatment and medication. The enhanced access “Red Carpet Entry Program” linked 70% of newly diagnosed persons into care within 72 hours.

National HIV/AIDS Strategy (NHAS)

The District of Columbia continues to embrace the direction of the National HIV/AIDS Strategy. The strategic goals and objectives have been incorporated into many of the programs working tirelessly to **reduce new infections, increase access to care, improve health outcomes for people living with HIV, and reduce HIV-related health disparities**. The District government and its community partners continue to meet and exceed goals geared towards reducing the impact of HIV disease and co-morbidities (for more information on the District’s effort, see the executive summary of the Annual Epidemiology and Surveillance report at <http://doh.dc.gov/node/678522>)

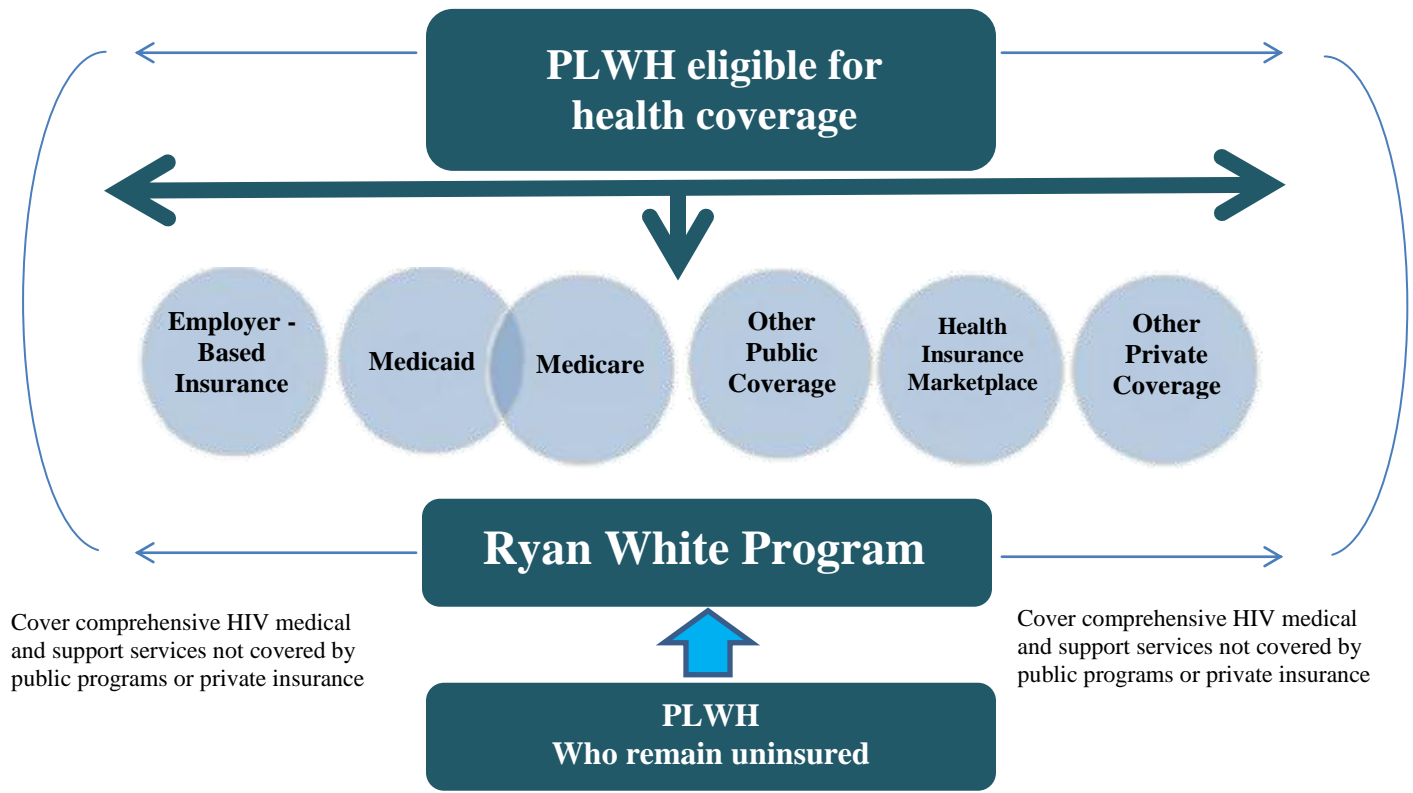
Affordable Care Act (ACA)

In 2010, the District proactively expanded Medicaid according to the requirements of the ACA. In turn, many Ryan White clients were enrolled into DC Medicaid while those not eligible for Medicaid remained enrolled in the DC Alliance program. As the ACA is implemented and evolves, in addition to the formal navigation and assistance available through the D.C. Health Exchange, medical case managers will continue to serve as a vital conduit to community access points; directing clients to the appropriate resources and/or assisting in applying for health insurance via the health marketplace.



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Below is a model of how people living with HIV may receive insurance.

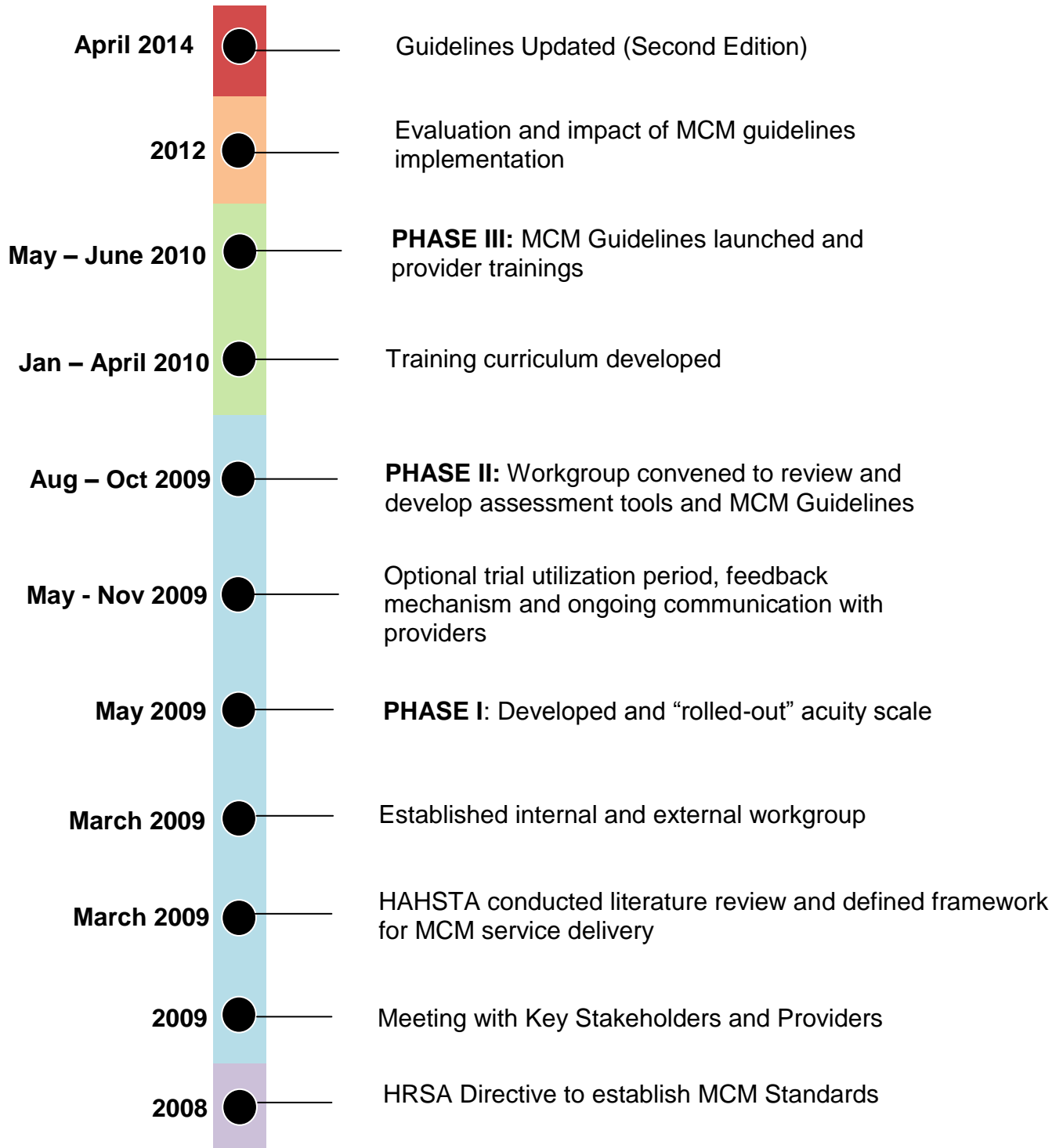


Source: *The Affordable Care Act and the Ryan White HIV/AIDS Program: New Opportunities for People Living with HIV/AIDS; Presentation by the Health Resources and Services Administration and Center for Medicaid Medicare Services*

Process of Guideline Development

These DC guidelines reflect the collective experience of the members of the HAHSTA along with substantive input from a variety of human and community resources, including medical case managers, and medical case management supervisors and consumers/stakeholders of community organizations. A workgroup comprised of such stakeholders reviewed other state models for MCM and best practices. Where possible, existing tools were adopted and revised as needed to best serve DC residents. In addition, new tools were developed as necessary.

Timeline and Process Development of MCM Guidelines



Highlights of the changes in the *MCM guidelines (Second Edition)*

After two years of implementation and a series of quarterly trainings, the MCM 'live documents' were evaluated to assess the impact on the provision of HIV care. Critical outcomes assessment included: the number of MCM programs monitoring CD4 count, viral load, providing treatment adherence, and appropriately classifying clients to the levels of MCM according to the acuity scale. The process of linkages and coordination of care among the core medical services were also evaluated. Some of the findings revealed that the MCM guidelines are effective in assessing client needs and ensuring access to quality services. However, some clients tend to fall within the same scoring range leading to some adjustment in acuity score. A Workgroup was formed to update some of the tools, refine and adjust the acuity scale. A new screening tool was recommended for behavioral, substance abuse and mental health assessment. Thus, the GAIN-SS (Global Appraisal of Individual Needs-Short Screener, version 3.0) was selected to replace the Client Diagnostic Questionnaire (CDQ).

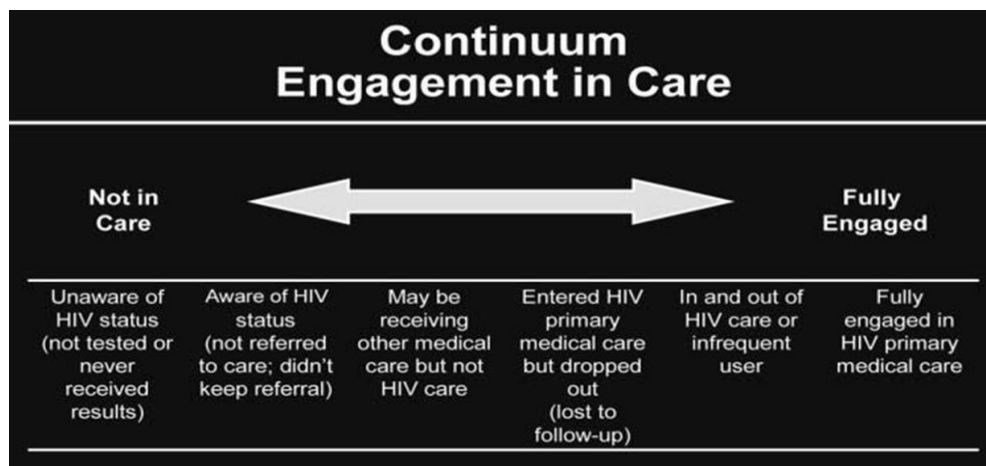
Specific changes (at-a-glance) are as follows:

- Acuity Scale: Area of Functioning: Health Status: HIV Disease Progression (Page 59).
- Acuity Scale: Area of Functioning: Health Status Disease Co-Morbidities (Page 60).
- Acuity Scale: Area of Functioning: Health Status: Oral Health Needs (Page 60).
- Acuity Scale: Area of Functioning: Health Status: Nutritional Needs (Page 61).
- Acuity Scale: Area of Functioning: Health Status: Treatment Adherence (Pages 63-67).
- Acuity Scale: Area of Functioning: Behavioral Health: Risk Reduction (Page 69).
- Acuity Scale: Area of Functioning: Environmental: Legal Issues (Page 73).
- The Triggers Section is now on the Acuity Scale with one new trigger (Pages 49 & 73).
- Acuity Scale: Scoring Change: Acuity Scale (at-a-glance): (Page 75).
- **Global Appraisal of Individual Needs-Short Screener (GAIN-SS, version 3.0)** screening tool for mental health and Substance abuse services. (Pages 46-48).

The HIV/AIDS Continuum of Care in the District of Columbia and Medical Case Management

The District of Columbia adheres to the HRSA's foundational definitions and frameworks for care and Medical Case Management and other critical and support services. The services within the DC continuum of HIV care include primary medical care, provision of HIV-related medications, mental health counseling, substance abuse counseling and treatment, oral health and medical case management services that assist individuals in obtaining access to treatment and supportive services, retention in care and viral suppression.

The continuum of **engagement** in HIV care is an important framework for understanding the status of HIV care and treatment in the United States (Cheever 2007). An individual person living with HIV (PLWH) may go through several stages and may also return to earlier stages of the continuum throughout his/her life (Cheever 2007).



“The continuum of HIV care focuses attention on health care services delivery at critical points in engagement in HIV care, with viral load suppression as a key goal to improve individual health outcomes and reduce HIV transmission” (HRSA, 2010).

The services within the continuum include primary medical care, provision of HIV-related medications, mental health counseling, substance abuse counseling/treatment, oral health and medical case management services that assist individuals in obtaining access to treatment and supportive services.

Medical Case Management services are a key component of the continuum and support: retention of clients in care, client adherence to HIV treatment and provision of a safety net for the most vulnerable clients. In addition, MCM serves as one of several portals of entry into the continuum of the HIV health care system in DC. MCM services ensure timely and coordinated access to medically appropriate levels of health and supportive services and continuity of care within the HIV continuum of engagement and care.

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The continuum of care for people living with HIV/AIDS in DC includes care delivered in publicly funded outpatient primary care centers and care funded through Medicaid (both fee for service and managed care), Medicare, the Ryan White Program and single payer sources. Ryan White funding supports several health and support services including MCM. The Medicaid program in DC does not currently support HIV-specific MCM services. MCM services may be provided in primary medical sites, “stand alone” agencies or agencies associated with other medical and support services.



The Fundamentals of Medical Case Management in the District of Columbia

MCM programs should specifically address, apply and promote the following concepts during program implementation.

Entry into Primary Medical Care: Every medical case manager should encourage each client to begin medical care and develop an ongoing relationship with a primary care physician trained to provide continuous and comprehensive HIV specialty care. With client approval, medical case managers should exchange information regularly with the client's primary care physician.

Treatment Promotion: Given the widespread availability of HIV treatment, all clients, regardless of ability to pay, deserve to be offered the chance to start treatment and be supported to be successful. Although, the client chooses whether or not to accept treatment, Medical Case Managers support clients to initiate and maintain treatment, overcome obstacles and barriers and achieve successful clinical outcomes. Dialogue and information is necessary to ensure that clients start and continue HIV treatment according to the District policies and DHHS guidelines.

Treatment Adherence*: Treatment adherence support includes interventions or special programs to ensure readiness for, and adherence to HIV antiretroviral treatment regimens. Specific attention should be given to clinical laboratory monitoring (i.e. Viral Load and CD4 T-Cell count) and compliance with medical appointments. Assessment of treatment adherence support needs and client education should begin as soon as a client enters MCM and should continue periodically for as long as a client remains in MCM. Treatment adherence support is an on-going process, which may change with client needs, goals and medical conditions.

The goal of any treatment adherence intervention is to provide clients with the skills, information and support to follow mutually agreed upon goals and objectives to achieve optimal health outcomes that are achieved through evidence-based treatment adherence recommendations. This includes, but is not limited to:

- Taking all medications as prescribed.
- Making and keeping appointments.
- Addressing barriers to care and treatment.
- Adapting to therapeutic lifestyle changes as necessary.

Linkages and Coordination*: Once an MCM service plan has been developed in concert with the client, it may be apparent that services required by the client

* Items are further addressed in the chapter *MCM service plan implementation and monitoring*.

are not provided by the medical case manager's agency. In such cases, referrals and linkages with other agencies that provide such services are necessary. Linkages to services should include a concrete mechanism for follow up and (tracking, feedback and action. Regardless of location, the MCM program must demonstrate a mechanism for direct linkage and routine exchange of information with the client's primary medical care entity. At the individual client level, if a linkage is to be successful, the medical case manager must facilitate more than a referral. Medical case managers must support clients to attend appointments and coordinate the different services that a client requires. This is a critical part of the linkage and coordination process.

Health System Navigation: Closely related to linkages and coordination is "navigation." The purpose of navigation is to streamline entry into and utilization of care for those newly diagnosed with HIV, those new to care or those re-engaged in care. The MCM program should ensure that clients are successful in their initial entry or re-entry into services, particularly primary care services. As resources permit, this may require intensive client education of health systems, assistance in obtaining practical information for the client and even attending appointments with the client.

Monitoring outcomes and results: The goal of a MCM program is to improve health outcomes and the quality of life for HIV-infected individuals. These outcomes should be tracked both at a programmatic and individual level. Improved outcomes provide concrete evidence of MCM efforts. Programs are expected not only to track improvements or changes in environmental and social situations, but also clinical progress. For example, MCM clients on anti-retroviral treatment with no improvement in CD4 count or without a decrease in viral load should be flagged and discussed with all client providers in order to resolve any barriers or viral resistance to medication. Information obtained can be used to re-evaluate interventions and re-focus social and clinical efforts.

Retention and Re-engagement of clients into care: Priorities of medical case managers include retention of clients in care and minimizing clients being lost to care. This must be a routine part of service provision. A client is considered lost to care when the client has not attended core medical service appointments for a period of six months or more. Depending on the client MCM service plan, this may include medical care, substance abuse counseling, oral care, mental health counseling, etc. Albeit re-engagement into care is the responsibility of the entire health care community, because medical case managers maintain a unique relationship with clients and are well-positioned to guide clients back into care, MCM programs are encouraged to develop internal policies to both retain and re-engage clients in care.

Harm reduction: Core HIV prevention and harm reduction messages should be included in routine contact with the client. Linkages should be made to programs that: reinforce HIV risk screening; provide HIV/STI prevention devices (e.g.

condoms and other safer sex products); and include prevention-for-positive and needle exchange services.

Disclosure for Social Support: It has been documented that the acquisition of social support, especially from family members, is important for patient adherence to a medical regimen. Medical case managers should employ strategies to support safe disclosure and promote the development of social support networks for clients as part of routine service provision.

Standard Operating Procedures: This should include protocols for a range of MCM program responsibilities such as good customer service, responsiveness to client calls and thorough documentation requirements.

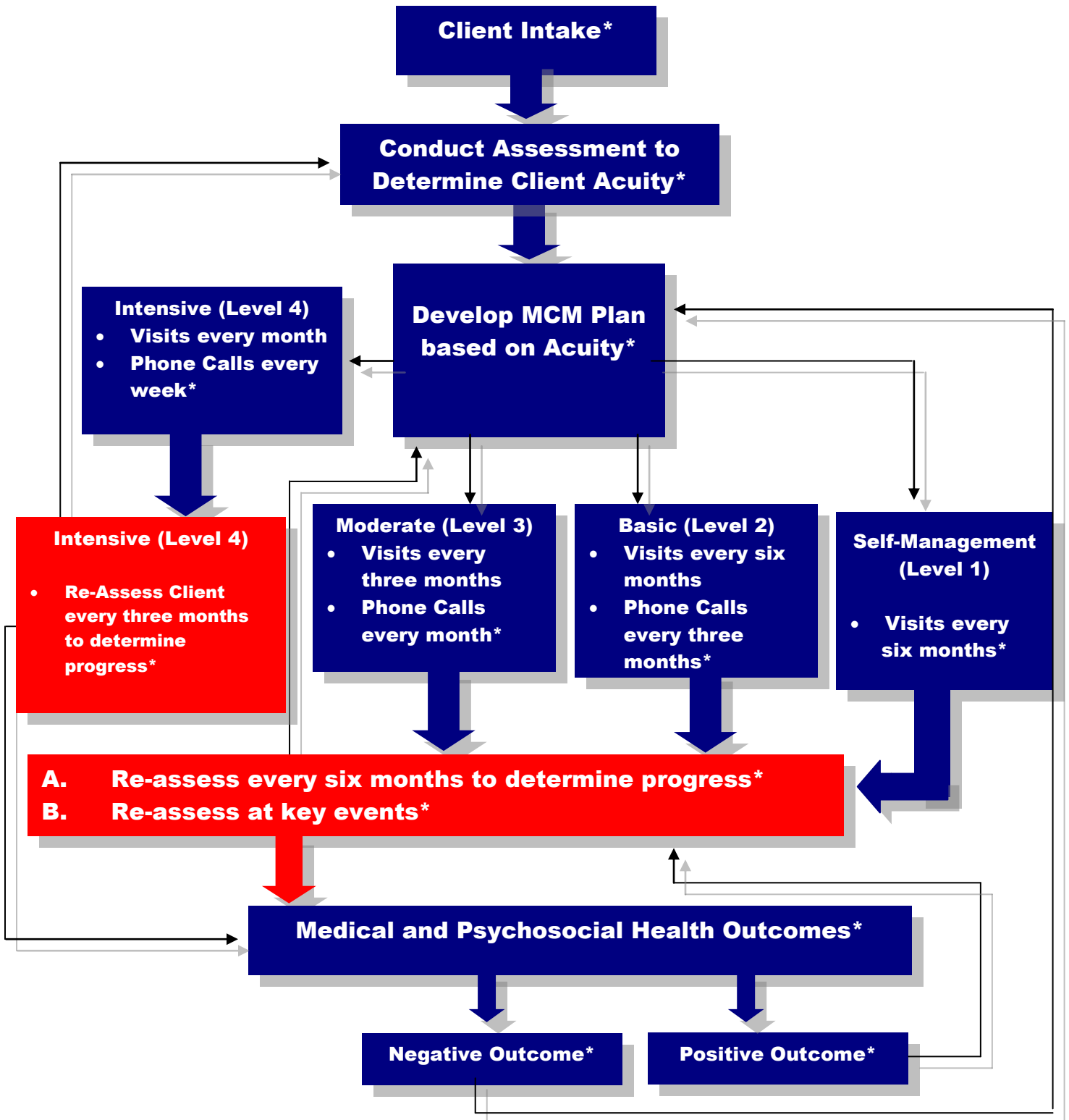
Performance Evaluation of Medical Case Managers: MCM programs should have strategies for supervision and quality management and established systems to monitor and improve the quality of care and performance of medical case managers.

Professional Development for MCM Staff: All case managers should be supported to acquire and develop the knowledge, skills and abilities necessary to improve performance, including, but not limited to, HIPAA rules governing confidentiality, basic HIV knowledge, client rights and responsibilities, enrollment and eligibility, cultural competence, quality improvement, medication education, and treatment adherence training.

Moving from Level Four to Level One: Medical Case Management should equip clients with skills needed to achieve treatment goals. Ideally, clients should progress, as applicable, along the continuum of medical case management levels from *Intensive (Level 4)* to *Moderate (Level 3)* to *Basic (Level 2)* to *Self-Management (Level 1)*. Progress and achievement of goals and objectives (or lack thereof) are evaluated every three or six months (dependent on the level) according to the MCM Service Plan.



The Medical Case Management Operational (Process) Model



** Treatment Adherence occurs at every stage of the process*

The DC MCM operational model depicted above is consistent with the MCM process promulgated by the HRSA with added emphasis on treatment adherence, linkage to medical and psychosocial services and client health outcomes, and underscores:

- Initial client intake and assessment of service needs (*including the use of the Acuity Scale*).
- Development of a comprehensive, individualized service plan.
- *Linkages* and coordination of services required to implement the service plan.
- Client monitoring to assess the efficacy of the service plan.
- Periodic (re-assessment) *based on medical and psychosocial outcomes* and revision of the service plan as necessary.
- Treatment adherence at every stage of the process.

These steps are expanded upon as follows.

Client Intake

Definition and Purpose

Intake occurs when either the medical case manager or another staff member gathers demographic and social information from the client. Intake allows for the initiation of MCM activities until a Comprehensive Assessment can be conducted. It often occurs during the initial visit. Upon intake, client eligibility for Ryan White and other payer sources should be assessed.



Intake Process

Traditionally, medical case managers interface with MCM clients. However, medical case managers are responsible for ensuring client-MCM interaction if performed by other designees. **When possible, client intake should be completed during the first meeting with the client or, at least, within 72 hours of initially meeting the client.** The intake can be performed at the same time as the Comprehensive Assessment, but oftentimes occurs separately, as in organizations where the medical case manager does not perform the intake. Each prospective client must undergo an intake process. Individuals in crisis must be further assessed to determine what immediate interventions are appropriate; either within the agency or by immediate linkage to external services.

Determining Eligibility

Central to the intake process is the determination of client eligibility for various health care payer sources. **Client eligibility should be assessed for all available payer programs (i.e. Medicaid, fee for service, managed care and demonstration programs; Medicare; Ryan White as payer of last resort).** Minimum eligibility criteria for Ryan White programs include: HIV diagnosis; District of Columbia residency and income according to Federal Poverty Level (FPL) guidelines. **Eligibility should be re-assessed every six months.** Clients who fall outside of the income parameters may receive assistance through the Health Insurance Marketplace or other health insurance being marketed according to the provisions of the Affordable Care Act of 2010. More specifically, medical case managers and others performing the intake process must assist the client to apply for eligible payer programs through the DC Health Link at <https://dchealthlink.com/>



Client Assessment

Definition and Purpose

Client assessment is the systematic gathering and discussion of information with the client (or legally authorized representative). The information is collected and analyzed in order to identify client health, psychosocial and environmental needs. The medical case manager will use this information to develop a comprehensive plan to prioritize and address identified needs.

The purpose of the assessment is to assess (the): extent to which client needs are not being met; ability of the client or the client's social network to meet these needs; strengths inherent in the client; need for improved coordination of services that are currently used by the client; capacity of the medical and human services network to address the needs; intensity of MCM services needed by the clients; continued progress in meeting client needs; and emerging issues.

The Assessment Process

The assessment process is divided into two tasks: 1) eliciting information and 2) assigning clients to management levels using the Acuity Scale. In order to perform the assessment, at least, one face-to-face interview must occur with the client in order to elicit information. **With appropriate client consent**, additional information may also be obtained from secondary data sources such as medical records or other health and human service professionals. During the assessment, critical flags or triggers are identified as well as other competing priorities and needs, such as housing, social services and transportation. Client medical conditions, treatment adherence and medication history, and current willingness and ability to adhere to medication regimens should be assessed. The sample MCM Comprehensive Assessment Tool in this document can help facilitate the collection of comprehensive information. When assessing any health

area, any identified deficiencies should be included as action items of the MCM Service Plan.

The assessment must be completed within ****30 business days**** of intake.

Specified Levels of MCM require delivery of services within the time frames below.



- Intensive Level-Must receive services **immediately**.
- Moderate Level-Must receive services within **10 business days** of assessment.
- Basic Level-Must receive services within **15 business days** after assessment.
- Self- management – Must receive services within **30 business days** after assessment

Comprehensive Assessment Tool

The MCM Comprehensive Assessment Tool serves to elicit client information necessary to assign an acuity score to develop the MCM Service Plan. It is a companion document to the Acuity Scale. Using the acuity score, the medical case manager can then assign an acuity level/management level on the Acuity Scale that then gauge the intensity required.

The MCM Assessment Tool and the Acuity Scale are divided into seven *Functional Area* categories:

- **Access to Health Care.**
- **Health Status.**
- **Treatment Adherence.**
- **HIV Knowledge.**
- **Behavioral Health.**
- **Children/Families.**
- **Environmental Factors.**

These seven categories fall into three broad subject areas:

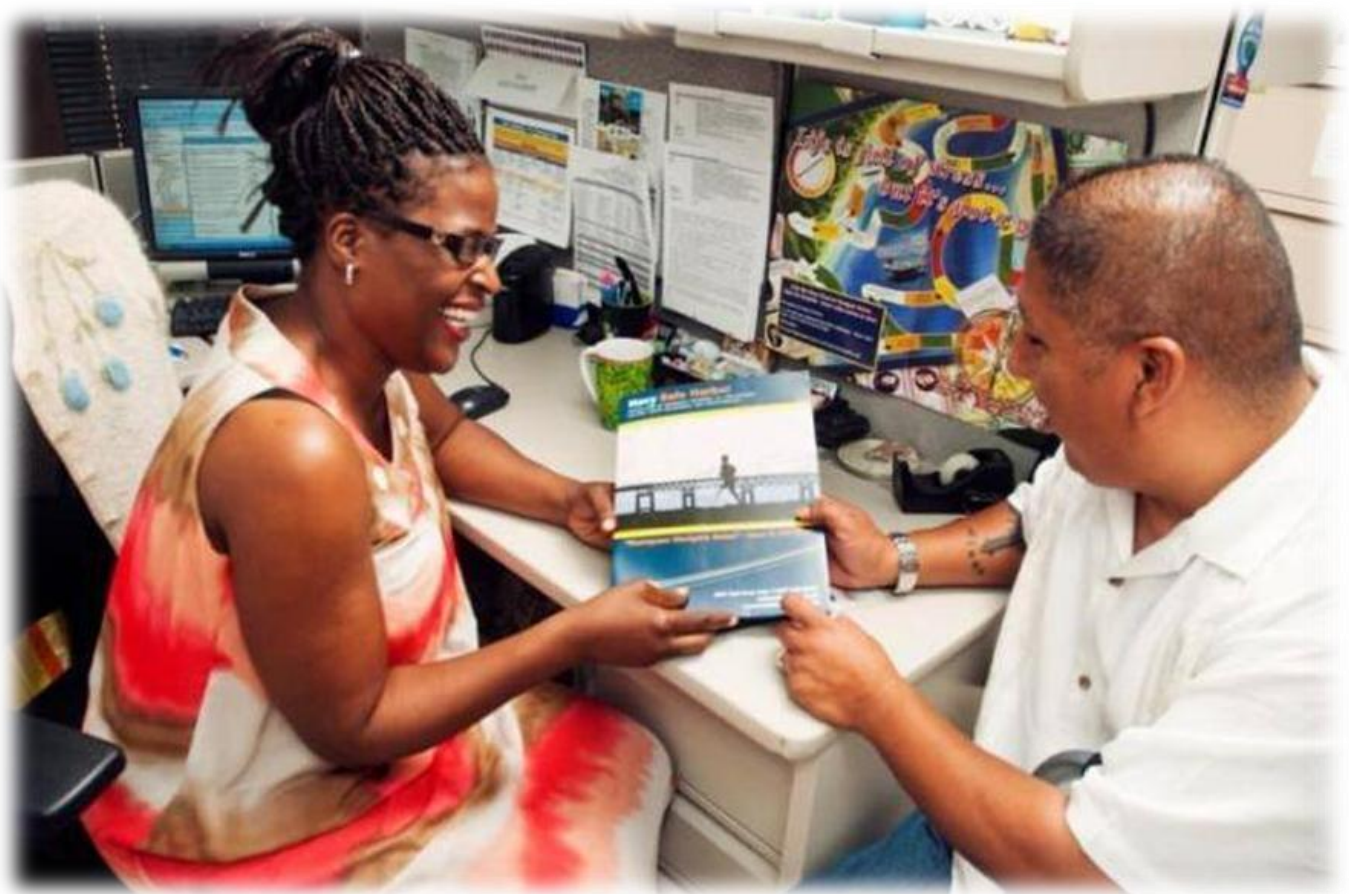
1. Demographic and Access to Care.
2. Medical.
3. Behavioral and Psychosocial.

The Demographic questions are as stated. The Access to Care questions help to determine if the client has access to care. If not, then possible barriers are probed. “Access” describes client need for health care, health benefits and supportive services which ensure access in medical care and treatment.

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The purpose of the questions that are grouped under “Medical” is to gather information related to client retention in care and achievement of positive health outcomes. When assessing any medical area, medical case managers should include any identified deficiencies as part of the Service Plan. **Achieving viral suppression should be priority in the Service Plan.**

The Behavioral and Psychosocial area evaluates client needs related to mental health, drug use/abuse, personal strengths, and social situations. Any identified deficiencies of the Behavioral and Psychosocial Area should be referred to appropriate credentialed Mental Health and/or Substance Abuse personnel, either within the intake agency or to a specialized service agency. Medical case managers will coordinate and follow up on the linkage to ensure that services were actually received.



District of Columbia

HIV Medical Case Management Assessment Form

Client Demographics: (Section to be completed by multi-service agencies and updated at re-assessment).

1. Name (First, MI, Last)		2. Date of Birth	
3. What is your preferred name?		4. Social Security Number	
5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
6. Telephone	(Area Code)	(Exchange-Subscriber)	May we leave a message? May we leave the agency name?
a. Home Phone			
b. Cell Phone			
c. Alternate Phone			
7. Race and Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Other			
8. Are you a Veteran?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "Yes," do you receive services through the Veterans Administration?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. What are those services?			

Emergency Contact Information

9. Emergency Contact Person			
a. Phone		b. Cell phone	
c. E-Mail		d. Relationship	
e. Is this person aware of your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Is your partner aware of your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Alternate Contact Person			
a. Phone		b. Cell phone	
c. E-Mail		d. Relationship	
e. Is this person aware of your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Is your partner aware of your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Function Area 1: Access and Support

Medical Home

11. Are you receiving treatment for your HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. If "Yes," what is the clinic name?	
12. Are you seeing a physician or clinician who can treat your HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. If "Yes," what is the name of the physician or clinician?	

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13. Year of HIV diagnosis		14. Mode of Transmission	
15. Date of last medical visit			
a. Did you keep the appointment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If "No," why not?			
16. Are you changing clinics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. If "Yes," why?
17. When is your next appointment date?			
18. What is the reason for your visit?			
19. Were you referred for services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. If "Yes," by whom?
20. Are you currently or have you experienced in the last month any of the following problems? (Check all that apply).			
<input type="checkbox"/> Thrush	<input type="checkbox"/> Spiking Fever	<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Unexplained Weight loss	<input type="checkbox"/> Loss of Appetite	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nausea or Vomiting
21. Do you have any other medical conditions (e.g. hypertension, diabetes, heart disease?)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," please describe.			
22. Have you ever been hospitalized for an HIV-related illness or opportunistic infection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes,"			
i. Last Date			
ii. Illness or Diagnosis			
iii. Where hospitalized or treated			
<i>Health Insurance and Benefits</i>			
23. Do you currently have health insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what type(s)?	i. Medicaid/OHP#	<input type="checkbox"/> Standard	<input type="checkbox"/> Open Care
		<input type="checkbox"/> Plus	<input type="checkbox"/> Managed Care
	ii. Private Insurance ID #		
	iii. Medicare A or B		
	iv. OMIP#		
	v. DC Alliance		
	vi. Veteran's Benefit Insurance #		
	vii. QHP-ACA#		
b. Does your insurance have benefit limits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If "Yes," what are the limits?			
c. What is the premium amount per month?			
d. How much is your co-payment per prescription?			
e. Does your insurance cover:	<input type="checkbox"/> Medications?	<input type="checkbox"/> Doctor Visit?	<input type="checkbox"/> Dental Visit?
f. What is your dental insurance number?			
24. Are you enrolled in any type of Medicaid spend-down program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what is the spend-down amount?			
25. Are you enrolled in the AIDS Drug Assistance Program (ADAP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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a. If "Yes," what is your number?				
<input type="checkbox"/> Check here if client is not insured, under-insured or unable to pay—address as appropriate				
<i>Cultural/Linguistics</i>				
26. What language(s) do you read or write?		<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
		<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
27. Do you need a translator or interpreter (including an American Sign Language Interpreter)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28. Highest level of education:				
<input type="checkbox"/> 6 th Grade or Less	<input type="checkbox"/> Between 7 th and 12 th Grade	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Vocational or Technical Training	
<input type="checkbox"/> Undergraduate/ College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Other	
29. Are you able to complete forms independently?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30. Do you have any religious/spiritual beliefs that may prohibit you from taking any medications?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
31. Do you have any beliefs prohibiting:				
a. Blood transfusion?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Participating in medical research?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Any specific medical procedure(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Other: (Specify)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
32. Do you prefer to be assessed by any particular				
a. Gender? (Specify)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Age? (Specify)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
33. Do you want us to be aware of any religious or cultural beliefs or practices that may affect your receiving care?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," describe:				
34. Are there any other things of which health care providers should be made aware?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," describe:				
<i>Transportation</i>				
35. Do you have access to transportation for health care and other HIV-related support service appointments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," what types of transportation do you use?				
<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Taxi Service	<input type="checkbox"/> Van Service	
<input type="checkbox"/> Other (Specify)				
36. Do you need financial assistance with transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
37. Do you have physical disabilities that impede your access to public transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
38. Do you have any other disability that could impede your use of public transportation (e.g. bus, Metro or trains)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," specify the disability?				
39. Do you have access to transportation for health care or support services not associated with HIV care?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
40. If transportation needs are evident, make appropriate referrals to benefits programs.				

Social Support

41. How do you socialize?
(Specify activities).

42. What type of support system do you have?

<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Neighbors	<input type="checkbox"/> Peers	<input type="checkbox"/> Support Group
<input type="checkbox"/> Facebook	<input type="checkbox"/> MySpace	<input type="checkbox"/> Twitter	<input type="checkbox"/> None	<input type="checkbox"/> Faith-Based Group

43. Do you believe you have an adequate support system?

Yes No

a. If "Yes,"

ii Have you told anyone you have HIV?

Yes No

iii Who have you told
(by relationship)?

▪

44. Are members of your support system aware of your HIV diagnosis?

Yes No

a. If "No," do you need help to disclose your HIV status?

Yes No

b. If help is needed to disclose HIV status, make appropriate referrals to support and healthy relationship groups.

Function Area 2: Health Status

Section 1: Activities of Daily Living (ADL)

45. Check level of function of each activity of daily living listed below. This will help you determine how much assistance is needed.

Function	Independent	Needs Help	Dependent	Not Applicable
a. Bathing				
b. Dressing				
c. Grooming				
d. Oral Care				
e. Toileting				
f. Transferring				
g. Walking				
h. Climbing Stairs				
i. Eating				
j. Shopping				
k. Cooking				
l. Managing Medications				
m. Using the Phone				
n. Housework				
o. Laundry				
p. Driving				
q. Managing Finances				

**If client is dependent or needs help in any area,
refer to appropriate programs.**

Section 2: HIV Disease Progression

Laboratory Values and Clinical Markers: A verbal report from the client of his or her laboratory results is not sufficient for documentation. To obtain client laboratory results, the Medical Case Manager can either:

Ask the client to sign a *Release of Information* form and have the medical provider fax it to the Medical Case Manager, OR

Ask the client to deliver a photocopy obtained from a Medical Provider.

Opportunistic Infections

46. Are you on Prophylaxis (preventive medication) for an opportunistic infection? Yes No

a. If "Yes," please provide information below:

Opportunistic Infection	Drug for Prophylaxis	Dosage

47. Have you ever been DIAGNOSED with or TREATED FOR an opportunistic infection?

Opportunistic Infection	Diagnosed	Date of Diagnosis	Treatment Received	Treatment Completed
Bacterial Fungal and Fungal (Thrush, Yeast Infection)				
Cryptococcal Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Histoplasmosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bacterial Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PneumoCystis (jirovecii) Pneumonia (PCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxoplasmosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cytomegalovirus (CMV)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mycobacterium Avium Complex (MAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syphilis or Neurosyphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis (TB)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually Transmitted Diseases				
Herpes Simplex Virus (Oral, Genital Herpes)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Herpes Zoster Virus (Shingles)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Human Papilloma Virus (HPV, Genital warts, anal or cervical dysplasia, cervical cancer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Cancers

AIDS Dementia Complex (ADC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peripheral Neuropathy (pain, numbness and tingling of the feet or hands)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hospitalizations

48. Have you ever been hospitalized for an HIV/AIDS-related illness or opportunistic infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever been hospitalized for a non HIV/AIDS-related illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," please provide information below.		
Date	Reason for Hospitalization	Hospital

Section 3: Co-Morbid Diseases

50. Have you ever been told you have any conditions, illnesses or diseases other than HIV (e.g. hypertension, diabetes, heart disease, hepatitis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," please provide information below.			
Disease	Date of Diagnosis	Treatment Received	Treatment Completed

Section 4: Oral Health Needs

Oral manifestations of HIV may arise in people with HIV disease who have weakened immune systems.

51. When was the last time you saw a dentist?		
52. Do you have a dentist that you visit regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," who is the dentist?		

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53. How often do you brush your teeth?			times per		
54. Do you have a toothbrush?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
55. Do you have dentures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "No," do you need dentures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
56. Do you have one or more dental bridges?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "No," do you need one or more bridges?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
57. Have you ever been diagnosed with any oral conditions, illnesses or diseases? (Specify below).					
a. Oral herpes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. Aphthous Ulcers or Canker Sores	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. Hairy leukoplakia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Thrush (Candidiasis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	f. Warts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Dry Mouth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	h. Tooth Decay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Abscesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	j. Other: (Specify).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Are you currently receiving Oral Health treatment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
59. Do you have pain, sensitivity or other discomfort with your teeth, gums or elsewhere in your mouth?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," does this pain, sensitivity or discomfort affect your intake of food, drink or medications?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
60. Have you noticed any changes in your teeth, gums or elsewhere in your mouth?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Section 5: Nutritional Needs</i>					
61. Current Weight			62. Current Height		
63. Have you gained or lost a significant amount of weight in the last:					
a. Thirty Days (One Month)?	<input type="checkbox"/> Yes	If "Yes," how much?		<input type="checkbox"/> No	
b. Sixty Days (Two Months)?	<input type="checkbox"/> Yes	If "Yes," how much?		<input type="checkbox"/> No	
c. One Hundred and Eighty Days (Six Months)?	<input type="checkbox"/> Yes	If "Yes," how much?		<input type="checkbox"/> No	
64. Describe the reasons for the significant gain or loss of weight?					
■					
65. Are you being treated for a weight gain or loss problem?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," what is the medication?			■		
66. Are you receiving Medical Nutrition Therapy (from Registered Clinical Dietician or Registered Dietician Nutritionist)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
67. Are you receiving nutritional counseling (from someone who is NOT a Registered Clinical Dietician or Registered Dietician Nutritionist)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
68. Are you taking nutritional or vitamin supplements (e.g. Boost, Ensure, vitamins)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If "Yes," which supplements are you taking?					
b. If "Yes," who prescribed them?					
69. Do you need assistance with food?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
70. Do you currently receive food assistance from:					
a. Food Stamps?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Home-Delivered Meals?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Home-Delivered Groceries?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Food Bank?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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e. Emergency Food Vouchers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Please indicate any of the following physical problems, which make it difficult to eat:		
a. Mouth Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Swallowing problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Food Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Taste Alteration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Do you have any dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," specify:		
73. Do you have any other problems with food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you ever been diagnosed with wasting syndrome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Function Area 3: Treatment Adherence

Section 1

75. Do you have any current prescriptions for medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76. Are you taking any medications? (Antiretroviral (ARV) and any other prescribed medications) If "NO," skip to question 93.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what medications are you taking		
Name of Medication	Purpose of Medication	Dosage
		Prescriber
		Name
		Phone
		Name
		Phone
		Name
		Phone
		Name
		Phone
		Name
		Phone
		Name
		Phone
77. How do you take your medications? <input type="checkbox"/> Self-Administered <input type="checkbox"/> Received from Another		
78. Please rate your ability to take your medications as prescribed over the last seven days.		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
79. Do you forget to take your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," when was the last time you missed a dose?		
b. Have you missed a dose in:		
Twenty-four (24) hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," how many doses?		
Three (3) days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," how many doses?		
Seven (7) days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," how many doses?		
c. How many doses do you think you have missed over the past month?		

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d. What are some of the reasons for missing doses of your medication? (Check all that apply)				
<input type="checkbox"/> I get too busy with other things or simply forget to take pills.	<input type="checkbox"/> I am away from home when it is time to take my pills.	<input type="checkbox"/> There is a change in my routine.		
<input type="checkbox"/> I feel depressed or overwhelmed.	<input type="checkbox"/> I just don't want to take them.	<input type="checkbox"/> I have problems swallowing.		
<input type="checkbox"/> I take a drug holiday or break from taking pills (i.e. tired of taking meds).	<input type="checkbox"/> I get side-effects that make me stop.	<input type="checkbox"/> I run out of pills.		
<input type="checkbox"/> I have too many pills to take.	<input type="checkbox"/> I have trouble remembering to eat or not to eat with pills.	<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
e. What do you do when you miss a dose?				
■				
80. What will make it easier for you to take your medications as prescribed?				
■				
81. How do you receive your medications?				
<input type="checkbox"/> Pick up at pharmacy		<input type="checkbox"/> Delivered by pharmacy		<input type="checkbox"/> Pick up at doctor's office
82. Do you have difficulty getting your medications?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," specify the type of problems.				
■				
83. Is cost a problem with getting your medications?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
84. Have you ever run out of your medications?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
85. Who do you call to fill or refill a prescription?		Name:		
		Phone number:		
86. Where do you keep your medications?				
■				
87. Do you believe they are safe?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Do you feel the need to hide your medications from anyone?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. How many people in your life know about your HIV?				
<input type="checkbox"/> All of them	<input type="checkbox"/> Some of Them	<input type="checkbox"/> One Person	<input type="checkbox"/> None	
90. How many of the important people/family members in your life are supportive of you taking medications?				
<input type="checkbox"/> All of them	<input type="checkbox"/> Some of Them	<input type="checkbox"/> One Person	<input type="checkbox"/> None	
91. Have you ever participated in a medication or treatment adherence program?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
92. Are you interested in participating in a medication or treatment adherence program?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," indicate in the MCM Service Plan and link to a Treatment Adherence Specialist or Program.				
93. Are you taking herbal or alternative therapies?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
94. Are you taking Over-The-Counter (OTC) medications?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what are the names and reasons for taking the herbal, alternative or OTC medications?				
Herbal	Alternative	OTC	Name of Medication or Therapy	Purpose or Reason for Taking

Section 2

95. Identify the side effects that you are experiencing that are associated with HIV medications

a.	b.
c.	d.
e.	f.
g.	h.

96. How much do any of these side effects bother you, or affect your taking anti-retroviral (ARV) medications?

Side Effect	Severe (a lot)	Mild (Somewhat)	A Little	Not at All	Not Sure
a. Diarrhea					
b. Nausea					
c. Vomiting					
d. Constipation					
e. Headache					
f. Skin Rash					
g. Bad or Vivid Dreams					
h. Confusion					
i. Fever					
j. Taste Alteration					
k. Discoloration of Eyes					
l. Discoloration of Skin or Nails					
m. Numbness or Tingling Pain of Peripherals					
n. Drowsiness					
o. Loss of Sex Drive					
p. Other					

97. What have you done about the side effects?

Section 3

98. When was your last appointment with your Primary Care Provider?

99. How often are your appointments with your Primary Care Provider?

<input type="checkbox"/> More often than monthly	<input type="checkbox"/> Once every month	<input type="checkbox"/> Once every two (2) months	<input type="checkbox"/> Once every three (3) months
<input type="checkbox"/> Once every four (4) months	<input type="checkbox"/> Once every five (5) months	<input type="checkbox"/> Once every six (6) months	<input type="checkbox"/> Other

100. Indicate the number of missed health care appointments (with your medical doctor, clinic, etc.) in the last:

a. Thirty (30) Days	b. Sixty (60) Days	c. Four (4) months
d. Six (6) Months	e. Twelve (12) Months	f.

101. What are some of the reasons for missing your appointments?

■

102. What will make it easier for you to keep your appointments?

■

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All identified deficiencies in Treatment Adherence should be included in the MCM Service Plan.

103. What is your most recent Viral Load (VL)?

a. Date		b. Result		c. Next Scheduled	
<input type="checkbox"/> Self-Report			<input type="checkbox"/> Laboratory Report		

104. What is your most recent CD4 T-Cell count?

a. Date		b. Result		c. Next Scheduled	
<input type="checkbox"/> Self-Report			<input type="checkbox"/> Laboratory Report		

105. Describe ways or methods of treatment adherence aids being used.

a. Pill Count Discussions	<input type="checkbox"/>
b. Prescription Refill Checks	<input type="checkbox"/>
c. Direct Observation Therapy	<input type="checkbox"/>
d. Diaries	<input type="checkbox"/>
e. Electronic Monitoring	<input type="checkbox"/>
f. Family Reporting	<input type="checkbox"/>

Function Area 4: Health Knowledge

Section 1: Health Literacy

106. How often do you need help reading the following?

a. Written information about how to take care of yourself.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
b. Written information about how to take your medications such as those that appear on pill bottles or on prescriptions.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
c. Written information about side-effects associated with your medications.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
d. Appointment notifications and reminders from your medical providers.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
e. Treatment information from your Dietician, Medical Case Manager, Mental Health Counselor or Substance Abuse Counselor?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never

107. How often do you need help with the following?

a. Figuring out what time you should take your different medications.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
b. Whether or not to eat when you take your medications.	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never

108. How confident are you filling out medical forms by yourself?

	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Some times	<input type="checkbox"/> Never
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Section 2: HIV Knowledge

109. What is HIV?

110. What is AIDS?

111. You can get HIV from the following:

a. Sharing needles and/or works.	<input type="checkbox"/> True	<input type="checkbox"/> False
b. Tattoos.	<input type="checkbox"/> True	<input type="checkbox"/> False
c. Piercing body parts.	<input type="checkbox"/> True	<input type="checkbox"/> False
d. Vaginal sex.	<input type="checkbox"/> True	<input type="checkbox"/> False
e. Anal sex.	<input type="checkbox"/> True	<input type="checkbox"/> False
f. Oral sex.	<input type="checkbox"/> True	<input type="checkbox"/> False

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g. Mosquitoes carrying infected blood.	<input type="checkbox"/> True	<input type="checkbox"/> False
h. Kissing.	<input type="checkbox"/> True	<input type="checkbox"/> False
i. Breast feeding.	<input type="checkbox"/> True	<input type="checkbox"/> False
j. Shaking hands.	<input type="checkbox"/> True	<input type="checkbox"/> False
112. Why is it important to get your Viral Load measured?	▪	
113. Why is it important to get your CD4 count measured??	▪	
If deficiencies are identified, then educate during a teachable moment.		

Function Area 5: Behavioral Health

Section 1: Mental Health Screening

A. GAIN Cognitive Impairment Screener (See form at the end of this Assessment tool).

B. Global Appraisal of Individual Needs- Shorter Screener (GAIN-SS). (See form at end of Screening Tool, Or use the Online Application at <https://www.gainabs.org>)

Check All That Apply

- Need for Mental Health assessment or intervention.
- Indication of cognitive deficits.
- Client should be referred and linked with Mental Health services.
- Interventions noted in Medical Case Management Service Plan.

Section 2: Addiction Screening

Alcohol Screening (CAGE Questionnaire)

114. Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," have you ever felt you should <u>cut down</u> on your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have people <u>annoyed</u> you by criticizing your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you ever felt bad or <u>guilty</u> about your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have you ever had a drink first thing in the morning (" <u>eye opener</u> ") to steady your nerves or get rid of a hangover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check All That Apply

- Alcohol Screening has two or more "Yes" responses.
- Client should be assessed for alcohol abuse.
- Client should be referred and linked to alcohol addiction services.
- Interventions noted in Medical Case Management Service Plan.

115. Have you used recreational drugs during the past twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, check all that apply below; if 'NO,' skip to question 131.		

	No. of days used in the past thirty days	No. of times used in lifetime	Route of Administration (O: Orally, N: Nasal, S: Smoking, NV: Non-Injection, IV: Injection)				
			O	N	S	NV	IV
Inhalants			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Analgesics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack Cocaine			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth-Amphetamines			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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LSD or PCP			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Prescription Drugs			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Powder Cocaine			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Heroin			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Methadone			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Barbiturates			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Other: Sedatives, Hypnotics, Tranquilizers			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Cannabis			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
Hallucinogens			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
More than one substance per day (including alcohol)			<input type="checkbox"/> O	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> NV	<input type="checkbox"/> IV
116. How often do you use?	<input type="checkbox"/> Daily	<input type="checkbox"/> 2-3 times per week	<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a month	<input type="checkbox"/> Occasionally		
117. What is your substance/drug of choice?							
118. Do you consider your alcohol or drug use to be recreational?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
119. If substance is injected, have you ever shared needles and/or other injection equipment?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
120. Do you need help to find a needle exchange program?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
121. Have you ever been hospitalized for substance abuse treatment?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what hospital?							
122. Interviewer: Which substances are the major problems?							
123. What was your longest period of voluntary abstinence from this major substance?							
<input type="checkbox"/> Seven (7) days		<input type="checkbox"/> Thirty (30) days		<input type="checkbox"/> Sixty (60) days		<input type="checkbox"/> Never Abstinent	
a. How many months ago did this abstinence end?							
124. How many times have you had alcohol Delirium Tremens (DT)?							
125. How many times have you overdosed on drugs?							
126. How many times have you received treatment for:							
a. Alcohol abuse?							
b. Drug abuse?							
127. Of the times you have received treatment, how many of them were for:							
a. Alcohol detox only?							
b. Drug detox only?							
128. Please provide the following information about the last time you were in treatment?							
a. Name of Treatment Center							
b. Type of Treatment				<input type="checkbox"/> In-Patient		<input type="checkbox"/> Out-Patient	
c. How long did treatment last?							
d. Did you complete treatment successfully?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
129. Have you ever been evaluated for alcohol or drug use before today?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
130. How important to you <u>now</u> is treatment for							
a. Alcohol problems?		<input type="checkbox"/> Not Important		<input type="checkbox"/> Neutral		<input type="checkbox"/> Very Important	
b. Drug problems?		<input type="checkbox"/> Not Important		<input type="checkbox"/> Neutral		<input type="checkbox"/> Very Important	
Check All That Apply							
<input type="checkbox"/> Need for Substance Abuse assessment or intervention.							
<input type="checkbox"/> Client should be referred and linked with Substance Abuse Services.							
<input type="checkbox"/> Interventions noted in Medical Case Management Service Plan.							

Section 3: Harm Reduction

131. Have you made any changes in your sexual behavior since you were diagnosed with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
132. Do you practice safer sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
133. How often would you say you engage in sex?	<input type="checkbox"/> Daily <input type="checkbox"/> Less than Daily, More than Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally:	
134. Do you use protection while having sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "No," why not?	■	
b. If "Yes," what type of protection do you use?	<input type="checkbox"/> Condom <input type="checkbox"/> Dental Dam <input type="checkbox"/> Saran Wrap <input type="checkbox"/> Latex Gloves <input type="checkbox"/> Withdrawal <input type="checkbox"/> Nothing	
135. How often do you use protection?	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Only with partners other than Significant Other <input type="checkbox"/> Never	
136. Have you ever had a Sexually Transmitted Infection (STI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," what type of STI did (or do) you have?	<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Genital Warts <input type="checkbox"/> Genital Lice <input type="checkbox"/> Herpes <input type="checkbox"/> Human Papilloma Virus (HPV) <input type="checkbox"/> Other:	
b. When was the most recent STI?	<input type="checkbox"/> Within the last six months <input type="checkbox"/> Within the last year <input type="checkbox"/> More than a year ago	
c. Where did you receive treatment?	<input type="checkbox"/> Doctor's Office <input type="checkbox"/> Free Clinic <input type="checkbox"/> Other:	
137. Do you intend to use protection the next time you have sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
138. How confident are you that you can successfully insist on using protection with your sex partner, whether they want to, or not?	<input type="checkbox"/> Very Confident	<input type="checkbox"/> Not Sure
139. Do you need help to discuss the subject of HIV with your partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
140. Do you need help to disclose your HIV status with other persons with whom you would like to have sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
141. Is it important to you that you not pass HIV to your partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "No," why is it not important?		
142. Would you like some assistance in discussing ways to reduce harm to yourself and others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
143. Do you need help to locate places to get free condoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Strengths

144. What are you good with?		
145. What are your strengths?		

Check All That Apply

- Indication of harm or high risk of harm.
- Client should be referred and linked with Harm Reduction programs.
- Interventions noted in Medical Case Management Service Plan.

Function Area 6: Children and Families

146. Do you have any children living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," how many?		
b. What are their ages?		

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c. What is your relationship to the children?		
d. Do any of the children have special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are any of the children HIV-positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If "Yes," how many are HIV-positive?		
ii. Where do they receive care?		
iii. Who is the physician?	Name:	
	Contact Info:	
147. Do need assistance with disclosure of your status to the children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
148. Do you need assistance with caring for the children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
149. Do you need assistance with permanency planning? (Explain "permanency planning").	<input type="checkbox"/> Yes	<input type="checkbox"/> No
150. Do you need assistance with locating parenting classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
151. Do you have adult dependent(s) living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," how many?		
b. What is your relationship to the adult dependent(s)?		
c. Do you need assistance in caring for the adult dependent(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you presently going through a crisis as a result of the adult dependent(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check All That Apply

- Indication of crisis or imminent crisis.
- Client should be referred and linked with appropriate programs.
- Interventions noted in Medical Case Management Service Plan.

Function Area 7: Environment

Section 1: Domestic Violence

152. Have you ever...		
a. Pushed, kicked, slapped, punched, or choked your intimate partner or roommate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Threatened to kill or harm your intimate partner or roommate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Threatened your intimate partner or roommate with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Do you have access to a dangerous weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Locked your intimate partner or roommate in or out of the house or apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Called your intimate partner or roommate degrading names, put them down to humiliate them in front of other people or threatened to disclose their HIV status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Thought about or tried to hurt yourself or someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Had an intimate partner or roommate seek medical assistance for health problems resulting from your actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Thought that your intimate partner or roommate's life was in danger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Physically, psychologically, economically, or sexually abused your intimate partner or roommate in the last twelve (12) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
153. Has your intimate partner, roommate or other member of your household ever...		
a. Pushed, kicked, slapped, punched or choked you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Threatened to kill or harm you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Threatened you with a dangerous weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Do they have access to a dangerous weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Locked you in or out of the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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e. Called you degrading names, put you down to humiliate you in front of other people or threaten to disclose your HIV status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Caused you to seek medical assistance for health problems resulting from violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
154. Do you think your life is in danger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
155. Have you been physically, psychologically, economically, or sexually abused in the last twelve (12) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes,"		
i. Are you still in the same relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Did you get counseling during the abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Is there a restraining order against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Is there a restraining order against your partner or other perpetrators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check All That Apply <input type="checkbox"/> The client has observable bruises/scars over his or her body. <input type="checkbox"/> Client needs a domestic violence intervention. <input type="checkbox"/> Client was referred and linked to domestic violence services. <input type="checkbox"/> Interventions noted in Medical Case Management Service Plan.		
<i>Section 2: Living Situation</i>		
156. In what type of housing do you live		
<input type="checkbox"/> Rent (home or apartment)	<input type="checkbox"/> Own Home	<input type="checkbox"/> Transitional Living Facility
		<input type="checkbox"/> Homeless and
		<input type="checkbox"/> Living on street or in car
		<input type="checkbox"/> Living in shelter
		<input type="checkbox"/> Living with others
157. If homeless, do you need help finding a shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
158. Are you in subsidized housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
159. Are you at risk of losing housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
160. How long have you been at your current address?		
161. Do you have a refrigerator in your current housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check All That Apply <input type="checkbox"/> The client is homeless and considered in need of "Intensive Level" MCM services. <input type="checkbox"/> The client has immediate housing needs. <input type="checkbox"/> Client is referred and linked to housing services. <input type="checkbox"/> Housing stability goals are a part of the Medical Case Management Service Plan. <input type="checkbox"/> Interventions noted in Medical Case Management Service Plan.		
<i>Section 3: Financial</i>		
162. Do you have income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
163. For each source of income, please provide the amount of income per month		
a. Employment	\$	
b. Worker's Compensation	\$	
c. SSI and/or SSDI	\$	
d. Unemployment	\$	
e. TANF	\$	
f. Other	\$	
g. Other	\$	
h. Other	\$	
TOTAL	\$	
164. Are you able to meet your basic monthly needs/expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
165. Are you able to buy food for the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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166. Are you able to pay your utility bills for the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check All That Apply		
<input type="checkbox"/> The client needs financial assistance. <input type="checkbox"/> The client may be eligible for income supplements (SSI, SSDI) and should apply. <input type="checkbox"/> Application for SSI and/or SSDI are part of the Medical Case Management Service Plan. <input type="checkbox"/> Client is referred and linked to Emergency Financial Assistance (EFA) programs. <input type="checkbox"/> Interventions noted in Medical Case Management Service Plan.		
Section 4: Legal		
167. Have you ever been incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
168. Do you have any current:		
a. Outstanding warrants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Civil Charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Criminal Charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Child Protective Custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If "Yes," are you in danger of losing your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
169. Are there any other legal issues that would involve the Judicial System (Courts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," describe		
170. Are you registered with the criminal justice system of any jurisdiction for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If "Yes," describe.	▪	
171. Do you need a referral for Legal Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
172. Do you have any of the following (Advance Directives)?		
a. Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Medical Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Financial Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Burial Arrangements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
173. Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
174. Do you need help with obtaining identification papers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADMINISTRATION OF GAIN-SS INSTRUMENT
Section 1: Check for Cognitive impairment (Optional)

Cognitive Impairment Screener

Before administering the GAIN-SS screener, it is important to verify that the client has all the necessary literacy and cognitive skill. As impairment is not always obvious, it is recommended to use the modified version of the 10-item Short Blessed Scale of Cognitive Impairment if impairment is suspected.

To administer, ask each question from a through f and circle the code for the error noted. Note that the errors worth different scores or values. Question f alone has a total score of 10 and sub-divided into five sections, if client miss one, a score of 2, if missed two, a score of 4 and so on. Item g is the total score. Total error score greater than 10 means the client is experiencing some degree of cognitive impairment. Interview can be rescheduled or administer instead of allowing self-administration; note that interview might take longer or more difficult, be careful to avoid over interpreting the responses and make a note of clients problems when reporting the results.

Leading statement: "Because we are going to ask you a lot of questions about when and how often things have happened, I need to start by getting a sense of how well your memory is working right now"

	Error Scores		
a. What year is it now? (Select 4 for any error)	0		4
b. What month is it now? (Select 3 for any error)	0		3
Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit (No score- used for f below)			
c. About what time is it? (Select 3 for any error)	0		3
d. Please count backwards from 20 to 1. (20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1) (Select 2 for one error, 4 for two or more errors)	0	2	4
e. Please say the days of the week in reverse order (Sat, Fri, Thurs, Wed, Tues, Mon, Sun) (Select 2 for one error, 4 for two or more errors)	0	2	4
f. Please repeat the phrase I asked you to repeat before (John / Brown / 42 / Mark Street / Detroit) (Select 2 for each subsection of /text /missed)	0	2	4 6 8 10
g. (Add up scores from a through f and record (If total is greater than 10, the participant is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation.)	/	/	/

GAIN SHORT SCREENER (GAIN-SS)

Version [GVER]: GAIN-SS ver. 3.0

Complete application online at <http://www.gainabs.org>

What is your name?

First Name	MI	Last Name
------------	----	-----------

What is today's date? **MM/DD/YYYY**

<p>The following questions are about common psychological, behavioral and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time, if ever, that you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago 1 or more years ago or never.</p>	Past month	2- 3 months ago	4-12 months ago	1+ years ago	Never
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------------	-----------------	--------------	-------

IDScr. 1. When was the last time that you had significant...

a. Problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. Sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. Feeling very anxious, nervous, tense, scared, panicked or something bad was going to happen?	4	3	2	1	0
d. Becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. Thinking about ending your life or committing suicide?	4	3	2	1	0
f. Seeing or hearing things that no one else could see or hear or feeling that someone could read or control your thoughts?	4	3	2	1	0

EDScr. 2. When was the last time that you did the following things two or more times?

a. Lied or conned to get things you wanted or to avoid having to do something?	4	3	2	1	0
b. Had a hard time paying attention at school, work, or home?	4	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home?	4	3	2	1	0

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		Past month	2-3 months ago	4-12 months ago	1+ years ago	Never
EDScr. 2. When was the last time that you did the following things two or more times? (CONTINUED)						
d.	Had a hard time waiting for your turn?	4	3	2	1	0
c.	Were a bully or threatened other people?	4	3	2	1	0
e.	Started physical fights with other people?	4	3	2	1	0
f.	Tried to win back your gambling losses by going back another day?	4	3	2	1	0
SDScr 3. When was the last time that...						
a.	You used alcohol or other drugs weekly or more often?	4	3	2	1	0
b.	You spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs, (e.g. feeling sick)?	4	3	2	1	0
c.	You kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d.	Your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?	4	3	2	1	0
e.	You had withdrawal problems from alcohol/other drugs, (e.g. shaky hands, throwing up, having trouble sitting still or sleeping, having to use alcohol or other drugs to stop being sick or avoid withdrawal problems)?	4	3	2	1	0
CVScr 4. When was the last time that you.....						
a.	Had a disagreement in which you pushed, grabbed or shoved someone?	4	3	2	1	0
b.	Took something from a store without paying for it?	4	3	2	1	0
c.	Sold, distributed, or helped make illegal drugs?	4	3	2	1	0
d.	Drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
e.	Purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0

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TDScr. 5	
5. Do you have other significant psychological, behavioral, or personal problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want treatment for or help with this problem? (If yes, please describe).	
6. What is your gender? (If other, please describe below. 1-Male 2-Female 99-Other	
7. What is your age in years? _____ years.	
7a. How many minutes did it take you to complete this survey? _____ minutes.	
Staff Use Only	
8. Site ID: _____	Site Name v. _____
9. Staff ID: _____	Staff Name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-Administered	
13. Referral: MH_____ SA_____ ANG_____ Other_____ 14. Referral codes: _____	
15. Referral Comments:	
v1. _____	
v2. _____	
v3. _____	

Scoring					
<i>Screener</i>	<i>Items</i>	<i>Past month</i> (4)	<i>Past 90 days</i> (4,3)	<i>Past year</i> (4,3,2)	<i>Ever</i> (4,3,2,1)
IDScr	1a - 1f				
EDScr	2a - 2g				
SDScr	3a - 3e				
CVScr	4a - 4e				
TDScr	1a - 4e				

Complete application online at <http://www.gainabs.org>

Acuity Scale

Definition and Purpose

The MCM Acuity Scale is an objective evaluative tool used to establish the frequency and intensity of client engagement in receiving MCM services.

Process & Description

The Acuity Scale should be completed upon entry into MCM services and at pre-determined assessment and re-assessment periods during a measurement year.

The Acuity Scale is divided into five parts.

1. Instructions on how to assign a score to the Acuity Scale.
2. Client characteristics and contact requirements for each level of case management.
3. Description of the Areas of Functioning.
4. Acuity Grid and Areas of Functioning.
5. “At-a-Glance” table that shows the scoring ranges for each acuity level and a brief description of some of the components of each level of case management.

Glossary terms have been *italicized* for easy identification.

Triggers for Assignment into the Highest Acuity Level

Clients that meet one of the following 10 conditions should be automatically assigned to the Intensive Level of Case Management:

- Homeless.
- Peri-incarcerated.
- Pregnant.
- CD4 T-Cell count below 200.
- New HIV diagnosis.
- Untreated mental illness.
- New to HIV antiretroviral therapy.
- Not in care or recently re-engaged in care.
- Non-adherent to HIV medication.
- Unable to navigate the HIV continuum of care due to linguistic challenges.



Important!

Clients meeting any of the above conditions shall remain at the Intensive level for, at least, a three-month period in order to address the immediate challenges associated with the conditions. Clients **may** be re-assigned to a lower acuity level, if appropriate, after re-assessment.

Assigning Scores to the Acuity Scale

The Acuity Scale is based on a point system that reflects client needs across a broad spectrum of functional areas, which include medical, behavioral, and environmental

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factors. The points on the Acuity Grid range from one point (Self-Management) to four points (Intensive). There are 25 areas of functioning used to assess the appropriate level of case management. Within each area of functioning, point values increase (directly correlate) as the needs for client assistance increase.

- Within each area of functioning, place a check mark (tick) in the appropriate level of case management level box to assign a point value to the particular area.
- The medical case manager may assign a point, based on client self-report, observation and/or documented evidence.
- The client should be assigned to only one level of case management for each area of functioning.
- In certain instances, more than one criterion are required within a level of case management in order to receive points. These compound criteria are connected using the logical operator “**and**.”
- If the client must meet only one criterion in a management level box the logical operator “**or**” is used to separate the criteria.
- If there are observed physical or behavioral indications that are so compelling that they may be potentially harmful or disabling to a client, a higher level of case management should be assigned to that area of functioning category so that necessary support may be provided in order to stabilize the client or improve their health status.
- Enter the point(s) assigned to the particular area of functioning on the score line in the far left column on the Acuity Scale Grid.
- Add the points at the bottom of the Acuity Scale to obtain a comprehensive score.
- Based on this summation, assign the client to the appropriate level of case management using the “At-A-Glance” table located in the fourth section of the Acuity Scale.

Client Characteristics, Level of Case Management & Contact Requirements

Level 4: Intensive Management

Clients assigned to this level are considered medically unstable and need to be engaged rigorously and consistently. Such clients may have a recent history of being *lost to care*, missing medical appointments, with CD4 T-Cell counts below 200, or non-adherent to medication and/or treatment. Clients may have untreated *opportunistic infections* and other *co-morbidities* and no support system in place to address medical and/or psychosocial issues. Medical Case Managers should meet in person with Intensive Level clients, at least, once a month and make weekly telephone contact until clients are stabilized or become adherent. **Range: 75 to 100 Points**

Level 3: Moderate Management

Clients assigned to this level require assistance to access and/or remain in care and may be considered at risk of: not achieving the goals and objectives of the Service Plan, becoming *lost to care* and medically unstable (without assistance to critical access and

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linkage to the continuum of care). Moderate level clients require MCM support and intervention to meet immediate needs. Medical Case Managers should meet in person with Intensive Level clients, at least, every three months and make monthly telephone contact. **Range: 51 to 74 Points.**

Level 2: Basic Management

Clients assigned to this level are, generally, adherent to ARV treatment, but may occasionally miss medical appointments. Such clients are able to communicate by telephone when called and may reschedule appointments. Clients of this level do not show signs of needing assistance getting access to care, are in treatment, are medically stable, and require minimal assistance. Medical Case Managers should meet in person with Basic Level clients, at least, once every six months and make telephone contact, at least, every three months. **36 to 50 Points**

Level 1: Self-Management

Clients assigned to this level are considered medically and have demonstrated ability to manage themselves while living and thriving with HIV disease. Such clients are generally independent, have accessed a medical home, are medically stable, and are virally suppressed at, or below, 400 copies/ml. Such clients may request occasional assistance in updating Ryan White eligibility forms. Medical Case Managers should meet in person with Self-Management Level clients, at least, once every six months. **Range: 25-35 Points.**

Description of Areas of Functioning

Access

Following are descriptive criteria of client needs, abilities and eligibility for health benefit programs and support services to assist in client entry into medical care and treatment services.

- **Medical Home:** Relates to the degree to which the client is established and engaged in care with a HIV primary care provider.
- **Health Insurance/Benefits:** Relates to client access to and eligibility for health insurance/benefits that cover medical care services and medications; ability to pay for any applicable *co-payments, deductibles, premiums* and/or *spend-down* requirements associated with said benefits; and capacity to complete documentation and navigate systems necessary to maintain health insurance/benefits.
- **Cultural/Linguistic:** Relates to client cultural beliefs/practices, linguistic proficiency and literacy, and client ability to comprehend medical information, collaborate with health care professionals, access referral resources, participate in self-determined care in consideration of religious/spiritual beliefs.
- **Transportation:** Relates to client access to public and/or private transportation and the degree to which the availability of transportation, or lack thereof, impacts client compliance with accessing core medical and supportive services and completing appointments.

Health Status

Following are descriptive criteria of current physical and medical conditions, disease prognosis and ability to satisfy and fulfill basic life and care needs.

- **Activities of Daily Living (ADL):** Relates to client functional status and ability to manage everyday tasks required to live independently and routinely receive medical care.
- **Disease Progression:** Relates to the degree to which HIV disease has compromised the immune system and level of intervention (i.e. acute) needed to stabilize health and achieve and maintain optimal health.
- **Disease Co-Morbidities:** Relates to the presence of any additional medical diagnoses that may complicate medical care and the impact on overall health stability (with the exception of Mental Health and Substance Abuse diagnoses).
- **Oral Health:** Relates to the effects of acute and/or chronic oral health problems on the overall health and access to oral care.
- **Nutritional Needs:** Relates to effects of medical illnesses on the ability to maintain a healthy weight, the need for Medical Nutrition Counseling and the need for additional support systems to purchase food and dietary supplements.

Health Knowledge

Following are descriptive criteria of client ability to: 1) understand current health status and diagnoses and 2) comprehend and participate in the client plan of care and treatment.

- **Health Literacy:** Relates to the capacity to obtain, process, and comprehend basic health information and services needed to make informed health decisions.
- **HIV Knowledge:** Relates to client comprehension of HIV disease, effects on the body, mode of transmission, prevention, and client ability to internalize knowledge and practice healthy behaviors.

Treatment Adherence

Following are descriptive criteria of current and historical adherence to both medical care and treatment regimens; in consideration of physiological, emotional and/or environmental factors, which may directly impact the client ability to achieve and maintain treatment adherence; and level of client support needed to achieve medically recommended levels of treatment adherence.

- **Medication Adherence:** Relates to current level of adherence to ARV medication regimen and client ability to take medications as prescribed.
- **Appointments:** Relates to current level of completion of appointments for core medical services and understanding of the importance of regular attendance at medical and non-medical appointments in order to achieve positive health outcomes.

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- **ARV Medication Side Effects:** Relates to adverse side effects associated with ARV treatment and the impact on functioning and adherence.
- **Knowledge of HIV Medications:** Relates to client understanding of prescribed ARV regimen, the role of medications in achieving positive health outcomes and techniques to manage side effects.
- **Treatment Support:** Relates to client relationship with family, friends, and/or community support systems, which may either promote or hinder client adherence to treatment protocols.

Behavioral Health

Following are descriptive criteria of cognitive, emotive, and behavioral diagnoses (e.g. addiction), displayed or reported by the client and the impact of such on the ability to collaborate with health care professionals and adhere to care and treatment.

- **Mental Health:** Relates to perceived or diagnosed cognitive, emotional and/or behavioral problems, which may impair client functioning and ability to access mental health services, participate in medical care and adhere to medical and mental health treatment.
- **Addiction:** Relates to effects of addictive behaviors on client functioning and ability to adhere and participate in medical care and access substance abuse treatment.
- **Risk Reduction:** Relates to client understanding and acknowledgment of *high-risk* behaviors, past and present HIV transmission risk potential and willingness to initiate, implement and sustain behavioral change to reduce identified risks.
- **Strengths:** Relates to client attributes that enhance capacity and empowerment. Clients have inherent qualities and experiences that have helped them cope with life's challenges. Such attributes should be identified and reinforced when developing MCM Service Plan in order to help clients remain actively engaged in care.

Children/Families

Following are descriptive criteria of primary, self-identified familial relationships, including individuals who are dependent on the client for basic life needs; the level of support needed to assist the client in sustaining such primary relationships; and the degree to which the relationships impact client ability to adhere to recommended care and treatment.

- **Children:** Relates to client caregiver roles for minor dependents; the impact of caregiver responsibilities on the ability to adhere to medical appointments and ARV medication regimens; the impact of health status on the ability to provide care for dependent children; and the need for interventions to assist clients experiencing acute illnesses in order to secure temporary and/or permanent placement for dependent minors.
- **Dependents:** Relates to client caregiver roles for other dependents; the impact of care responsibilities on the ability to adhere to medical appointments and ARV medication regimens; the impact of health status on his/her ability to provide care for

dependents; and the need for interventions to assist clients experiencing acute illnesses to secure temporary and/or permanent placement for dependents.

Environmental Factors

Following are descriptive criteria of current social and physical environments; how contributing environmental factors either support or hinder client ability to maintain medical care and achieve positive health outcomes and the level of external support needed to overcome significant barriers to successful outcomes.

- **Domestic Violence:** Relates to psychological, physical, sexual, and/or economic violence by an intimate partner, or significant other, and the impact of domestic violence on client safety, wellness and ability to adhere to health care and treatment.
- **Living Situation:** Relates to the stability of current residential location, ability to maintain rental and utility payments, the impact of the current housing situation or conditions on ability to access medical services, as well as the availability of housing support programs to assist the client in securing a stable residence.
- **Financial:** Relates to client income sufficient to meet basic needs and the level of intervention necessary to increase income and access resources (e.g. vocational rehabilitation, education, employment opportunities, entitlement programs, etc.).
- **Legal:** Relates to client current and historical interaction with the law enforcement and correctional systems; client needs for *advanced directives* including *living will*, *durable medical power of attorney (DMPOA)* and/or *financial power of attorney (POA)*; and client needs for immigration services in order to obtain HIV-related benefits, including disability entitlements.



Acuity Scale for Adults

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Access	Describes the Client's need and eligibility for <i>health benefit</i> programs and support services to assist him/her in establishing, maintaining, and participating in medical care and treatment services.			
Medical Home	<input type="checkbox"/> Client is not engaged in medical care; OR <input type="checkbox"/> Client is <i>newly diagnosed</i> with HIV and needs assistance navigating the system of care; OR <input type="checkbox"/> Client uses the ER as their primary care provider.	<input type="checkbox"/> Client has been engaged in medical care for less than 6 months; OR <input type="checkbox"/> Client has had <u>more than one</u> reported ER visit in 12 months.	<input type="checkbox"/> Client is engaged in medical care more than 6 months but less than 12 months; OR <input type="checkbox"/> Client has had at least one reported ER visit in the last 12 months.	<input type="checkbox"/> Client is engaged in medical care for longer than 12 months.
Score _____				

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Access (continued)				
Cultural/ Linguistic Score _____	<input type="checkbox"/> Client is completely unable to understand or function within the continuum of care system; OR <input type="checkbox"/> Client is in a crisis situation and in need of immediate assistance with translation services or culturally sensitive interpreters and advocates.	<input type="checkbox"/> Client often needs translation services or sign interpretation to operate within the continuum of care or to understand complicated medical concepts.	<input type="checkbox"/> Client may need infrequent, occasional assistance in understanding complicated forms; OR <input type="checkbox"/> Client may need occasional help from translator or sign interpreters.	<input type="checkbox"/> Client has no language problems or barriers and is capable of high level functioning within linguistic/cultural environments.
Transportation Score _____	<input type="checkbox"/> Client has no access to public or private transportation (e.g. lives in an area not served by public transportation, has no resources available for transportation options) AND/OR <input type="checkbox"/> Client has difficulty accessing transportation due to physical disabilities.	<input type="checkbox"/> Client has frequent access needs for transportation; OR <input type="checkbox"/> Client has difficulty accessing transportation due to physical disabilities.	<input type="checkbox"/> Client needs occasional, infrequent transportation assistance for HIV related needs; OR <input type="checkbox"/> Client is unable to understand bus/train schedules or how to manage bus/train transfers.	<input type="checkbox"/> Client is fully self-sufficient and has available and reliable transportation; and has no physical disabilities limiting access to transportation.

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Health Status	Describes the Client's current physical and medical condition, prognosis and ability to meet his/her own basic life and care needs.			
Activities of Daily Living (ADL)	<input type="checkbox"/> Client is completely dependent on others for all medical care needs; AND/OR <input type="checkbox"/> Client needs at least 12 hours of supervision a day.	<input type="checkbox"/> Client needs assistance in more than 3 areas of <i>ADL</i> ; AND/OR <input type="checkbox"/> Client needs <i>ADL</i> assistance at least 4 hours a day.	<input type="checkbox"/> Client needs assistance in no more than 2 areas of <i>ADL</i> ; AND/OR <input type="checkbox"/> Client needs assistance less than 4 hours a day.	<input type="checkbox"/> Client is independent in all areas of <i>ADL</i> and does not need assistance at any time.
Score _____				

HIV Medical Case Management Guidelines (2014)

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Health Status <i>(continued)</i>				
<p>HIV Disease Progression</p> <p>Score _____</p>	<p><input type="checkbox"/> Client has a <i>CD4+</i> count less than <u>200</u> and not on OI <i>prophylaxis medication</i>; OR</p> <p><input type="checkbox"/> Client has a current <i>opportunistic infection</i> and is not on treatment; OR</p> <p><input type="checkbox"/> Client has been hospitalized in the last 30 days (for exacerbation of HIV infection).</p>	<p><input type="checkbox"/> Client has <i>viral load</i> <u>more</u> than 400 and not on <i>ARV medication</i>; OR</p> <p><input type="checkbox"/> Client has a history of an <i>opportunistic infection</i> in the last 6 months, and may/may not be on OI <i>prophylaxis</i> or OI treatment; OR</p> <p><input type="checkbox"/> Client has been hospitalized within the last six months.</p>	<p><input type="checkbox"/> Client has a <i>CD4+</i> count greater than 200 and/or <i>viral load</i> <u>more</u> than 400 and/or on <i>ARV medication</i>; OR</p> <p><input type="checkbox"/> Client has no history of an <i>opportunistic infection</i> in the last 6 months and may or may not be on <i>prophylaxis</i> or OI treatment; OR</p> <p><input type="checkbox"/> Client has had no hospitalizations in the past 12 months.</p>	<p><input type="checkbox"/> Client is on medication and has viral load less than 400 OR</p> <p><input type="checkbox"/> Client has no history of <i>opportunistic infection</i>, and may or may not be on OI <i>prophylaxis</i> or <i>ARV medication</i>; and Client has no history of hospitalizations.</p>

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Health Status <i>(continued)</i>				
<p>Disease Co-Morbidities (e.g. HTN, DM, CHF, Hepatitis etc.) <i>(Behavioral health not included- see separate section)</i> Score _____</p>	<p><input type="checkbox"/> Client has unmanaged acute or chronic co-morbidities.</p>	<p><input type="checkbox"/> Client has <i>chronic co-morbidities</i> that are not well managed.</p>	<p><input type="checkbox"/> Client <i>has chronic co-morbidities</i> that are manageable with minimal medical assistance.</p>	<p><input type="checkbox"/> Client has no co-morbidities; OR Client has well managed <i>chronic co-morbidities</i> and does not need assistance with treatment program.</p>
<p>Oral Health Needs Score _____</p>	<p><input type="checkbox"/> Client has no dental provider and/or reports current tooth or mouth pain and severe discomfort.</p>	<p><input type="checkbox"/> Client has no dental provider and reports no dental problems</p>	<p><input type="checkbox"/> Client has a regular dental provider but reports dental problems.</p>	<p><input type="checkbox"/> Client is currently in active dental care (has seen a dentist within the last six months) and reports no dental issues.</p>

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Health Status <i>(continued)</i>				
<p>Nutritional Needs</p> <p>Score _____</p>	<p><input type="checkbox"/> Client reports severe eating problems, acute nausea, vomiting, diarrhea, and/or other physical maladies;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client reports or MCM observes significant weight loss in the last 3 months;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has a diagnosis of <i>wasting syndrome</i>.</p>	<p><input type="checkbox"/> Client reports chronic nausea, vomiting, diarrhea and/or other physical maladies;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client reports or MCM has observed weight loss in the past 6 months.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client reports excessive weight gain in the last 6 months</p>	<p><input type="checkbox"/> Client reports changes in eating habits in the past 3 months and requests assistance with improving nutrition;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has occasional episodes of nausea, vomiting or diarrhea;</p>	<p><input type="checkbox"/> Client has no current eating problems (e.g. nausea, vomiting or diarrhea) and reports no need any nutritional intervention;</p> <p style="text-align: center;">AND/OR</p> <p><input type="checkbox"/> Client reports and/or MCM observed no weight loss or excessive weight gain</p>

HIV Medical Case Management Guidelines (2014)

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Health Knowledge	Describes the Client’s ability to understand his/her current health status and diagnoses as well as his/her ability to comprehend and participate in his/her own health care and treatment.			
Health Literacy	<input type="checkbox"/> Client needs repeated oral instruction to understand health information; OR <input type="checkbox"/> Client cannot translate even basic written prescription/health information into daily <i>Antiretroviral therapy (ART)</i> ; OR <input type="checkbox"/> Client does not have the capacity to understand basic health or prescription information; OR <input type="checkbox"/> Client is <i>cognitively impaired</i> .	<input type="checkbox"/> Client can read some health /prescription information; OR <input type="checkbox"/> Client may need assistance to translate complicated prescription/health information into daily <i>ART</i> ; OR <input type="checkbox"/> Client is mildly <i>cognitively impaired</i> .	<input type="checkbox"/> Client can read most basic health/prescription information; OR <input type="checkbox"/> Client may occasionally need assistance to translate changes in prescription/health information into daily <i>ART</i> ;	<input type="checkbox"/> Client has the capacity to obtain, process and understand health/prescription information; And Client is able to manage complicated <i>ART</i> without additional assistance.
Score _____				

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Health Knowledge (continued)				
HIV Knowledge Score _____	<input type="checkbox"/> Client exhibits no understanding of the disease (transmission, prevention and progression) and is unable to demonstrate positive health seeking behavior; OR <input type="checkbox"/> Client has knowledge of HIV but has a religious belief that inhibits them from accepting traditional medical treatment options. OR <input type="checkbox"/> Newly diagnosed	<input type="checkbox"/> Client is unable to articulate an understanding of the disease (transmission, prevention and progression) and needs information to demonstrate positive and health seeking behaviors.	<input type="checkbox"/> Client is able to articulate some understanding of the disease (transmission, prevention and progression) but needs additional information to translate knowledge into positive health behaviors.	<input type="checkbox"/> Client is able to articulate a clear understanding of the disease (transmission, prevention and progression) and is able to translate knowledge into positive health behaviors.

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Treatment Adherence	Details the Client's current and historical <i>adherence</i> to both medical care and ARV regimens; assesses any physical, environmental, and/or emotional factors that may directly impact the Client's ability to maintain treatment <i>adherence</i> ; and determines the level of support the Client may need to achieve medically-recommended levels of treatment <i>adherence</i> .			
Medication Adherence	<input type="checkbox"/> Client reports missing doses of scheduled medication daily and is experiencing on-going <i>barriers to adherence</i> and has a viral load of <u>more</u> than 200; OR <input type="checkbox"/> Client refuses to follow prescribed <i>ARV medication regimen</i> and has a viral load of more than 200; OR <input type="checkbox"/> Client chooses herbal/alternative drug therapies despite negative health outcomes; OR <input type="checkbox"/> Client requires professional assistance to take medication. OR <input type="checkbox"/> Not on ARV	<input type="checkbox"/> Client reports missing doses of scheduled medication weekly and is experiencing on-going <i>barriers to adherence</i> and has a viral load of <u>more</u> than 200; OR <input type="checkbox"/> Client reports choosing to engage in alternative/herbal drug and is medically stable; OR <input type="checkbox"/> Client just starting on <i>ARV medication regimen</i> ; OR <input type="checkbox"/> Client's long-term <i>ARV medication regimen</i> does not appear to be effective.	<input type="checkbox"/> Client is <i>adherent</i> to <i>ARV medication regimen</i> but may need occasional assistance from MCM to maintain optimum <i>adherence</i> .	<input type="checkbox"/> Client is <i>adherent</i> to <i>ARV medication regimen</i> and has a viral load of <u>less</u> than 200; OR <input type="checkbox"/> Reports missing no more than one (1) dose in a 30 day period;
Score _____				

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Treatment Adherence <i>(continued)</i>				
Adherence to appointments Score _____	<input type="checkbox"/> Client has missed multiple scheduled appointments in the last 2 months.	<input type="checkbox"/> History of 2 or more missed appointments in the last 4 months.	<input type="checkbox"/> Client has missed no more than 1 appointment in the last 6 months with appropriate rescheduling and appointment kept.	<input type="checkbox"/> No missed appointments in the last 6 months.
ARV medication side effects Score _____	<input type="checkbox"/> Client is experiencing severe <i>side effects</i> with ARV medications; OR <input type="checkbox"/> Client has been newly prescribed ARV medication.	<input type="checkbox"/> Client is experiencing mild <i>side effects</i> with ARV medication.	<input type="checkbox"/> Client has a recent history of <i>side effects</i> with ARV medication.	<input type="checkbox"/> No current report of <i>side effects</i> with ARV medications; OR <input type="checkbox"/> N/A

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Treatment Adherence <i>(continued)</i>				
<p>Treatment Support</p> <p>Score _____</p>	<p><input type="checkbox"/> Client reports no support system (no family, friends or peers);</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client is in imminent danger of being in crisis;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client resists referrals and needs assistance with taking medication.</p>	<p><input type="checkbox"/> Client reports inconsistent and/or no dependable support system;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client is isolated from families, social groups, and/or may be new to area;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has not disclosed status to family members due to fear of stigma.</p>	<p><input type="checkbox"/> Client reports gaps in availability and adequacy of support system from family and/or friends;</p> <p style="text-align: center;">And</p> <p>Client is requesting additional support;</p> <p style="text-align: center;">And</p> <p>Client has disclosed HIV status to his/her support system.</p>	<p><input type="checkbox"/> Client reports strong support from family, friends and peers; and Client has disclosed HIV status to his/her support system.</p> <p style="text-align: center;">And</p> <p>Client is not requesting additional support</p>
<p>Behavioral Health Details any emotional, cognitive, disordered and/or addictive behaviors diagnosed, displayed, or reported by the Client and the impact of these behaviors on the Client's ability to collaborate with health care professionals and adhere to health care regimens.</p>				
<p>Mental Health</p>	<p><input type="checkbox"/> Client expresses or exhibits behavior that indicates the Client is a danger to self and/or others;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has been</p>	<p><input type="checkbox"/> Client self-reports <i>mental illness</i> or history of <i>mental illness</i> and is in treatment but is non-compliant with following treatment</p>	<p><input type="checkbox"/> Client self-reports <i>mental illness</i> or history of <i>mental illness</i> and receives treatment and/or is evaluated consistently; and condition is stable.</p>	<p><input type="checkbox"/> Client self-reports no history of <i>mental illness</i> and does not exhibit any behavior that may need an assessment.</p>

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
<p>Score _____</p>	<p>diagnosed with <i>mental illness</i> and is not in treatment.</p>	<p>prescribed. OR <input type="checkbox"/> Client self-reports/exhibits mental health behavior but not linked to treatment.</p>		
<p>Addiction</p> <p>Score _____</p>	<p><input type="checkbox"/> Client self-reports or exhibits behavior of current <i>addiction or substance abuse</i> and is not willing to seek help; OR <input type="checkbox"/> Client is not willing to resume treatment; OR <input type="checkbox"/> Client displays indifference regarding consequences related to an <i>addiction or substance abuse</i>.</p>	<p><input type="checkbox"/> Client self-reports <i>addiction or substance abuse</i> but is willing to seek assistance.</p>	<p><input type="checkbox"/> Client self-reports past problems with <i>addiction or substance abuse</i> with less than 1 year of recovery.</p>	<p><input type="checkbox"/> Client self-reports no difficulties with <i>addictions or substance abuse</i>; OR <input type="checkbox"/> Client reports past problems with <i>addiction or substance abuse</i> with more than 1 year in recovery; OR <input type="checkbox"/> Client has no need for treatment or no referral is indicated.</p>

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Behavioral Health (continued)				
Risk Reduction	<input type="checkbox"/> Client practices significant <i>risky behavior</i> of any type more than 50% of the time; OR <input type="checkbox"/> Client reports recent history of STI's in the last 6 months, <input type="checkbox"/> Client has significant relationship barriers to safe behavior;	<input type="checkbox"/> Client practices unsafe <i>risky behavior</i> of any type more than 20-50% of the time; OR <input type="checkbox"/> Client reports recent history of <i>STI's</i> in the last 6 to 12months. <input type="checkbox"/> Client has mild relationship barriers to safe behavior;	<input type="checkbox"/> Client practices unsafe <i>risky behavior</i> occasionally, less than 20% of the time; AND <input type="checkbox"/> Client reports no recent history of <i>STI's</i> in the last 12 months <input type="checkbox"/> Client declines to answer. <input type="checkbox"/> Client has no relationship barriers to safe behavior.	<input type="checkbox"/> Client abstains from <i>risky behavior</i> by safer practices; OR <input type="checkbox"/> Client reports no recent history of <i>STI's</i> in the last 12 months
Score _____				

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Children/Families	Describes the Client's primary, self-identified familial relationships particularly any individuals dependent on the Client for basic life needs; the level of support needed to assist the Client in sustaining these primary relationships; and the degree to which these relationships impact the Client's ability to adhere to recommended medical practices.			
Children Score _____	<input type="checkbox"/> Client is in advanced stage of disease and cannot provide care AND/OR <input type="checkbox"/> is faced with possibility of losing children.	<input type="checkbox"/> Client needs ongoing child care or transition care and may also need assistance with <i>permanency planning</i> or parenting classes; OR <input type="checkbox"/> Client has a child <u>with special needs.</u>	<input type="checkbox"/> Client needs assistance in getting access to <i>permanency planning</i> ; OR <input type="checkbox"/> Client needs assistance to disclosure HIV status to children; OR <input type="checkbox"/> Client needs assistance with respite care/support; parenting classes	<input type="checkbox"/> Client has no children living with them; OR <input type="checkbox"/> Client needs no assistance.
Dependents Score _____	<input type="checkbox"/> Client has dependent(s) living with them; And Client is experiencing a current crisis related to dependents.	<input type="checkbox"/> Client has 3 or more dependents living with them; and without MCM assistance the Client may be at-risk of crisis.	<input type="checkbox"/> Client has 1-2 dependents living with them; and Client needs minimal or occasional assistance with dependents.	<input type="checkbox"/> Client has no dependents living with him/her; OR <input type="checkbox"/> Client needs no assistance with dependents.

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Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL1 (1 point)
Environmental	Describes the Client’s current social and physical environment; how contributing environmental factors either support or hinder the Client’s ability to maintain medical care and achieve positive health outcomes; and the level of external support needed to address critical barriers to successful outcomes.			
Domestic Violence Score _____	<input type="checkbox"/> Client reports that he/she is currently engaged in physically, sexually and/or emotionally abusive relationship and feels life is in danger of violence.	<input type="checkbox"/> Client reports that he/she has experienced domestic violence in the past 12 months; OR <input type="checkbox"/> MCM observes visible evidence that the Client may be at risk.	<input type="checkbox"/> Client self-reports a history of domestic violence, but is not in abusive relationship; OR <input type="checkbox"/> Client is removed from abuser.	<input type="checkbox"/> Client self-reports no history of domestic violence.
Living situation Score _____	<input type="checkbox"/> Client is homeless, living in a shelter, sleeping on streets or in his/her car; OR <input type="checkbox"/> Client is in immediate danger of becoming homeless and needs housing placement ; OR <input type="checkbox"/> Client is unable to live independently and needs to be placed in assisted living facility.	<input type="checkbox"/> Client is in transitional or unstable housing; OR <input type="checkbox"/> Client is at-risk of eviction, having utility(s) shutoff and/or of losing housing due to financial strain; OR <input type="checkbox"/> Client needs assistance with rent/utilities to maintain housing.	<input type="checkbox"/> Client currently has adequate housing but may need occasional short-term rent or utilities assistance to remain stable.	<input type="checkbox"/> Client is in permanent housing and is not in danger of losing housing.

HIV Medical Case Management Guidelines (2014)

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Environmental <i>(continued)</i>				
Financial Score _____	<input type="checkbox"/> Client has no income and cannot currently meet basic needs; <p style="text-align: center;">OR</p> <input type="checkbox"/> Client needs immediate emergency intervention to address financial crisis.	<input type="checkbox"/> Client has difficulty maintaining sufficient income from available sources to meet basic needs; <p style="text-align: center;">OR</p> <input type="checkbox"/> Client requires frequent ongoing referrals from MCM to stabilize income.	<input type="checkbox"/> Client's income may occasionally be inadequate to meeting basic needs.	<input type="checkbox"/> Client has a steady, stable source of income and is able to meet monthly financial obligations.

HIV Medical Case Management Guidelines (2014)

Areas of Functioning	INTENSIVE MANAGEMENT LEVEL 4 (4 points)	MODERATE MANAGEMENT LEVEL 3 (3 points)	BASIC MANAGEMENT LEVEL 2 (2 points)	SELF MANAGEMENT LEVEL 1 (1 point)
Environmental <i>(continued)</i>				
<p>Legal Issues</p> <p>Score _____</p>	<p><input type="checkbox"/> Client is experiencing a crisis involving legal matters;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client is incarcerated or recently released from correctional facility;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has a current or extensive criminal history;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client is in need of legal services to access <i>health benefits</i>.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has immigration-related legal issues.</p>	<p><input type="checkbox"/> Client has current legal problem and/or on probation and does not need assistance.</p>	<p><input type="checkbox"/> Client has no current legal problem .</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Client wants assistance with completing all applicable <i>advanced directives (living will, last will, power of attorney, advanced directives)</i>.</p>	<p><input type="checkbox"/> Client has no recent or current legal problems;</p>

Final score: _____ Acuity Level of need assigned: _____

Client signature: _____ Date: _____

Medical case manager's signature: _____

TRIGGER SECTION	CHECK IF APPLICABLE	ALL INTENSIVE CLIENTS COMMENTS
Homelessness	<input type="checkbox"/>	
Peri-Incarceration	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	
CD4 count below 200	<input type="checkbox"/>	
New diagnosis of HIV or VL >10,000 copies/ml	<input type="checkbox"/>	
Untreated mental illness	<input type="checkbox"/>	
New to Antiretroviral therapy	<input type="checkbox"/>	
Not in care/re-engaging in care	<input type="checkbox"/>	
Non-adherence to HIV medication	<input type="checkbox"/>	
Unable to navigate System of Care due to Language	<input type="checkbox"/>	
SUMMARY COMMENT:		

Acuity Scale “AT-A-GLANCE”

Ranges of Summary Acuity Score				
Points	Health Status/Medical Condition	Support System	Management Level	Frequency
25 - 35 Points	Medically stable without Medical Case Management assistance undetectable Viral Load	Able to manage supportive needs without assistance	Self-Management	Face to Face at least once every 6 months for reassessment no phone contact indicated
36 - 50 Points	Medically stable with minimal Medical Case Management assistance	Able to manage supportive needs with minimal Medical Case Management assistance	Basic Management	Face to Face every 6 months with at least one phone contact every 3 months
51 - 74 Points	At risk of becoming medically unstable without Medical Case Management assistance	Support systems are not adequate to meet Client’s immediate needs without Medical Case Management assistance	Moderate Management	Face to Face a minimum of every 3 months with at least one phone contact monthly.
75-100 Points OR TRIGGER	Medically unstable and in need of comprehensive Medical Case Management assistance Viral Load > 10,000 copies/ml	Has no support system in place and unable to manage supportive needs without comprehensive Medical Case Management assistance	Intensive Management	Face to Face at least once a month with phone contacts weekly

Ascending through the Levels of Case Management

Medical Case Managers play a vital role in supporting clients across the continuum of HIV care and ensure full engagement in care and continual movement toward Viral Load suppression. If client needs are appropriately met, the level of case management should decrease with time from *Intensive* to *Moderate* to *Basic* to *Self-Management*. The table below shows the recommended duration for each Level of Case Management. These time frames should be used in conjunction with the Service Plan, as a guideline for transitioning clients. In addition, the time frames are designed to minimize the need for case management waiting lists.

Management Level	Recommended Duration at Each Level
Self-Management	Desired level
Basic Management	6 months
Moderate Management	12 months
Intensive Management	18 months

Medical Case Management Service Plan

Definition and Purpose

The MCM Service Plan is a client-centered health and social services plan, which details client needs, goals and objectives and specifies an action plan to document progress. The needs identified in the plan are based on the results of the Assessment and the Acuity Scale.

The MCM Service Plan provides the basis from which the medical case manager and clients work to address the client needs. The plans are intended to facilitate optimal health outcomes.

Process

When developing the plan, medical case managers should use a “S.M.A.R.T.” approach.

Specific: Identified deficiencies during assessment should be addressed individually (one-by-one). Every identified issue needs a specific objective and activities for direct intervention. Issues should not be grouped. “Specific” means that the objective is concrete, detailed, focused, well-defined, and

straightforward, emphasizes action, and clearly communicates what the medical case manager and the client want to happen.

Measurable: The MCM Service Plan should have measurable outcomes. If the objective is measurable, the measurement source is identified and medical case managers will be able to track the results of actions and/or interventions as well as progress toward achieving objectives. Measurement, as a standard for comparison, facilitates recognition of achievement of objectives.

Achievable/Attainable: The objectives need to be achievable. If objectives are set too far in the future, then a client may perceive it as intangible, or too ambitious, and may find it difficult to keep motivated and strive towards its attainment. Moreover, when goals seem too unreachable, clients may become frustrated and lose motivation. Because of this, increments or provisional attempts could be made as re-assessments are conducted. For example, when a client has been abusing alcohol or other drugs for many years, it may be perceived as unattainable to stop using completely within a short period of time. Therefore, developing steps toward reducing intake or achieving sobriety over a period of time may be perceived to be more achievable/attainable.

Result-Oriented/Realistic: Clients involved in the planning and development of the MCM service plan and should understand abilities and limitations. Medical Case Managers should take into consideration whether the objective is realistic given available resources, client skills and time required to support achievement of objectives.

Time-Limited: For effective implementation of interventions, clear time frames for evaluation are required. Shorter time frames and deadlines will ensure that objectives are followed up on actively. Failure of medical case managers to set deadlines may reduce the motivation and urgency required to execute tasks. Deadlines create urgency and inspire prompt action.

- Medical Case Managers should develop the MCM Service Plan within seven days of assessment.
- Medical Case Managers should contact client within five working days after development of MCM Service Plans in order to begin implementation.
- Medical Case Managers should develop MCM Service Plans with active participation of clients. Plans should describe recommended interventions for, at least, three barriers to care identified during assessment.
- MCM Service Plans should include, at least, one goal and objective of treatment adherence to help clients achieve or maintain suppressed viral load if the client is on anti-retroviral treatment.

Examples of Elements of MCM Service Plans

- Plans for communication with the client's primary medical team and an identified mechanism of feedback to ensure adherence.
- Critical flags of laboratory results and documented Viral Load and CD4 results.
- Strategies to optimize adherence and to assist with disclosure of HIV status for social support.
- Plans to minimize competing needs, such as obtaining housing or access to social services or transportation. **If needed, a housing plan should be incorporated into the MCM Service Plan.**
- Medical Case Managers are expected to assist clients in need of housing, to develop housing plans and make appropriate referrals to housing opportunities available in the community.
- Client education on relevant topics (e.g. management of medication side effects and general health literacy).
- Linkages to Prevention with Positives (PWP) programs, Needle Exchange Programs (NEP) and plans for co-management for mental health and substance abuse clients.

The MCM Service Plan Template should be used to organize the plan. It allows the listing of the identified needs, responsible party, linkages to be made, etc. See Appendix II for a completed sample).



MCM Service Plan

Client Name:

Address:

Overall Goal:

Date: Identified Need:

Short-Term Goal or Objective:

Intervention /Activity/Action:

Review Date: Persons Responsible for Action:

Linkages Needed or Outcomes of Intervention:

Date: Identified Need:

Short-Term Goal or Objective:

Intervention /Activity/Action:

Review Date: Persons Responsible for Action:

Linkages Needed or Outcomes of Intervention:

Date: Identified Need:

Short-Term Goal or Objective:

Intervention /Activity/Action:

Review Date: Persons Responsible for Action:

Linkages Needed or Outcomes of Intervention:

Date: Identified Need:

Short-Term Goal or Objective:

Intervention /Activity/Action:

Review Date: Persons Responsible for Action:

Linkages Needed or Outcomes of Intervention:

Client Signature:

Date:

Medical Case

Manager Signature:

Date:

MCM Supervisor

Signature :

Date:

MCM Service Plan Implementation & Monitoring

A major part of the work of Medical Case Managers is implementation and monitoring of MCM Service Plans. Monitoring requires ongoing contact and



interventions with, or on behalf of, the client to ensure that the objectives of MCM Service Plans are being addressed. Medical Case Managers must assess and monitor client progress, reassess progress at prescribed intervals and modify plans until all goals are eventually achieved, thus improving client health and/or problems. During this phase, Medical Case Managers are responsible for, at a minimum:

- Monitoring changes in client conditions or circumstances, updating service plans and providing appropriate interventions and linkages.
- Monitoring laboratory results to determine when to initiate urgent dialogue with the client and the primary care provider (i.e. when the client is failing a medication regimen); and if needed, devising alternate strategies to optimize adherence. Laboratory results should be reviewed every three months to six months.
- Ensuring that care is coordinated among the client, caregivers and service providers through collaboration and the exchange of information.
- Conducting ongoing follow-up with clients and providers to confirm linkages, receipt of services, retention in services and adherence to treatment.
- Advocating on behalf of clients to other service providers.
- Empowering clients to develop and utilize independent living skills and strategies.
- Assisting clients in resolving any barriers to using and adhering to services.
- Actively following up on goals of MCM Service Plans to evaluate client progress and determine appropriateness of services.
- Maintaining ongoing patient contact according to the Acuity Scale.

- Actively following up within one business day with clients who have missed a MCM appointment. In the event that follow-up is not appropriate or unable to be conducted within the prescribed time period, Medical Case Managers will provide justification for the delay.
- Collaborating with the other providers serving clients for coordination and follow-up.
- Organizing or participating in **case conferencing** with interdisciplinary teams.

In the implementation of the MCM Service Plan, several of the fundamentals of MCM will be put into practice. These include Treatment Adherence and Linkages and Coordination. These functions are elaborated upon below.

Treatment Adherence

Treatment adherence support includes interventions or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatment (i.e. ARV). This is a core component of Medical Case Management services.

HIV infection has evolved into a chronic disease with the availability of effective medications. However, medications only work if people take them as prescribed. Successful treatment of HIV infection requires the cooperation and coordination of a complex network involving clients, social networks, professional and paraprofessional providers of various disciplines, a health care delivery system designed to meet client needs, and government policies that support these efforts. Treatment success requires the commitment and effort of the entire health care delivery network.

Treatment adherence services should be provided for all District of Columbia residents living with HIV who are on antiretroviral treatment. **MCM programs have a responsibility to directly provide, or link clients to, treatment adherence services.** An assessment of treatment adherence support needs and client education should begin as soon as clients enter MCM and should continue as long as a client remains in MCM and is medically recommended. Treatment adherence support is an on-going process, which may change with client needs, goals, objectives, medical conditions, and living conditions.

The goal of any treatment adherence intervention is to provide clients with the necessary skills, information and support to follow mutually agreed upon and evidence-based recommendations of health care professionals to achieve optimal health. This includes, but is not limited to:

- Taking all medications as prescribed.
- Making and keeping appointments.

- Overcoming barriers to care and treatment.
- Adapting to therapeutic lifestyle changes as necessary.

Studies demonstrate that most clients who take their medications exactly as prescribed, 95 percent of the time (i.e., missing only five doses out of 100) are more likely to achieve viral suppression, and are less likely to develop drug-resistant mutations. No single intervention is certain to improve treatment adherence but rather, an individually tailored adherence intervention program helps to reduce missed doses of medication. Therefore, **Medical Case Managers should reinforce treatment adherence at every contact whether it is during face-to-face or telephone contact.**

Treatment Adherence Interventions

- Assess the client for medication/treatment adherence and develop a plan specific for adherence with client participation and consent.
- Educate clients about the goals of therapy and achievement of better health outcomes.
- Discuss the importance of medication adherence and the impact of missing or skipping doses, which may lead to viral resistance and mutations.
- Use any available treatment adherence tools and devices to promote adherence. These include pill organizers (i.e. pillboxes), pocket-sized medication records, reminder sheets, alarms (i.e. watches, timers, clocks), etc.
- Discuss side effects of medications as barriers to treatment adherence. These include diarrhea, nausea, rashes, headache, vomiting, swallowing and problems due to oral candidiasis (thrush). Other barriers and challenges such as fear, homelessness and drug use should also be discussed and appropriate referrals made for follow-up.
- Reinforce treatment adherence at every contact (whether face-to-face or by telephone).
- In both clinic and non-clinical settings, establish linkages with the client's primary care provider to follow up with treatment adherence issues.
- Encourage clients to discuss over-the-counter (OTC) medications with clinical personnel before self-medicating or using herbal medicines in order to avoid adverse drug interactions.
- Teach the basics of HIV disease, "HIV 101," as needed. The basics would include an explanation of HIV/AIDS, viral load and viral suppression, CD4 T-Cell counts, and the significance of other relevant laboratory values.



Important!

HIV Medical Case Management Guidelines (2014)

- Counsel clients on harm reduction and encourage the use of condoms and other prevention devices to avoid transmission of HIV to others and to avoid re-infection or acquiring a different, possibly resistant strain; and promote sexual health wellness and literacy.

Treatment Adherence Support at Every Contact and Stage of the MCM Process

Intake	<ul style="list-style-type: none"> • Ask if client is on medication. • Schedule medical appointment for client or ensure existing ones are kept. • Ensure client has access to drug payer programs-(ADAP, Medicare, Medicaid, temporary demonstration or Medicaid waiver programs, Private insurance).
Assessment	<ul style="list-style-type: none"> • Remember to administer the treatment adherence section of the Acuity Scale. • Identify barriers to treatment adherence. • Reinforce adherence for clients on HIV treatment.
MCM Service Plan	<ul style="list-style-type: none"> • Develop client-centered strategies to maintain optimal adherence. • Communicate with the primary care provider.
MCM Service Plan Implementation and Client Monitoring	<ul style="list-style-type: none"> • Ask about Viral Load and CD4 count. Viral suppression is the goal. • Educate on adherence to avoid resistance. • Use adherence tools to support the client. • Review all laboratory results.
Re-Assessment	<ul style="list-style-type: none"> • If the client has been out of care or out of medication, re-establish access • Re-certify clients in any lapsed drug payer programs.

Linkages and Coordination

The term linkage involves the act or process of connecting clients to organizations. Once individual MCM Service Plans have been developed, services not offered by an agency may be required. In such cases, clients will need to be linked to other agencies to receive services, and care, especially if provided at multiple service points, which require coordination. Medical Case Managers are required to coordinate many services and treatments when

needed. **If a linkage is to be successful, that is, providing the best opportunities for clients to obtain access to the continuum of care, then Medical Case Managers must facilitate referrals and ensure that clients complete appointments (verified by obtaining feedback from recipient service providers).**

Medical Case Managers should:

- Develop individualized Services Plans that will enable clients to receive a broad array of appropriate services.
- Ensure that clients are engaged in services without becoming lost to care.
- Coordinate many services and treatments as a seamless system of care. This includes follow up of medical treatment and timely and coordinated access to medically appropriate levels of care. **A main component of the coordinator role of the Medical Case Manager is the continuous interchange and exchange of patient treatment information between MCM agencies, primary medical care providers and other services.**



In order to support the linkage and coordination role of Medical Case Managers, the agency in which the MCM program is housed is encouraged to identify gaps in services within their organization and reach out to form strong alliances and partnerships with other organizations to bridge these gaps according to the specific needs of identified client populations. Strong linkages include defined processes for information exchange, feedback and mutually understood methods for enrolling clients into services.

As part of information exchange for the benefit of the client, one approach is using “**interdisciplinary case conferences**,” during which client cases are discussed amongst all providers caring for the clients. Such should include both internal and external providers of the MCM program, and if possible and appropriate, clients and family members or those providing close support. The goal is to provide holistic, coordinated, integrated, client-centered services across providers to reduce duplication and minimize fragmentation. It can occur face-to-face or by teleconference, at regular intervals or during significant changes in client care or situation. Case conferencing is used to identify or clarify issues regarding client needs, goals and objectives; review activities including progress and barriers towards goals; and map out roles and responsibilities, resolve conflicts and adjust MCM Service Plans.

Re-engagement of Clients into Care

Clients are considered *lost to care* after missing core medical service appointments for a period of six months or more. Dependent on MCM Service Plans, appointments may include Ambulatory Outpatient Medical Care, Substance Abuse Services, Oral Care, Mental Health Counseling, etc. Albeit, re-

engagement is the responsibility of the entire health care community, Medical Case Managers maintain a unique relationship with clients and are well positioned to guide clients back into care. Therefore, MCM programs are encouraged to develop internal policies to re-engage clients in care.

Re-Assessment

Medical Case Managers routinely evaluate and monitor client progress in achieving goals identified in the MCM Services Plan. Clients should be re-assessed at key events and at three months or six months, according to the acuity level. Any changes in the level of case management must be documented. Laboratory results should be reviewed at the same time. The re-assessment includes re-examination and revision of MCM Service Plans as needed. Every area previously identified as being deficient during the initial assessment should be revisited and the impact of interventions should be evaluated to either reduce or increase the level of case management. During re-assessment, Medical Case Managers should identify short-term goals and objectives with the client and collaborate to ensure that they are achieved.

Case Closure, Transfer, and Termination

Case closure and transfer are systematic processes for disenrollment of clients from MCM services. The processes include formally notifying clients of pending case closures and/or transfers. In the case of transfers, the Medical Case Manager should facilitate the transfer of client information and records.

Closure

Client cases may be closed for one or more of the following reasons:

- All identified goals and objectives were achieved.
- Clients request to end services.
- Clients moves out of service catchment area.
- Death.
- Inability to contact or re-engage client after 12 months of documented, intensive re-engagement efforts
- Client is incarcerated for more than six months.

Transfers

A client may be transferred to an interagency or external medical case management provider for the following reasons:

- Client request.
- Medical Case Manager request.
- Medical Case Management Supervisor determines a transfer is appropriate through routine supervision.
- Client relocated out of the service catchment area.
- Unavailability of Medical Case Manager.
- Client admitted to a long-term or residential facility.

In the event of transfers, Medical Case Managers should notify clients of new MCM assignments.

- MCM programs should retain all closed files in a secure, pre-established location for a minimum of five years.

Termination

This may occur for the following reasons:

- Clients exhibit patterns of abuse of agency staff, property and/or services.
- Clients are unwilling to participate in service planning.
- Clients make false claims about eligibility requirements or falsify documentation.

The MCM Program must notify the DOH/HAHSTA within five working days of client termination and give a detailed reason for termination. All reasonable, well documented efforts must be made to resolve issues before resorting to termination.

Monitoring for Outcomes and Results

The goal of an MCM program is to improve health outcomes and quality of life for HIV-positive individuals. Improved outcomes are concrete evidence of MCM efforts. Programs are expected not only to track client environmental and social situations, but most importantly, clinical progress. For example, MCM clients on anti-retroviral treatment with no improvement in CD4 count or decrease in viral load should be flagged and, with client consent, discussed with all client providers in order to remedy any barriers. MCM programs should be able to evaluate the quality of care provided to clients through measuring client outcomes; and findings used to re-evaluate and revise interventions, as applicable, to re-focus efforts. Outcomes should be tracked both on the programmatic and individual levels.

HIV Medical Case Management Guidelines (2014)

Measures which are required by the HAHSTA for monitoring the quality of care for Medical Case Management include:

- Medical Visits.
- Viral Load Monitoring.
- Viral Load Suppression for Clients on ART.
- Retention (Gap in Medical Visits).
- PCP Prophylaxis.
- Development of Services Plans.

Please consult your most recent grant agreement for an up-to-date list of measures including numerators and denominators.

This section contains sample sheets used to track individual or client level information and progress. The information gathered in these client-level sheets can then be aggregated into program-level data. **These are discretionary supplemental aids to monitoring and not in any way required or mandated for use.**



Medical Case Management Client-level Data Form

I. Contact/Demographic Information

First Name	Last Name	Birth date	
Street Address			Date of Completion
City	State	Zip	Ward
Race		Ethnicity	
Check ALL that apply: Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		Check ONLY One: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	

II. MCM Client Activity Summary

Date of First Visit: _____
 Referred By: _____

Date of Visit	Type of visit (initial, regular check-in, re-assessment)	Method of visit (in-person, telephone)	Acuity Level at time of visit (Self, Basic, Moderate, Intensive)	Comments

III. HIV/AIDS Laboratory Summary

Primary Care Physician: _____

Location: _____

Date of Visit	Type of visit (primary care, substance abuse, dental, mental health, emergency)	CD4 Count	Lab date	Viral Load	Lab date	Comments/Results

IV. Treatment Information

Is the client currently on ART? Yes No Date initiated? _____

Is the client on other medications or prophylaxis? Yes No

Medication Summary

ART Regimen or Other Prescription	Date Initiated	Date Stopped	Comments \ Changes

Treatment Adherence Summary

Date of Assessment	Comments

V. Medical Case Manager’s Caseload tracking of clients along the continuum of MCM management levels

	At Intake	At 90 days Date- _____	At 180 days Date _____
Total Number of Medical Case Managers clients who are:			
Newly diagnosed with HIV			
Re-entering care after being out of care for 6 months or more			
Homeless			
Peri-incarcerated			
Pregnant without pre-natal care			
Having a CD4 count below 200/Viral Load above 400			
Having an untreated mental illness			
New to Antiretroviral therapy			
Non-adherent to HIV medication			
Intensive Management Level based on Acuity score			
Number of NEW clients in the treatment adherence program that have experienced a decrease in viral load (a minimum of one log decrease per month)			
Number of clients who have CD4 counts over 350			

HIV Medical Case Management Guidelines (2014)

Number of clients who were suppressed to a viral load level of under 400			
Number of clients receiving treatment adherence counseling as part of their MCM visit			
Number of clients classified as Level 1/Self-management			
Number of clients classified as Level 2/Basic Management			
Number of clients classified as Level 3/Moderate Management			
Number of clients classified as Level 4/Intensive Management			
Number of clients <i>referred</i> to Primary Medical Care			
Number of clients <i>linked</i> to Primary Medical Care			
Number of clients <i>referred</i> to Mental Health			
Number of clients <i>linked</i> to Mental Health			
Number of clients <i>referred</i> to Substance Abuse			
Number of clients <i>linked</i> to Substance Abuse			
Number of clients <i>referred</i> to Oral Health			
Number of clients <i>linked</i> to Oral Health			
Number of clients <i>referred</i> to Treatment Adherence			
Number of clients <i>linked</i> to Treatment Adherence			
Number of clients <i>referred</i> to ADAP			
Number of clients <i>linked</i> to ADAP			
Number of clients <i>referred</i> to Housing			
Number of clients <i>linked</i> to Housing			

VI. Medical Case Management Program level data Indicators to be reported on a monthly report

Measure	Monthly
Number of unduplicated clients served in medical case management YTD (count unique clients only once per service category per grant year)	
Number of new and continuing clients served in the medical case management program during the reporting period	
Number of unduplicated new clients enrolled (new assumes basic intake and assessment procedures were completed) in medical case management	
Number of client visits (including intake or reassessment)	
Number of clients classified as Level 1/Self-management	
Number of clients classified as Level 2/Basic Management	
Number of clients classified as Level 3/Moderate Management	
Number of clients classified as Level 4/Intensive Management	

VII. Indicators to be reported on quarterly reports

Performance Measures	Numerator	Denominator	%
MCM: Medical Visits			
MCM: Viral Load Monitoring			
MCM: Viral Load Suppression			
MCM: PCP Prophylaxis (#10)			
Retention Measure: Viral Load Suppression			
MCM: Oral Exam (#11)			
TA: Viral Load Suppression on ART			
TA: Assessment and Counseling			
Number of clients in program for whom a previous regimen has failed (at time of reporting)			
Number of clients in program that are re-engaging in care after six months or longer out of care			
Number of clients in the treatment adherence program that have experienced a decrease in viral load (Having one log decrease per month) during the reporting period.			
Number of clients who have stepped-down to less intensive adherence services.			
Percentage of patients with a diagnosis of HIV/AIDS with a viral load less than 200 copies/ml at last viral load test during the measurement year			

Performance Evaluation of Medical Case Managers

Evaluating the performance of Medical Case Management staff is one of the core functions of an MCM program. Performance is measured by results achieved for clients. This is not to imply that “process” is not important. For example, how many calls were made to or on behalf of the client are necessary steps to achieving a positive outcome for the client, however, they are not the desired end result. **As such, with few exceptions, Medical Case Manager performance should be evaluated based on the outcomes achieved for the client.** Client needs and pace of improvement differ and must be taken into consideration when examining each situation.

The intended outcomes of MCM for HIV/AIDS patients include greater participation in and optimal use of health and social services, increased

knowledge of HIV disease, delay of HIV progression, reinforcement of positive health behaviors and an overall improved quality of life. These are not short-term goals, and given the complex needs of clients, achieving them is not a straight forward process. Medical Case Managers are expected to have skills and education to prepare and provide quality care to ensure that clients have positive health outcomes.

The preferred qualifications of a medical case manager are as follows:

- Licensure as a Registered Nurse (RN) or a Licensed Social Worker at the Master's level in the District of Columbia.
- A Bachelor degree in Human Services or its equivalent; and
- A minimum of one year experience working within HIV case management or relevant adult/pediatric community health, clinical or hospital-based environment.

However, the fundamentals of MCM outlined in this document provide a basis for evaluating actual progress towards these goals. Processes and documentation expected at every step of MCM should also be evaluated.

Medical Case Management Supervisors, or other external reviewers, may conduct performance evaluation. The ability to accomplish these objectives requires specific skills that can best be acquired through education and previous work experience. The preferred qualifications for MCM supervisor are as follows:

- Licensure as a Clinical Social Worker, RN or a Master's prepared medical professional; and
- A minimum of three years of experience working within HIV case management or relevant adult/pediatric community health, clinical or hospital based-environment.
- One year of supervisory experience is preferred.

Medical Case Management Supervisors must conduct quarterly performance evaluations for staff by reviewing client records to ensure that a substantial number and percentage of client records adhere to MCM standards of care. Medical Case Managers are to be evaluated on core performance areas, core competencies and process documentation (See Supervisor Worksheet for Assessing Performance of Medical Case Managers).

Clinical supervision must occur, at a minimum of, one hour every month.

The performance of Medical Case Manager can be measured in three ways. First, medical case managers must meet certain requirements of core areas. Second, they must possess certain core competencies. Third, specific documentation requirements must be met.

1. Core performance areas.
2. Core competencies.
3. Processes and Documentation requirements.

1. Core Performance Areas

Core Performance Area	Key Measures
Needs Assessment	<ul style="list-style-type: none"> ▪ Client needs accurately identified and appropriately prioritized. ▪ Barriers to remaining in care identified and prioritized.
Linkages and Coordination	<ul style="list-style-type: none"> ▪ Prioritized services correspond to need assessment findings. ▪ Clients linked to needed services in less than 30 days based on acuity. ▪ Communication, exchange and feedback of client information is occurring, at least, every three months with primary care and other service providers.
Treatment Adherence Support	<ul style="list-style-type: none"> ▪ Clients receiving treatment adherence support interventions have medical improvements documented in Viral Load over time. ▪ Case Managers track and utilize current clinical data for clients.
Acuity/Level of Case Management	<ul style="list-style-type: none"> ▪ Assigned acuity score is congruent with client situations. ▪ Clients show decreasing levels of acuity over time. ▪ Clients are re-assessed at predetermined frequencies and plans are updated and implemented accordingly.
Monitoring of Health Outcomes	<ul style="list-style-type: none"> ▪ Client clinical data are tracked and concerns are appropriately addressed and elevated, as applicable. ▪ Regular feedback and communication with primary providers occur.
Client Retention and Re-engagement	<ul style="list-style-type: none"> ▪ Client attendance at medical appointments is tracked and missed appointments are re-scheduled within 24 hours. Reasons for non-attendance are investigated and addressed. ▪ Clients that miss two or more consecutive appointments are elevated to the Supervisor and Clients are re-engaged back into care.
Other Areas	
Intake Process	<ul style="list-style-type: none"> ▪ Client eligibility for health and support services (Medicaid, Medicare) is assessed. ▪ Client eligibility is re-assessed every six months ▪ Client is enrolled in a drug assistance program as needed. ▪ Client certification for health services program is current.

2. Core Competences

- Conducting sensitive and empathetic interviews
- Relationship-Building

Conducting Sensitive and Empathetic Interviews

Interviewing skills are crucial in obtaining information from clients. Medical Case Manager's ability to obtain accurate information depends on ability to communicate and interview clients properly. The use of techniques such as: building trust, open-ended questions, and affirmations, active listening, reflective listening, and summarizing enable clients to share information and make a commitment to actively participate in care. For clients who are still engaging in high-risk or non-adherent behavior, the goal is to eventually elicit "change talk" and get a commitment for behavioral change during interviews. All these tools are used in client-centered motivational interviewing. Competent Medical Case Managers should be able to use these tools in everyday interaction with clients.



Periodic assessments of a medical case manager's competency in interviewing should occur by sitting in on client sessions (with client permission).

Relationship Building

Successful MCM depends on the ability to create and maintain successful relationships with clients. Strong relationships are built consciously, systematically and routinely. Key strategies include having the right attitude to understand the importance of the client relationship. Some of the skills of relationship building are: expressing or exhibiting a caring attitude, reinforcing mutual understanding and trust, constantly reviewing client needs, and ensuring that high quality services are provided. Medical Case Managers should be able to ask the right questions, demonstrate professionalism, integrity and a caring attitude to demonstrate the ability to maintain high-quality relationships that results in tremendous benefits to clients.

Building successful relationships also involve communicating frequently with clients by telephone, conducting home and hospital visits, and face-to-face and e-mail communications. Built over time, successful relationships have the potential of making clients more comfortable when discussing personal situations with Medical Case Managers, with whom they have established a trusting relationship. Clients may become comfortable in discussing intimate issues that could potentially have once been a barrier to care. As a result, clients may become adherent to treatment, if not for the sake of their health, but to maintain the trusting relationship with Medical Case Managers with whom they have forged bonds.

The Medical Case Manager should demonstrate the ability of building successful relationship with clients.

3. Processes and Documentation Worksheet

Methods of Obtaining Information to Measure Performance

Chart /Electronic Medical Record Review

A representative sample of client medical records can be reviewed for quality of documentation and compliance with best practices. Evidence of interventions and processes executed by the Medical Case Manager and achieved by clients should be observed during medical record review.

Direct Observation

This is an essential tool for supervision. With client permission, evaluators should periodically sit in during assessment or re-assessment of clients. During these sessions, evaluator could observe use of interviewing skills, and competence in responding to questions and concerns of clients. It is essential that the client permission is obtained prior to engaging in direct observation. Supervisors and evaluators must adhere to client confidentiality policies established by MCM agencies.

Client Satisfaction Survey

Information may be collected from clients in the form of client satisfaction surveys. A minimum of five client satisfaction surveys from each MCM caseload should be conducted. The information derived from the surveys should be used in conjunction with other methods to address Medical Case Manager performance, improvements and/or areas of improvement. Such surveys may be used as a tool for best practice. (See Appendix IV for a client satisfaction survey sample).

Case Reviews

Case reviews may be conducted individually or with the MCM team and may be prioritized by complexity or difficulty of the cases.

Findings of the aforementioned evaluations should be used to inform professional development and capacity building of MCM staff.

Performance Evaluation for Medical Case Managers: Worksheet for Assessing Documentation

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>				
<p>Intake</p> <p><i>Evaluators should ensure that all eligibility documents are signed/dated and in client files or electronic records.</i></p>	Written documentation of HIV Status. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Proof of District of Columbia residency. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Income verified. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Dates of intake are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Client demographics are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Complete information for two emergency contacts is documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Signed/dated consent to receive services. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Client rights and responsibility form was given. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Signed/dated HIPAA form. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Client consent to release information, as applicable. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Client eligibility for health and support payer programs (e.g. Medicaid, Medicare). <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Client enrollment/certifications for payer programs are up-to-date. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
<p style="text-align: center;">Client Assessment and Use of the Acuity Scale</p> <p><i>The Supervisor should ensure that Medical Case Managers completed assessments within 30 days of Intake.</i></p>	Client needs are accurately identified. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Barriers to Client retention in care are identified. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	CD4 and Viral Load results are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Acuity Scales are complete and MCM levels are assigned. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Assigned levels of acuity are congruent with client situations. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Completed Acuity Scales are signed/dated by Medical Case Managers and Clients. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Clients show decreasing level of acuity over time. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Clients are re-assessed at predetermined frequencies <u>and</u> Plans are updated and revised accordingly. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>				
<p>Medical Case Management Service Plan</p> <p><i>Evaluators should ensure that the MCM Service Plans contain all required components.</i></p>	Goals/objectives of MCM Service Plans are Specific. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Goals/objectives are Measurable. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Goals/objectives are Attainable. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Goals/objectives are Realistic. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Goals/objectives are Time-limited. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Completed MCM Services Plans are current. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Dates that clients were seen are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Identified needs are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Short-term goal/objectives are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Interventions/Activities/Actions are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Persons responsible for actions are indicated. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Review/due dates/timeline. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Outcomes/Referrals/Linkages. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Viral Load/CD4 count values are documented. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
	Signatures/dates (MCM and Clients) are documented in Service Plans. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

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OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
	Copies of Plans given to Clients/Primary Care Providers. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

Re-Assessment <i>Medical Case Managers should routinely evaluate and follow up on Client progress to determine the need for changes to Service Plans. Evaluators should ensure that re-assessments are done in a timely manner.</i>	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
	Clients are re-assessed at key events, at three months and/or at six months according to protocol. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client MCM Service Plans are updated per re-assessment requirements. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client overall acuity improved by one or more levels. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client overall acuity worsened by one or more levels. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client received the number of visits as indicated by the acuity scale. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Prioritized services correspond to needs assessment. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Clients received linked services in less than 30 days. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Supervisor verified that the Client was linked to needed services in less than 30 days. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client did not receive services after 90 days of linkage. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

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Supervisor followed up to ensure that Client received services immediately, if 90 days has elapsed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
	Coordination of complex HIV/AIDS care is occurring. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Linkages/referrals to housing are made as needed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
Medical Provider Communication <i>Evaluators should find documentation of feedback and communication with other providers.</i>	Communication and exchange and feedback of client information are occurring at least every three months with primary care and other service providers. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

Treatment Adherence Support <i>Supervisors should ensure that MCM Service Plans match identified Client needs. Interventions may include several items.</i>	Clients are receiving treatment adherence support interventions with improvement seen in Viral Load over time. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Medical Case Managers track laboratory data. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Medication adherence counseling provided. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Access to support groups and social networks. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Counseling on risk reduction/harm reduction. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Use of pillboxes in treatment adherence counseling. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Help with filling prescriptions. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Enrollment in ADAP as needed.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

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	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Access to a medical home is documented.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Access to adequate transportation is documented.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Poor <input type="checkbox"/> N/A	

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
<p>Monitoring Clinical Health Outcomes</p> <p><i>Supervisors should ensure that there is documented evidence of improved health outcomes for Clients in care for more than six months.</i></p>	At least, one outcome measure was identified for each MCM Service Plan objective.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	Outcome measures are in progress or have been achieved.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	Client laboratory data are tracked and concerns are being addressed or elevated as applicable.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	Improved health status documented.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Improved CD4 count documented.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Decreased Viral Load documented.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<p>Missed Appointments and No Shows</p>	Medical Case Managers follow agency policies on missed appointments.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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<i>Supervisors should ensure that Medical Case Managers document all calls and re-scheduling.</i>	Medical Case Managers track attendance at medical appointments. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> N/A	<input type="checkbox"/> Fair
	Medical Case Managers call Clients within 24 hours after missed appointments. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> N/A	<input type="checkbox"/> Fair
	Reasons for non-attendance are investigated and remedied. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> N/A	<input type="checkbox"/> Fair
	Missed appointments are re-scheduled within 24 hours. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> N/A	<input type="checkbox"/> Fair

Retention and Re-Engagement of Clients

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
<p>Client Retention in Care</p>	Process measures/indicators completed quarterly (to monitor client progress and participation in MCM services). <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	More than 5% of MCM caseload is lost to care. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	More than 95% of MCM caseload is retained in care. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
<p>Re-Engagement of Clients</p> <p><i>Medical Case Managers must implement agency policies for Clients who miss two or more consecutive appointments and document re-engagement attempts until Clients return to care.</i></p>	The agency re-engagement process is clearly initiated and documented in client files. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Attempts to contact clients were made (by telephone, face-to-face, e-mail, mail, etc.). <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Client contact information (i.e. numbers and addresses) are current. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A
	Clients return to care after follow up contact is made. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A

OPERATIONAL AREA	DOCUMENTATION NEEDED	RATING <i>(Rate medical case manager's competency in completing task).</i>
<p>Core Competencies</p> <p><i>Evaluators should ensure that all Medical Case Managers acquire skills or abilities necessary to perform MCM.</i></p>	<p>Interviewing Skills: Supervisors should conduct periodic assessment by sitting in a session (with Client permission) to assess Medical Case Manager competency and interviewing skills.</p>	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	<p>Relationship Building Skills: Supervisors should ensure that the Medical Case Managers demonstrate the ability of building successful relationship with clients.</p>	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
<p>Tools for Performance Evaluation</p> <p><i>Evaluators should observe Medical Case Manager use of tools.</i></p>	Chart Reviews	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	Direct Observation	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	Client Satisfaction Survey	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	Case Review	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	Monthly Meetings	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>
	<p>Overall Performance Appraisal:</p>	<p><input type="checkbox"/>Excellent <input type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Poor <input type="checkbox"/>N/A</p>

	<u>Supervisor Signature (below)</u>
<p>Trainings Attended</p> <p><i>It is the responsibility of Supervisors to ensure and verify through signature that Medical Case Managers attend the listed skills building training.</i></p>	<ul style="list-style-type: none"> • HIPAA Rules & Confidentiality • Basic HIV Knowledge • Client Rights and Responsibilities • Agency Grievance Procedures • Client Assessments (e.g. Risk) • Enrollment and Eligibility • Cultural Competence • Medication Education and Treatment Adherence • Benefits: Public and Private • Continuing Education Requirements (Respective of Professional Boards).
<p>Quarterly Medical Case Management Training</p>	<p>Quarter One</p> <p>Quarter Two</p> <p>Quarter Three</p> <p>Quarter Four</p>



Appendices

- Appendix I: HIV Pediatric and Youth-Centered MCM Guideline**
- Appendix II: Sample Mini-Assessment Tool**
- Appendix III: Sample Completed MCM Service Plan**
- Appendix IV: Sample of Progress Notes**
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**Appendix I: HIV PEDIATRIC &
YOUTH-CENTERED MEDICAL CASE
MANAGEMENT GUIDELINE**

HIV PEDIATRIC & YOUTH-CENTERED MEDICAL CASE MANAGEMENT GUIDELINE

This guideline is an adaptation of the District of Columbia HIV Medical Case Management Guidelines for Adults. It is the result of best practice standards for HIV/AIDS service providers in hospital settings and is designed specifically for the pediatric and adolescent clients and their families. It guides Medical Case Management practice and assures for the optimal quality of services in outpatient, hospital-based settings for pediatric and adolescent clients, who are infected/affected by HIV/AIDS.

Client Eligibility

Ryan White Medical Case Management (MCM) services are limited to:

- Clients and families who are infected/affected by HIV/AIDS.
- Clients who reside in the District of Columbia Eligible Metropolitan Area (EMA).

Parts A, B, C, and D of the Ryan White HIV/AIDS Extension Act of 2009 provide for the provision of Medical Case Management Services to individuals who are HIV negative, if they are part of a family unit consisting of an HIV infected person, who may indirectly benefit from the services provided to the family.

Medical Case Management services are primarily provided for clients (between 0 and 24 years of age) who are receiving or recently (less than 1 year) received medical services.

Ryan White funds are used as the payer of last resort, and therefore, client eligibility is determined by:

- HIV-Positive status.
- Residency within the District of Columbia (or Washington DC EMA).
- Income level (underinsured and/or low income).

Client eligibility for services should be re-assessed every six months for Ryan White programs.

Screening

Objective 1: Designated staff shall screen all individuals, who call to schedule an appointment or walk in for MCM services, to determine Ryan White eligibility for services within 72 hours of initial contact.

HIV Services Policy and Procedure

All clients shall be screened to determine their eligibility for program services, including Medical Case Management. Medical Case Managers shall screen all clients (HIV-positive and HIV exposed) for medical services at the time of the initial medical appointment using the Intake form.

Intake and Screening includes verification of HIV diagnosis, current or recent (within past three months) engagement in medical care at Children's National Medical center (CNMC) or any other pediatric/adolescent clinic.

Clients shall be scheduled and/or connected to medical care prior to being referred for Medical Case Management services. HIV confirmatory testing is conducted at the first medical appointment, unless one of the following is provided: 1) photocopy of HIV-positive Western Blot result with client's name or 2) photocopy of a laboratory result indicating a detectable viral load.

If denied insurance or not eligible, the client (and/or family) will be referred to the Financial Information Center (FIC) at Children's National, where they will be counseled on other resources available, including eligibility for charity care. In the event they are ineligible for FIC resources, Ryan White will be considered the payer of last resort.

Objective 2: Designated staff shall make suitable referrals for those individuals who are not appropriate for agency case management services, but are determined to be in need of assistance. Upon screening clients, it may be apparent that needed services are not provided by the agency, In such cases, linkages with other agencies that provide the needed services may be necessary.

HIV Services Policy and Procedure

Medical Case Managers shall provide referral information, including name, contact numbers, service descriptions of referral agencies, etc. to all clients, parents and/or legal guardians, including those who are not eligible for services through the HIV Services program, but are determined to be in need of assistance.

Objective 3: If the agency does not have the capacity to receive new clients, designated staff will provide clients with Short Term Interventions (STI) while working with the client to locate a Medical Case Manager at an appropriate, alternate agency with available capacity.

HIV Services Policy and Procedure

Medical Case Managers will provide clients with Short-Term Intervention (STI) when agency capacity to receive new clients for case management is limited. Designated staff of the agency will complete the Acuity Scale and a brief biopsychosocial assessment while working with the client to find a Medical Case Manager at an appropriate, alternate setting with case management availability. The Client Acuity Scale, copy of the brief biopsychosocial assessment, and a release of information shall be forwarded to the referral site upon client/legal guardian's consent.

Objective 4: Clients determined eligible for Medical Case Management shall be scheduled for Intake within seven business days of initial contact.

HIV Services Policy and Procedure

Newborn clients shall be scheduled for initial medical appointments at approximately six weeks of age. Older clients shall be scheduled for the initial medical appointment within seven days of screening. Intake shall be completed during the initial medical visit for all clients.

All required forms, including consent forms shall be signed by clients, or their legal guardians, if applicable, prior to initiating services.

Intake

Intake is the process of collecting identifying information on clients, family, guardians, and informal supports, using standardized forms. It confirms program eligibility and provides the basis for the initiation of MCM services. Intake procedures may be performed by Medical Case Managers.

Objective 1: To designate a staff person to conduct a face-to-face interview to collect all information as outlined in the intake process.

HIV Services Policy and Procedure

Medical Case Managers shall conduct face-to-face interviews and collect all information as outlined in the intake process.

Objective 2: To inform client of program services, rights and responsibilities related to these services, and confidentiality and grievance policies.

HIV Services Policy and Procedure

Staff conducting Intake shall:

- Explain the program and services to clients/legal guardians.
- Explain confidentiality and grievance policies to clients/legal guardians.

- Obtain client/legal guardian written consent to participate in the program.
- Assess immediate service needs.
- Obtain client/legal guardian written permission to release information as warranted.

The client/legal guardian shall sign and receive copies of the Client Rights and Responsibilities form, Confidentiality and Grievance form, and Consent for Services form. These documents inform clients/legal guardians of the right to receive quality case management services, the HIV Services closure policy, grievance procedures/systems, types of services offered by HIV Services, and resources available in the community.

Objective 3: Clients and/or legal guardians shall provide the following information at Intake/Screening:

- All available lab results, including HIV/AIDS diagnosis.
- Proof of residency.
- Proof of income.
- Photo identification.
- Copies of health insurance cards.

* Note: Medicaid documentation of eligibility serves as verification of income and residency.

HIV Services Policy and Procedure

Client and/or legal guardian shall provide updated demographic information during clinic registration for medical appointments. HIV lab work is collected at the initial medical appointment and proof of insurance is verified by clinic registration staff. Medical Case Managers shall document client HIV/AIDS diagnosis and insurance status. Clients or caregivers shall provide copies of documents verifying health insurance, income and residency, which will be placed in client medical records. ***Minors are not required to submit proof of income for MCM services and may not have a state issued/official photo identification or official proof of residency.***

Objective 4: To ensure that eligible clients with immediate needs will have these needs addressed by the conclusion of the intake appointment. (Immediate needs are defined as needs that will have serious consequences for the client unless they are met. All interventions to meet these needs will be reflected in initial service plans and documented in client records).

HIV Services Policy and Procedure

Medical Case Managers shall ensure that clients with immediate needs will have those needs addressed by the conclusion of the Intake appointment. All interventions to meet these needs shall be reflected in the initial service plan and progress notes and documented within client records.

Emergency needs are defined as issues that will result in harm to the client, if not addressed. Emergency situations include, but are not limited to, suicidal and/or homicidal ideations, psychotic symptoms, signs of physical abuse, physical health problems requiring immediate medical attention, pending eviction within 72 hours without a planned place of residence, and/or lack of food without resources to obtain food. The Medical Case Manager shall make contact within 24 hours or the next business day following the emergency situation. Medical Case Managers shall attempt telephone contact with clients, legal caregivers or emergency contacts, and/or referral agencies (if appropriate releases have been secured), as determined by the situation, to ensure that services were received.

The Assessment Process

A biopsychosocial assessment is the collection of information about medical, physical, psychosocial conditions, resources, and needs. The purpose of the assessment is to identify: client/family service needs, met needs (and by whom), services not accessed or not adequately coordinated, and client strengths and prospective resources and support systems to be utilized during service planning.

Objective 1: To complete a comprehensive, written biopsychosocial assessment for each client within 30 calendar days of the first medical case management appointment. A supervising LICSW must co-sign this assessment. The assessment should include a complete medical and psychosocial history to be filed in client records. All exceptions to this timeframe shall be noted in client records.

HIV Services Policy and Procedure

Medical Case Managers must complete comprehensive biopsychosocial assessments within 30 calendar days of initial case management appointments. Licensed Independent Clinical Social Workers (LICSW) shall sign or co-sign the assessments to include complete medical and psychosocial histories to be filed in client records. All exceptions to this timeframe shall be noted in client records.

Biopsychosocial Assessments include the following areas:

Access to Health Care

- Presenting problems.
- Client strengths.
- Income and sources.
- Benefits and entitlements.
- Employment history and status.
- Health insurance.
- Transportation
- Cultural/language.

Health Status

- Medical history (e.g. HIV status, pregnancy, hospitalization, adherence, medications, other medical conditions).
- Oral Health needs.
- Nutritional status/nutritional needs.
- Activities of daily living.
- HIV disease progression.
- Disease co-morbidities.

Treatment Adherence

- HIV/AIDS prevention (secondary mode of transmission).
- Medication adherence.
- Adherence to appointments.
- Antiretroviral medication side effects.
- Knowledge of HIV medication.
- Treatment support.

Health knowledge

- Disclosure of HIV status (and to whom).
- Sexuality issues.
- Educational history.
- Awareness of safer sex practices.
- HIV Knowledge.

Behavioral Health

- Mental/emotional/behavioral status.
- Psychiatric/mental health history/trauma history.
- Substance use/abuse history.
- Spirituality or religious identification and/or concerns.
- Physical/sexual abuse history/domestic violence.
- Level of independent functioning.
- Legal issues, life planning, advance directives.

Environmental Factors

- Living situation.
- Family background.
- Recreational activities.
- Criminal history.
- Family/social/community support.

Acuity Scale Scoring

Acuity Scales shall be completed using information gathered during comprehensive assessments. The Acuity Scale is used to determine client or family level of MCM need. Based on the level of need identified, the scale outlines the frequency and intensity of engagement required for client receiving MCM services. Re-assessment using the scale allows for changes in identified needs, and thus, adjustment of MCM contact.

Client level of need shall match the highest need level assessed. Clients or families who present in one, or more, of the following situations are automatically placed in Level 4 (Intensive Management):

- New diagnosis of HIV.
- New to antiretroviral therapy.
- Non-adherence to HIV medication.
- CD4 count below 200.
- Viral load above 100,000 copies/ml.
- Homeless.
- Not in care/recently re-engaged in care.
- Untreated acute mental illness.
- Documented global cognitive impairment.
- Pregnancy without prenatal care.
- Peri-incarceration.
- Prolonged hospitalization (more than 2 weeks)/2 or more hospitalizations in 60 days.

Objective 1: The Acuity Scale shall be completed using information gathered in Biopsychosocial Assessments. Acuity Scales must be completed within three days of completing Biopsychosocial Assessments. Re-assessment of need using Acuity Scales must be completed at intervals determined by client identified levels of need.

HIV Services Policy and Procedure

Medical Case Managers shall complete Acuity Scales using the information gathered in the Biopsychosocial Assessments, within three days of completing Biopsychosocial Assessments. Medical Case Managers shall update Acuity Scales based on the following requirements:

- Level 1 (Self-Management)-Acuity Scale completed every six months.
- Level 2 (Basic Management)-Acuity Scale completed every six months.
- Level 3 (Moderate Management)-Acuity Scale completed every six months.
- Level 4 (Intensive Management)-Acuity Scale completed every three months.

Objective 2: Biopsychosocial Assessments and Service Plan updates shall be completed at time intervals specified by client initial level of need.

HIV Services Policy and Procedure

Medical Case Managers shall complete Biopsychosocial Assessment updates and Service Plan updates based on the following levels of need to be documented in client records:

- Level 1 (Self-Management)-Initial Biopsychosocial Assessments and Service Plans completed within 30 days of Intake; with; updates completed every six months.
- Level 2 (Basic Management)-Initial Biopsychosocial Assessments and Service Plans completed within 30 days of Intake; with updates completed every six months.
- Level 3 (Moderate Management)-Initial Biopsychosocial Assessments and Service Plans completed within 30 days of Intake; with updates completed every six months.
- Level 4 (Intensive Management)-Initial Biopsychosocial Assessments and Service Plans completed within 30 days of Intake; with updates completed every three months.

Objective 3: Medical Case Managers shall make a required number of face-to-face contacts and telephone contacts with clients, based on levels of need.

HIV Services Policy and Procedure

Medical Case Managers shall contact clients a minimum number of times annually, based on the following levels of need:

- Level 1 (Self-Management)-Medical Case Managers shall have a minimum of three face-to-face and three telephone contacts with clients annually.
- Level 2 (Basic Management)-Medical Case Managers shall have a minimum of four face-to-face and six telephone contacts with clients annually.
- Level 3 (Moderate Management)-Medical Case Managers shall have a minimum of six face-to-face and twelve telephone contacts with clients annually.
- Level 4 (Intensive Management)-Medical Case Managers shall have a minimum of eight face-to-face and twenty-six telephone contacts annually.

Objective 4: All contacts and/or barriers to making contact shall be documented in client records. Progress made toward adherence goals, and/or any barriers encountered in achieving those goals shall also be documented.

HIV Services Policy and Procedure:

Medical Case Managers shall document all contacts and/or barriers to making contact. Medical Case Managers shall also document progress and/or barriers in the achievement of treatment adherence goals.

Treatment Adherence

Medical Case Managers aid in client treatment adherence by conducting regular treatment adherence assessments, facilitating adherence support tasks and referring clients to the Mental Health Team/Treatment Adherence Specialists for further evaluation and intervention. Specific tasks identified to assist in adherence are noted and monitored in client Service Plans.

Objective 1: Clients must be assessed for treatment adherence and adherence supports needed.

HIV Services Policy and Procedure

Medical Case Managers aid in client treatment adherence by conducting treatment adherence assessments at every contact and stage of the MCM process and at Re-Assessment/Update. Assessing treatment adherence includes, but is not limited to, discussions of the following:

- Knowledge of HIV.
- Implications of HIV on client health.
- Appointment attendance patterns.
- Medication regimens.
- Adverse side-effects.
- Medication supply.
- Pharmacy accessibility.
- Lab results.

Objective 2: Needed adherence supports shall be implemented and monitored by Medical Case Managers as outlined in client Service Plans.

HIV Services Policy and Procedure

Supportive Treatment Adherence tasks shall be addressed on Service Plans and facilitated/monitored by Medical Case Managers. Supportive Treatment Adherence tasks facilitated by the Medical Case Manager include:

- Providing education and orientation on client services.
- Sending appointment reminder via letters.
- Conducting appointment reminder and follow-up telephone calls and text messaging.
- Providing transportation assistance to appointments.
- Providing Treatment Adherence reminder devices (e.g. pillboxes, day planners).
- Conducting home visits.

Medical Case Managers, in collaboration with clients, shall identify the appropriate tasks necessary for clients to achieve increased treatment adherence. These tasks shall be implemented and monitored as documented in client Service Plans.

Objective 3: Clients needing in need of Supportive Treatment Adherence shall be referred to Targeted Treatment Adherence Specialists or the Mental Health Team for further evaluation and intervention.

HIV Services Policy and Procedure

Medical Case Managers shall refer clients in need of Supportive Treatment Adherence to the Mental Health Team and/or Treatment Adherence Team through referrals, if not provided in-house.

Development of Client Service Plans

Client Service Plans are written documents of activities and objectives that provide a structured, accountable approach for clients and Medical Case Managers to guide service provision over time. Service Plans assist clients to achieve individualized outcomes and serve as tools for evaluating services. Service Plans include the following:

- Identification of agreed upon client needs and individualized goals.
- Identification of barriers/strengths.
- Specific measurable objectives with specified action steps, including the specific set of services needed to meet those goals and objectives.
- Individual(s) assigned to perform each activity.
- Timeline for each step; with projected start and end dates.

Objective 1: Development of the Client/Family Service Plan is based on information gathered during Biopsychosocial Assessments. Service Plans shall include specific short and long-term goals and objectives with defined activities, services, providers, and timeframes to reach each objective. They should be developed with active participation from clients and, if appropriate, family representatives and other providers. Services Plans should include identification of resources to meet client/family needs and to resolve identified problems.

HIV Services Policy and Procedure

Medical Case Managers must, with active participation of clients and/or legal guardians, develop Service Plans within 30 business days in conjunction with the completion of Bio-psychosocial Assessments and Acuity Scales. Service Plans shall include: stated goals, objectives, interventions, goal obtainment, target dates, and responsible parties. Signatures and dates (clients, legal guardians and Medical Case Managers) shall be included to document approval of the plans.

Goals, objectives and action steps must be “S.M.A.R.T.”

- **Specific:** Every identified issue needs a specific objective and activities for direct intervention. Issues should not be grouped together.
- **Measurable:** Quantifiable outcomes shall be defined in order to track progress towards achieving objectives and assess results.
- **Achievable/Attainable:** Incremental goals and objectives shall be set so as not to overwhelm clients.
- **Result-Oriented/Realistic:** Resources and skills shall be available to support required tasks.
- **Time-limited:** Deadlines create the urgency necessary to prompt action. Shorter timeframes and deadlines shall ensure that objectives are actively monitored.

Objective 2: Medical Case Managers shall, in collaboration with clients and/or legal caregivers, identify appropriate resources needed to attain the goals and objectives. Client, Medical Case Managers, MCM Supervisors, and all other appropriate parties shall sign Service Plans, which shall be included in client records.

HIV Services Policy and Procedure

Medical Case Managers shall, with active participation of clients and/or legal caregivers, share responsibility for the development of Service Plans. Clients and/or legal caregivers, Medical Case Managers and Licensed Independent Clinical Social Worker (LISCW) shall sign Service Plans. Completed Service Plans shall be placed in client records.

Implementation and Coordination of Service Plans

Implementation of Service Plans is the action associated with accomplishing the goals documented in Service Plans. It involves the active participation of clients, Medical Case Managers and other identified parties and provides a structured and accountable approach to meeting client needs.

Coordination is the process of identifying, securing, and tailoring the resources necessary to accomplish the goals set forth within Service Plans.

Medical Case Managers provide support, advocacy, consultation, and crisis intervention for clients and others involved in implementation of Service Plans. Medical Case Managers may also refer tasks to appropriate individuals (e.g. advocates, students, trained volunteers), but maintain primary responsibility for MCM activities.

Objective 1: In implementing Service Plans, Medical Case Managers shall offer support services, linkage to external providers and coordinate outlined plans to assist clients in reaching goals and objectives. Service Plans shall be updated at intervals determined by MCM levels of need.

HIV Services Policy and Procedure

Medical Case Managers shall offer support services, linkage to external providers, coordinate Service Plans with clients and/or legal guardians within five days of Service Plan development to assist clients in reaching goals and objectives. Client Service Plans shall be updated at intervals determined by MCM levels of need.

Objective 2: To document all referrals initiated and completed in client records. The corresponding actions and outcomes shall be documented in client records (whether paper, electronic or combination of both).

HIV Services Policy and Procedure

Medical Case Managers shall document all referrals initiated and completed in client records. Corresponding actions and outcomes shall also be documented in client records.

Objective 3: To document all contact, progress made and barriers to goals in Service Plans.

HIV Services Policy and Procedure

Medical Case Managers shall document all contact, progress made and barriers to goals in progress notes in client records.

Monitoring of Client Service Plans for Intensive, Moderate, Basic and Self-Management Levels of Care

Monitoring of Client Service Plans is the routine review of the goals and objectives outlined in the plans.

Objective 1: To monitor Client Service Plans according to MCM levels of care and to document activities in client records.

HIV Services Policy and Procedure

Medical Case Managers shall monitor Service Plans monthly and document all contacts and contact attempts with clients and service providers in progress notes of the client records. Medical Case Managers shall monitor Moderate, Basic and Self-Management Service Plans a minimum of every three months. Intensive Service Plans shall be monitored monthly.

Objective 2: To document in client records any difficulties encountered in achieving client goals, objectives, and strategies for resolving difficulties. The agency shall provide supervision or consultation for all Medical Case Managers while Service Plans are being monitored.

HIV Services Policy and Procedure

Medical Case Managers shall with the active participation of clients, when possible, identify and discuss barriers to achieving client goals and objectives and provide strategies for resolving barriers. Identified barriers and strategies for resolution shall be documented in progress notes.

Medical Case Manager Supervisors licensed to practice independently (e.g. Licensed Clinical Social Worker, LICSW) shall provide a minimum of one hour of supervision per week to non-licensed Medical Case Managers to discuss client cases, to include monitoring of Client Service Plans and case management interventions.

Case Closure

Case closure occurs when Medical Case Managers are unable to contact or re-engage client after nine months of intense re-engagement efforts or when Clients:

- Have met all identified goals and objectives.
- Request to end services.
- Move out of the service catchment area.
- Are incarcerated for more than six months.
- Ages out (pediatric/adolescent) of programs and require transitioning to other programs.
- Expire.

Case closure procedures are documented in client records and referrals are made as necessary.

Objective 1: To inform clients of MCM re-entry requirements, review client progress, and clearly communicate what case closing means for clients. Medical Case Managers shall inform clients of after care options available through HIV Services and/or in the community. When possible, clients and Medical Case Managers shall have clients sign case closure agreements and include copies of the agreements in client records within 30 days.

HIV Services Policy and Procedure

Medical Case Managers shall first discuss case closure with Supervisors prior to informing clients and/or legal guardian. Medical Case Managers shall inform clients/legal guardians of MCM re-entry requirements, review client progress, and clearly communicate what case closing means for clients/legal guardians, specifying that closure of MCM services does not necessarily equate to discontinuation of medical services. Medical Case Managers shall inform clients of after care options available in the community. When possible, clients and Medical Case Managers shall sign case closure agreements and include copies of the agreements in client records within 30 days.

Objective 2: To close client files according to established procedures.

HIV Services Policy and Procedure:

Medical Case Managers shall close client cases by completing case closure documentation, including discharge summaries within 30 days. Documentation in client progress notes shall include: dates of case closure and reasons for case closure (e.g. client has met all identified goals and objectives; client/legal guardian requests to end case management services; client moved out of the service area; client expired).

Objective 3: To develop and implement an aftercare plan prior to case closure, based on client needs.

HIV Services Policy and Procedure

Medical Case Managers and clients and/or legal guardians shall develop and implement aftercare plans when possible.

Objective 4: To retain all closed files in a secure, location for a minimum of five years.

HIV Services Policy and Procedure

Medical Case Managers shall retain all closed records in a secure location for a minimum of five years after cases have been closed. Electronic medical records shall remain active.

Termination

Unlike case closure, termination of client services is often not a planned process and may occur when clients behave aggressively/menacingly or are unresponsive to attempts to contact and engage in services.

Objective 1: Medical Case Managers shall, with support of the MCM Supervisor, terminate clients who display aggressive or menacing behavior or if client threaten the physical well-being of employees.

HIV Services Policy and Procedure

Medical Case Managers in consultation with the Supervisor shall determine whether termination of services is appropriate. If so, clients shall be given alternative service resources and reminded of the grievance process and procedures for the agency. HIV Services shall follow written criteria and procedures for terminating clients, including documentation to assure the rights of all clients maintained. If alternative resources are identified, all medical and supportive services record shall be transferred to the alternate agency within 30 business days. Incident reports shall be completed for all situations regarding menacing/threatening client behavior. Such reports shall be maintained in client case records.

Objective 2: Medical Case Managers shall terminate client who are unresponsive to attempts to contact and re-engage in services.

HIV Services Policy and Procedure:

Medical Case Managers shall make every attempt in contacting clients to engage or re-engage them into care (medical and/or supportive services). If clients do not respond to repeated contacts, then Medical Case Managers shall follow specific procedures for termination.

For clients younger than 18 years of age and their legal guardian who do not adhere to medical appointments or respond to repeated contacts, Medical Case Managers shall contact *Child Protective Services*. (See chart below). All contacts, attempts, progress made, and referrals shall be documented in progress notes.

Clients 18 years and older who are unresponsive to repeated contacts and engagement in care shall be terminated following the procedures indicated in the table below.

Time Frame	Contact Attempts
<p><i>*1st month following missed appointment(s).</i></p>	<p><i>For Clients Under 18 Years of Age</i></p> <p>Two telephone calls to the client and/or legal guardian attempting to engage/re-engage client.</p> <p>Make contact with the medical provider, support service provider, emergency contact, or other sources when appropriate.</p>
	<p><i>For Clients 18 Years and Older</i></p> <p>Two telephone calls to the client/attempting to engage/re-engage client.</p> <p>Contact with the medical provider, support service provider, emergency contact, or other sources when appropriate.</p>

<p><i>*2nd month following missed appointment(s)</i></p>	<p><i>For Clients Under 18 Years of Age</i></p> <p>Two telephone calls to the client and/or legal guardian attempting to engage/re-engage client.</p> <p>Contact with the medical provider, support service provider, emergency contact or other sources when appropriate and mail a letter of concern to client and/or legal guardian.</p>
	<p><i>For Clients 18 Years and Older</i></p> <p>Two telephone calls to the client attempting to engage/re-engage client.</p> <p>Contact with the medical provider, support service provider, emergency contact. or other sources when appropriate and mail a letter of concern to client.</p>
<p><i>*3rd month following missed appointment(s)</i></p>	<p><i>For Clients Under 18 Years of Age</i></p> <p>Telephone call made to legal guardian that includes a verbal warning regarding possible Child Protective Services (CPS) referral.</p> <p>Mail a certified letter requesting the legal guardian to make contact in 14 days to schedule a medical appointment. The letter will include dates of missed medical and medical case management appointments.</p> <p>If no contact or no appointment is made within 14 days, a referral to CPS is made.</p>
	<p><i>For Clients 18 Years and Older</i></p> <p>Mail a certified letter requesting the legal guardian to make contact in 14 days to schedule a medical appointment. The letter will include dates of missed medical and case management appointments.</p>

<p><i>*4th month following missed appointment(s)</i></p>	<p><i>For Clients Under 18 Years of Age</i></p> <p>Place 1st follow-up call to CPS.</p> <p>Place 2nd follow-up call to CPS in 14 days following 1st follow-up to CPS.</p> <p>Determine with Medical Case Manager Supervisor whether the client is deemed active or inactive. Make a referral to Youth Program for Outreach Services.</p>
	<p><i>For Clients 18 Years and Older</i></p> <p>Make a referral to Youth Program for Outreach Services.</p> <p>Once Youth programs locates client and one medical appointment has been attended Medical Case Manager will then resume services.</p>
<p><i>*5th month following missed appointment(s)</i></p>	<p><i>For Clients 18 Years and Older</i></p> <p>Follow-up with Youth programs regarding contact attempts.</p>
<p><i>*6th month following missed appointment(s)</i></p>	<p><i>For Clients 18 Years and Older</i></p> <p>Review case with Medical Case Manager Supervisor; close case and mail case termination letter.</p> <p>Mail termination letter within 30 days of termination.</p>

*Missed appointments include medical and/or MCM services.

For clients without telephones, send letters via (U.S. Postal Services USPS) or other mail carriers (with discretion to send certified mail).

Client Re-Entry

Due to changing biopsychosocial needs, clients may enter and leave MCM services during progression of HIV disease. The following are steps to re-establish plans for clients, who have been out of care for six months or longer.

Objective 1: Complete comprehensive biopsychosocial assessments for Clients, who have been out of care for six months or longer.

HIV Services Policy and Procedure:

Medical Case Managers shall complete comprehensive, biopsychosocial assessments for clients, who have re-engaged in medical care.

Objective 2: Develop new Service Plans with the active participation of clients/legal guardians.

HIV Services Policy and Procedure

Medical Case Managers shall complete Client Service Plans for clients who have been out of care for more than six months and follow the implementation and coordination stages as described for Level Four clients. All re-engaging clients are triggered into Intensive MCM (Level 4) until re-assessed after three months.

CNMC - HIV SERVICES Child and Adolescent Acuity Scale Worksheet

Date of Assessment: _____

Client Name: _____

Assess clients in each of the Life Areas below. The highest Level of Need for each area should be noted in the first column. The highest Level of Need found in the left column serves as the **Overall Acuity Level**. On the last page of the form, indicate **Overall Level of Need**. Please note the following exceptions:

- 1) If Life Area without asterisk is at Level #4, then indicate the Moderate Management Level.
- 2) If Life Area with asterisk is at Level #4, then indicate the Intensive Management Level.
- 3) The circumstances listed below also automatically place a client in the Intensive Management Level.

Presenting with, at least, one of the following situations automatically indicates the *Intensive Management Level*:

- | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New diagnosis of HIV (within past 6 months). | <input type="checkbox"/> Untreated acute mental illness. |
| <input type="checkbox"/> New to antiretroviral therapy (within past 90 days). | <input type="checkbox"/> Documented global cognitive impairment. |
| <input type="checkbox"/> Non-adherence to HIV medication. | <input type="checkbox"/> Pregnancy without prenatal care. |
| <input type="checkbox"/> CD4 count below 200 and/or Viral Load above 100,000 copies. | <input type="checkbox"/> Recently released from incarceration. |
| <input type="checkbox"/> Homelessness. | <input type="checkbox"/> Prolonged hospitalization (>2 weeks) and/or two or more hospitalizations in the past 60 days. |
| <input type="checkbox"/> Not in care/Recently re-engaged in care (within past 90 days). | |

Life Area: Basic Needs*

Level Highest Level of Need:

1	<input type="checkbox"/> Food, clothing, and other sustenance items available through client's own means. <input type="checkbox"/> Has ongoing access to assistance programs that maintain basic needs consistently. <input type="checkbox"/> Able to perform activities of daily living (ADL) independently or, if child, has appropriate assistance.
2	<input type="checkbox"/> Sustenance needs met on a regular basis with occasional need for help accessing assistance programs. <input type="checkbox"/> Client/Caregiver occasionally unable to meet basic needs without assistance. <input type="checkbox"/> Needs assistance to perform some ADL weekly beyond what would be expected for age level.
3	<input type="checkbox"/> Client/Caregiver routinely needs help accessing assistance programs for basic needs. <input type="checkbox"/> Client/Caregiver routinely needs help scheduling medical and support service appointments, and requires multiple contacts to attend appointments. <input type="checkbox"/> Client/Caregiver has history of difficulties in accessing assistance programs on own. <input type="checkbox"/> Often without food, clothing or other basic needs. <input type="checkbox"/> Needs in-home ADL assistance daily.
4	<input type="checkbox"/> Has no access to food. <input type="checkbox"/> Without most basic needs. <input type="checkbox"/> Client/Caregiver unable to perform most ADL. <input type="checkbox"/> No home or place to receive assistance.

Life Area: Transportation

Level Highest Level of Need:

1	<input type="checkbox"/> Client/Caregiver has own or other means of transportation consistently available. <input type="checkbox"/> Can drive self. <input type="checkbox"/> Can afford private or public transportation. <input type="checkbox"/> Has consistent means to transport to school.
2	<input type="checkbox"/> Client/Caregiver has minimal access to private transportation. <input type="checkbox"/> Needs occasional assistance with finances for transportation (e.g. help arranging transportation, emergency transportation items provided).
3	<input type="checkbox"/> No means via self/others. <input type="checkbox"/> In area underserved by public transportation. <input type="checkbox"/> Client/Caregiver unaware of or needs help accessing transportation services.
4	<input type="checkbox"/> Lack of transportation is a serious contributing factor to current crisis. <input type="checkbox"/> Lack of transportation is a serious contributing factor to lack of regular medical care.

Life Area: Oral Health*

Level Highest Level of Need:

1	<input type="checkbox"/> Is currently in active dental care. <input type="checkbox"/> Has seen dentist in past six months. <input type="checkbox"/> No complaints of mouth, tongue, tooth, or gum pain and teeth and gums appear healthy as observed during assessment. <input type="checkbox"/> Reports practicing daily oral hygiene. <input type="checkbox"/> Child under the age of four years and has no known oral health problems.
2	<input type="checkbox"/> No regular dentist. <input type="checkbox"/> No dental insurance. <input type="checkbox"/> Has not seen a dentist in more than six months. <input type="checkbox"/> Not practicing daily oral hygiene. <input type="checkbox"/> Dentures need adjusting, but still able to eat.
3	<input type="checkbox"/> Reports episodic pain and/or sensitivity in teeth, gums or mouth. <input type="checkbox"/> Missing days from school/work because of problems with teeth, gums or mouth. <input type="checkbox"/> Reports difficulty interacting with others because oral health problems negatively impact self-esteem. <input type="checkbox"/> Observed appearance of dark, discolored teeth; missing teeth; bleeding, red gums; other problems with mouth. <input type="checkbox"/> Reports episodic or moderate difficulty eating.
4	<input type="checkbox"/> Current tooth, gum or mouth pain and/or severe discomfort. <input type="checkbox"/> Very few or no teeth. <input type="checkbox"/> Observed appearance or client report of decayed teeth; white, hairy growth or creamy, bump-like patches; oral lesions or bleeding from gums/teeth. <input type="checkbox"/> Reports significant difficulty eating due to oral health problems. <input type="checkbox"/> Has difficulty talking because of oral health problems.

Life Area: Employment

Level	Highest Level of Need:
1	<input type="checkbox"/> Client/Caregiver employed with benefits or eligible for benefits. <input type="checkbox"/> Client/Caregiver unemployed with benefits. <input type="checkbox"/> Youth participating in education program. <input type="checkbox"/> Caregiver retired.
2	<input type="checkbox"/> Client/Caregiver currently employed and ineligible for benefits. <input type="checkbox"/> Client/Caregiver underemployed.
3	<input type="checkbox"/> Client/Caregiver unemployed for more than six months; Recently resigned or fired from last job (within six months).
4	<input type="checkbox"/> Client/Caregiver unemployed, unable to find employment, lack of skill set. <input type="checkbox"/> Client/Caregiver needs employment counseling, including job search information. <input type="checkbox"/> Client/Caregiver has lack of skills/motivation to complete job applications and resumes.

Life Area: Education

Level	Highest Level of Need:
1	<input type="checkbox"/> Client has no history of school suspensions. <input type="checkbox"/> No diagnosis of learning disability. <input type="checkbox"/> Currently enrolled in education/vocational program. <input type="checkbox"/> Completed high school or GED.
2	<input type="checkbox"/> Diagnosed Learning Disabilities/Problems and enrolled in and receiving Special Education Services. <input type="checkbox"/> Receives academic services at home. <input type="checkbox"/> History of failing core subjects. <input type="checkbox"/> Requires school/career guidance following graduation.
3	<input type="checkbox"/> Diagnosed Learning Problems, but not receiving academic support. <input type="checkbox"/> Recent (less than one year) placement in Special Education Program. <input type="checkbox"/> History of frequent school absences.
4	<input type="checkbox"/> Dropped out of school and currently not enrolled in or seeking other educational programs or services.

Life Area: Housing/Living Arrangement*

Level	Highest Level of Need:
1	<input type="checkbox"/> Living in housing of choice: clean, habitable apartment or house. <input type="checkbox"/> Living with biological/adoptive parent(s). <input type="checkbox"/> Living in stable foster placement.
2	<input type="checkbox"/> Living in stable subsidized housing (e.g. public housing, private subsidized housing, or secure Section-8 voucher program). <input type="checkbox"/> Safe and secure non-subsidized housing, but choices are limited due to moderate income (e.g. home may be too small). <input type="checkbox"/> Housing is habitable, but requires limited improvements. <input type="checkbox"/> Housing is in jeopardy due to projected financial strain (more than 30 days); needs assistance with rent/utilities to maintain housing. <input type="checkbox"/> Living in long-term (more than three months) transitional rental housing.
3	<input type="checkbox"/> Formerly independent person temporarily residing with family or friends. <input type="checkbox"/> Eviction imminent. <input type="checkbox"/> Living in temporary (more than three-month stay) transitional shelter. <input type="checkbox"/> Housing is in jeopardy due to immediate projected financial strain (<30 days); needs assistance with rent/utilities to maintain housing. <input type="checkbox"/> No stable family to live with. <input type="checkbox"/> Aging out/ineligible for current housing placement in less than one year. <input type="checkbox"/> Foster placement in jeopardy.
4	<input type="checkbox"/> Needs assisted living facility; unable to live independently. <input type="checkbox"/> Home uninhabitable due to health and/or safety hazards. <input type="checkbox"/> Recently evicted from rental or residential program. <input type="checkbox"/> Homeless, (living in emergency shelter, car, on street/camping, etc.). <input type="checkbox"/> Foster placement disrupted/in respite.

Life Area: Mental Health*

Level Highest Level of Need:

1	<input type="checkbox"/> Client/Caregiver has no history of mental illness, psychological disorders or psychotropic medications. <input type="checkbox"/> No need for counseling referral for Client/Caregiver.
2	<input type="checkbox"/> History of mental health disorders or treatment in client and/or family. <input type="checkbox"/> Level of client/family stress is high. Needs emotional support to avert crisis. <input type="checkbox"/> Need for counseling referral for Client/Caregiver. <input type="checkbox"/> Need for family counseling. <input type="checkbox"/> Client/Caregiver has some trouble getting along with others.
3	<input type="checkbox"/> Client/Caregiver experiencing an acute episode and/or crises. <input type="checkbox"/> Severe stress/family crisis relating to HIV; need for mental health assessment. <input type="checkbox"/> Trouble getting along with others.
4	<input type="checkbox"/> Client/Caregiver requires immediate mental health services and is not accessing them (e.g. danger to self or others, needs immediate psychiatric evaluation). <input type="checkbox"/> Client not adherent to prescribed psychotropic medication.

Life Area: Addictions

Level Highest Level of Need:

1	<input type="checkbox"/> Client/Caregiver has no difficulties with addictions including: alcohol, drugs, sex, or gambling. <input type="checkbox"/> Client/Caregiver had past problems with addiction with more than 1 year of recovery.
2	<input type="checkbox"/> Client/Caregiver had past problems with addiction; with more than one year of recovery. <input type="checkbox"/> Client/Caregiver at high-risk for substance abuse.
3	<input type="checkbox"/> Client/Caregiver has current addiction, but is willing to seek help in overcoming addiction. <input type="checkbox"/> Major addiction impairs family. <input type="checkbox"/> Client/Caregiver currently using substances at a rate which could lead to addiction, or using something to excess that can be harmful (e.g. tobacco).
4	<input type="checkbox"/> Client/Caregiver has current addiction; not willing to seek or resume treatment. <input type="checkbox"/> Client/Caregiver fails to realize impact of addiction on life/indifference regarding consequences of substance use.

Life Area: Knowledge of HIV Disease

Level Highest Level of Need:

1	<input type="checkbox"/> Disclosure of HIV diagnosis on a need to know basis and verbalizes age appropriate understanding about the disease. <input type="checkbox"/> Client/Caregiver knowledge of diagnosis is developmentally appropriate (e.g. very young child does not know, global deficits preclude disclosure).
2	<input type="checkbox"/> Some understanding verbalized. <input type="checkbox"/> Client/Caregiver needs continuing reinforcement of information.
3	<input type="checkbox"/> Little understanding. <input type="checkbox"/> Client/Caregiver; Newly diagnosed with HIV has limited knowledge or understanding.
4	<input type="checkbox"/> Newly diagnosed with no HIV knowledge or understanding. <input type="checkbox"/> Client/Caregiver does not understand HIV progression. <input type="checkbox"/> Client/Caregiver does not understand risk to others. <input type="checkbox"/> Client/Caregiver is unaware of HIV diagnosis, although age and cognitive level are appropriate for disclosure.

Life Area: HIV Disease Progression*

Level Highest Level of Need:

1	<input type="checkbox"/> Asymptomatic. <input type="checkbox"/> Viral load results are undetectable (e.g. < 48 copies).
2	<input type="checkbox"/> VL < 100,000 copies (but detectable)
3	<input type="checkbox"/> Symptomatic (swollen lymph nodes, diarrhea, weight loss, fever, sore throat, rash, dry cough, shortness of breath). <input type="checkbox"/> CD4 >200 =/< 350 <input type="checkbox"/> VL > 100,000 copies
4	<input type="checkbox"/> Advanced HIV disease with significant symptoms (e.g. wasting, chronic diarrhea, lymphadenopathy more than three months, soaking night sweats, persistent fever/chills for several

weeks). CD4 =< 200 VL > 100,000 copies

Life Area: Adherence*

Level Highest Level of Need:

1	<input type="checkbox"/> Adherent to medications as prescribed for more than six months without assistance. <input type="checkbox"/> Client/Caregiver currently understands medications. <input type="checkbox"/> Able to maintain primary care. <input type="checkbox"/> Keeps medical appointments as scheduled. <input type="checkbox"/> Not currently being prescribed medications.
2	<input type="checkbox"/> Adherent to medications as prescribed less than six months, but more than three months, with minimal assistance. <input type="checkbox"/> Keeps majority of medical appointments.
3	<input type="checkbox"/> Adherent to medications and treatment plans with regular, ongoing assistance. <input type="checkbox"/> Client/Caregiver does not understand medications. <input type="checkbox"/> Misses taking or giving several doses of scheduled medications weekly. <input type="checkbox"/> Misses, at least, half of scheduled medical appointments. <input type="checkbox"/> Takes long/extended "drug holidays" AMA. <input type="checkbox"/> Takes non-HIV systemic therapies without provider's knowledge.
4	<input type="checkbox"/> New to antiretroviral therapy. <input type="checkbox"/> Resistance/minimal adherence to medications and treatment plan even with assistance. <input type="checkbox"/> Primary care received through ER only. <input type="checkbox"/> Refuses/declines to take medications, against medical advice. <input type="checkbox"/> Medical care sporadic due to many missed appointments. <input type="checkbox"/> Inability to take/give medications as scheduled; requires professional assistance to take/give medications, keep appointments, and fill/refill medications.

Life Area: Medical Needs*

Level Highest Level of Need:

1	<input type="checkbox"/> Stable health with access to ongoing pediatric HIV medical care. <input type="checkbox"/> Periodic Lab work. <input type="checkbox"/> Asymptomatic in medical care.
2	<input type="checkbox"/> Needs primary care referral. <input type="checkbox"/> HIV care referral needed regularly. <input type="checkbox"/> Short-term acute condition; receiving medical care. <input type="checkbox"/> Chronic non-HIV related condition under control with medication/treatment. <input type="checkbox"/> HIV symptomatic with one or more conditions that impair overall health. <input type="checkbox"/> Sporadic need for treatment/medication for non-HIV medical conditions.
3	<input type="checkbox"/> Poor health. <input type="checkbox"/> HIV care referral needed ASAP. <input type="checkbox"/> Needs treatment or medication for non-HIV related condition(s). <input type="checkbox"/> Debilitating HIV disease symptoms/infections. <input type="checkbox"/> Multiple medical diagnoses. <input type="checkbox"/> Homebound; home health needed.
4	<input type="checkbox"/> Not in care/Re-engaging in care. <input type="checkbox"/> Medical emergency. <input type="checkbox"/> Client in end-stage of HIV disease. <input type="checkbox"/> Intensive or complicated home care required. <input type="checkbox"/> Hospice services or placement indicated. <input type="checkbox"/> Multiple hospitalizations. <input type="checkbox"/> Significant/ongoing non-HIV medical needs (e.g. physical, disability, cognitive, impairment, Renal Failure, MAC, Pancreatitis).

Life Area: Health Insurance /Medical Care Coverage*

Level Highest Level of Need:

1	<input type="checkbox"/> Has insurance/medical care coverage.
2	<input type="checkbox"/> Family needs information and referral for accessing insurance or other coverage for medical costs.
3	<input type="checkbox"/> Case Management assistance needed in accessing insurance or other coverage for client medical costs (such as prescription drug coverage).
4	<input type="checkbox"/> Needs immediate assistance in accessing insurance or other coverage for client medical costs due to medical crisis. <input type="checkbox"/> Referral to Benefits Assistance Program.

Life Area: Risk Reduction

Level	Highest Level of Need:
1	<input type="checkbox"/> Family takes precautions in home and school. <input type="checkbox"/> Client/Caregiver has good understanding of risks. <input type="checkbox"/> Risk reduction is age appropriate. <input type="checkbox"/> Consistent use of practices to prevent transmission.
2	<input type="checkbox"/> Age appropriate comprehension of risk to others. <input type="checkbox"/> Has fair understanding of risks. <input type="checkbox"/> Inconsistent use of practices to prevent transmission. <input type="checkbox"/> Client/Caregiver needs occasional prevention education/reinforcement.
3	<input type="checkbox"/> Client/Caregiver has poor understanding of risks. <input type="checkbox"/> Client has some barriers to safe behavior.
4	<input type="checkbox"/> Significant risk behavior. <input type="checkbox"/> Client has little or no age appropriate understanding of risks. <input type="checkbox"/> Client with significant barriers to safer behavior. <input type="checkbox"/> Engages in unsafe transmission practices

Life Area: Nutrition*

Level	Highest Level of Need:
1	<input type="checkbox"/> No signs/symptoms of wasting syndrome or obvious physical maladies. <input type="checkbox"/> No abdominal pain reported. <input type="checkbox"/> No significant weight problems. <input type="checkbox"/> No problems with eating. <input type="checkbox"/> No problems with nausea or vomiting or diarrhea. <input type="checkbox"/> No observed need for nutritional intervention.
2	<input type="checkbox"/> Unplanned weight loss/gain in the past six months. <input type="checkbox"/> Requests assistance in improving nutrition. <input type="checkbox"/> Occasional episodes of nausea, vomiting or diarrhea. <input type="checkbox"/> Receives nutritional supplements.
3	<input type="checkbox"/> Visual assessment shows initial signs of wasting syndrome or other obvious physical maladies (not advanced). <input type="checkbox"/> Abdominal problems reported. <input type="checkbox"/> Changes in eating habits in the past three months. <input type="checkbox"/> Chronic nausea, vomiting and/or diarrhea. <input type="checkbox"/> Poor diet/nutrition.
4	<input type="checkbox"/> Visual assessment shows advanced signs of wasting syndrome or other obvious physical maladies. <input type="checkbox"/> Acute abdominal pain. <input type="checkbox"/> Severe problems eating. <input type="checkbox"/> Acute nausea, vomiting and/or diarrhea. <input type="checkbox"/> Significant weight loss/gain in past three months.

Life Area: Cultural/Linguistic

Level	Highest Level of Need:
1	<input type="checkbox"/> Client/Caregiver has no language problems or barriers.
2	<input type="checkbox"/> Client/Caregiver needs infrequent, occasional assistance in understanding complicated forms. <input type="checkbox"/> Client/Caregiver may need occasional help from translator or sign interpreters.
3	<input type="checkbox"/> Client/Caregiver often needs translation services or sign interpretation.
4	<input type="checkbox"/> Client/Caregiver completely unable to understand or function within the care system without translation or sign interpreter.

Life Area: Family Function*

Level	Highest Level of Need:
1	<input type="checkbox"/> No family problems (including presence of domestic violence or child/elder abuse/neglect) impacting daily functioning.
2	<input type="checkbox"/> Moderate support needed in achieving/maintaining family stability.
3	<input type="checkbox"/> Family instability (including presence of domestic violence or child/elder abuse/neglect) impacting some daily functioning.

4	<input type="checkbox"/> Family instability (including presence of domestic violence or child/elder abuse/neglect) preventing daily functioning including, but not limited to, medication adherence, education of minors, safety of minors, participation in medical care.
----------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Life Area: Support System

Level Highest Level of Need:

1	<input type="checkbox"/> Consistent, healthy support system. <input type="checkbox"/> Consistent participation in social activities and age appropriate peers. <input type="checkbox"/> Client/Caregiver reports strong support from family/friends/peers.
2	<input type="checkbox"/> Inconsistent support system. <input type="checkbox"/> Limited participation in social activities. <input type="checkbox"/> Limited age appropriate peers. <input type="checkbox"/> Client/Caregiver reports limited availability and adequacy of supports.
3	<input type="checkbox"/> Client/Caregiver lacks support system. <input type="checkbox"/> Client lacks participation in social activities. <input type="checkbox"/> Lacks age appropriate peers. <input type="checkbox"/> Client/Caregiver has inconsistent or no dependable supports.
4	<input type="checkbox"/> Client/Caregiver has unhealthy support system that encourages negative behaviors and attitudes. <input type="checkbox"/> Client/Caregiver has no support (family/friends/peers).

COMMENTS: _____

Acuity Level Guidelines:

Please place check next to the current management level. Level of Acuity determined by highest level of need.

Level 1: SELF MANAGEMENT:

- Initial face-to-face Biopsychosocial Assessment and Care Plan.
- Three face-to-face case management contacts annually.
- Three telephone contacts annually.
- Biopsychosocial Assessments and Care Plans updated every 6 months.

Level 2: BASIC MANAGEMENT:

- Initial face-to-face Biopsychosocial Assessment and Care Plan.
- Four face-to-face case management contacts annually
- Six telephone contacts annually.
- Biopsychosocial Assessments and Care Plans updated every 6 months.

Level 3: MODERATE MANAGEMENT:

- Initial face-to-face Biopsychosocial Assessment and Care Plan.
- Six face-to-face case management contacts annually.
- Monthly telephone contacts (12 contacts annually).
- Biopsychosocial Assessments and Care Plans updated every 6 months.

Level 4: INTENSIVE MANAGEMENT:

- Initial face-to-face Biopsychosocial Assessment and Care Plan.
- Twelve face-to-face case management contacts annually.
- Biweekly telephone contacts (26 contacts annually).
- Biopsychosocial Assessments and Care Plans updated every 3 months.

Final Score: _____ **Assigned Acuity Level:** _____

Client Signature: _____ **Date:** _____

Medical Case Manager Signature: _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

Appendix II: Mini - Assessment Tool

Instructions for use of MCM Mini Assessment tool

Instructions for use

The MCM Mini Assessment Tool is administered to elicit the information necessary to confirm self-management (level 1) upon intake. It also serves as a companion document for the Acuity Scale. It can also function as an information source for the development of the MCM Service Plan.

The mini-assessment tool should always confirm the self-management level of a client. If the client is not determined to be self-managed, a comprehensive assessment is needed. The mini-assessment tool covers all the functional areas in a compressed format but gathers enough important information to assist in determining that the client can indeed self-manage.

The medical questions are related to clients' retention in care and achievement of positive health outcomes. Clients will bring documented evidence of laboratory results or the medical case manager will verify the data with the medical provider. When assessing any medical area, the medical case manager should include any identified deficiency as part of client's service plan. Achieving viral suppression is a priority in the service plan.

If any deficiency is identified in the medical area during assessment, medical case manager should **STOP** and conduct a comprehensive assessment. If deficiencies are found in the behavioral and psychosocial areas, the client should be referred to appropriate personnel either in the intake agency or to another agency that have specialty in that area. However if the client reports **suicidal or homicidal** thoughts/intents, an **IMMEDIATE REFERRAL** is required. The medical case manager will follow up to ensure that services were received.

District of Columbia Intake/Mini-Assessment Tool



CLIENT DEMOGRAPHICS

THIS SECTION ONLY NEEDS TO BE COMPLETED ONCE IF THE AGENCY IS A MULTI-SERVICE AGENCY AND UPDATED FOR CHANGES AT EACH REASSESSMENT

Medical Record Number:		Date:	
Client Name:			
<i>Last</i>		<i>First</i>	<i>Middle</i>
Current Address:			
Home Phone #:		Work #:	Cell #:
E-mail:		Alternate Phone #:	
May we leave a message?			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we state our agency name when leaving a number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:		Social Security Number:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Race/Ethnicity:			
<input type="checkbox"/> African-American (Black) <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify):			
Are you a Veteran?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, do you receive any services from the VA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What services are received from the VA?			
Emergency Contact Person:			
Emergency Phone Number:		Cell:	
Relationship of Emergency Contact Person:			
Alternate Contact Person:		Phone:	
Cell Phone Number:		Email:	
Relationship of Alternate Contact Person:			
Are any of the emergency contact persons aware of your HIV status?			
Specify:			
Marital / Relationship Status:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner/s			
Does your Partner/ know about your HIV status?			<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSESSMENT OF FUNCTIONAL AREAS

1. Where are you receiving treatment for HIV?

Clinic Name:

Physician Name:

Year of HIV Diagnosis:

2. What was the date of your last medical visit?

3. What type of medical insurance coverage do you have?

Comment:

4. Are you currently experiencing or has any of the following been problematic for you in the recent past. (Check all that apply):

Not Applicable

Anxiety

Depression

Insomnia

Isolation

Forgetfulness

Suicidal Thinking

Delusions

Homicidal Thoughts

Hallucinations

Severe Weight/Loss or Gain

5. Are you homeless or at risk of homelessness?

Yes

No

**IF CLIENT IS DEFICIENT IN ANY OF THE QUESTIONS 1-5,
STOP AND CONDUCT FULL ASSESSMENT AND FOLLOW GUIDELINES**

6. What language(s) do you read, write and/or speak?

7. Do you have access to transportation for healthcare and other HIV-related support services appointments?

Yes

No

8. Have you ever been DIAGNOSED with an opportunistic Infection?

Yes

No

If yes, what?

When:

9. Have you ever been hospitalized for an HIV/AIDS-related illnesses or opportunistic infections?

Yes

No

If yes, what?

When:

10. Are you currently being treated or receiving medication for any condition, illness or disease other than HIV?

Yes

No

If yes, what?

11. Do you have current prescriptions?

Yes

No

12. Are you currently taking any medication? (If client answers NO to questions 11 and 12 skip to #17).

Yes

No

ASSESSMENT OF FUNCTIONAL AREAS (CONTINUED)

13. What medications are you currently taking?

Name of Medication	Purpose of Medication	Dosage	Name & Phone of Prescriber

14. Rate your ability to take your medications as prescribed over the last seven days.

Excellent

 Very Good

 Good

 Fair

 Poor

15. What do you do when you miss your doses?

Comment:

16. How many of the important people/family members in your life are supportive of you taking medications?

All of Them

 Some of Them

 One Person

 None

Comment:

17. How many appointments related to your healthcare (with your medical provider/clinic, etc.) would you say you have missed in the last:

30 days: 60 days: 4 months: 6 months: 12 months:

18. What is your most recent Viral Load results:

Self-Report Laboratory Report

Date:

Result:

19. Why is it important to get your Viral Load measured?

Comment:

20. What is your most recent CD4 T-Cell results:

Self-Report Laboratory Report

Date:

Result:

21. Why is it important to get your CD4 T-Cell count measured?

Comment:

ASSESSMENT OF FUNCTIONAL AREAS (CONTINUED)

22. Do you have a regular dentist? If YES, who?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
23. Do you have any nutritional or weight concerns?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24. Are you currently receiving mental health counseling or treatment? If YES, where? What are you being treated for?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
25. In the past, have you received mental health counseling or treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
26. Are you currently receiving alcohol or drug abuse counseling or treatment? If YES, where: What are you being treated for?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
27. Have you in the past received alcohol or drug abuse treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
28. Do you use protection during sex? <input type="checkbox"/> All the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Only with partners other than significant other <input type="checkbox"/> Never				
29. Are you presently going through a crisis as a result of your dependent(s) (adult and/or children)?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/> No
30. Do you feel safe at home? Comment:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
31. What sources of income do you have? Comment:				
31. Do you have any outstanding legal or criminal issues?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SAMPLE

Appendix III: Sample Completed MCM Service Plan

Client Name: _____ Sara Doe _____

Client Address: _____ 112 New York Avenue, NE, Washington DC , 20002 _____

Overall Goal: To keep Ms. Doe engaged in care and adherent to her medications _____

Date	Identified Need	Short term Goal/ Objectives	Intervention/Activities/ Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed
10/27/13	Medication adherence	Sara will take her medications as prescribed for the next four weeks (11/27/13).	1)Ask client what strategy may work better/comfortable; document viral load and CD4 count. 2) Provide HIV education. 3)Discuss benefits of Medication adherence. 4)Discuss risk of non-adherence. 5)Provide adherence tool-pill boxes, alarm clock. 6)Fill in pillbox for a week of medication doses. 7)Organize weekly check-in calls. (Call on 11/03/13). 8)Return to agency for pillbox checks and filling.	10/27/13 10/27/13 10/27/13 10/27/13 10/27/13 10/27/13 11/03/13 11/03/13	Ms. Doe Medical Case Manager (MCM) MCM MCM MCM MCM MCM. MCM & Ms. Doe	Completed, CD4 350, Viral Load 100,000 Completed/Reinforce Completed/Reinforce Completed/Reinforce Completed Completed Spoke with Ms. Doe 11/03/09, to come in for filling pill box Ms. Doe came to agency with pillbox.
11/10/13		Sara will take her medications as prescribed for the next one week (11/17/13).	Reinforce all interventions above.			

Date	Identified Need	Short term Goal/ Objectives	Intervention/Activities/ Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed
11/17/13		Sara will take her medications as prescribed for the next week (11/24/13).	Reinforce all interventions above.			
11/24/13		Sara will take her medications as prescribed for the next week (12/01/13).	Reinforce all interventions above.			
12/01/13		Sara will take her medications as prescribed for the next four weeks (01/02/2014).	1) Fill in pill box for four weeks of medication doses. 2) Organize weekly check-in calls. (Call on 11/08/13). 3) Return to agency for pillbox checks and filling (01/02/13).			
1/2/13		Sara will have Viral Load lab test drawn and results documented.	Laboratory specimen drawn.	1/2/13	Sara	
1/9/13		Sara will achieve at least one log decrease of viral load	Laboratory results documented.	1/9/13	MCM	Decreased Viral Load

Signature of Client: _____ Date: _____

Signature of Medical Case Manager: Christie Peters Date: 10/27/13

Signature of MCM Supervisor: _____ Date: _____

MCM Service Plan (Sample)

Client Name: _____ Sara Doe _____

Client Address: _____ 112 New York Avenue, NE, Washington DC , 20002 _____

Overall Goal: To keep Ms. Doe engaged in care and adherent to her medications

Date	Identified Need	Short term Goal/ Objectives	Intervention/Activities/ Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed
10/27/13	*Insurance coverage	*Enroll in ADAP by November 10, 2013.	1) Complete ADAP enrollment form with client. 2) Mail to HAHSTA/DOH. 3) Check status of application. 4) Call ADAP.	10/30/13 11/03/13 11/10/13 11/10/13	MCM & Sara Doe Sara Doe MCM MCM	Completed Completed Completed Enrolled in ADAP
		Apply for Medicaid by November 20, 2013.	1) Complete Medicaid application with client. 2) Mail to application office (IMA). 3) Check status of application. 4) Educate clients on benefits covered by Medicaid.	11/03/13 11/10/13 11/15/013 - 11/20/13 10/27/13	MCM & Sara Doe Sara Doe MCM MCM	Completed Completed Completed/Enrolled in Medicaid Completed
10/27/13	Appointment reminder	Sara will keep all her appointments in the next three months.	1) Sara will choose the best method to reach her. 2) Send reminder letter on November 13, 2009, a week before next appointment on 11/20/09. 3) Make reminder call 24 hours before appointment on 11/29/09. 4) Re-schedule if not able to keep appointment.	10/27/13 11/13/13 11/29/13 11/20/13	Sara Doe MCM MCM MCM & Ms. Doe	Completed Conflict with personal situation Next appointment 11/30/13

Date	Identified Need	Short term Goal/ Objectives	Intervention/Activities/ Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed
11/30/13						

Signature of Client: _____

Date: _____

Signature of Medical Case Manager: Christie Peters _____

Date: 10/27/13 _____

Signature of MCM Supervisor: _____

Date: _____

MCM Service Plan (Sample)

Client Name: _____ Sara Doe _____

Client Address: _____ 112 New York Avenue, NE, Washington DC , 20002 _____

Overall Goal: To keep Ms. Doe engaged in care and adherent to her medications

Date	Identified Need	Short term Goal/ Objectives	Intervention / Activities / Actions	Date Review Due / Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed
10/27/13	Support System/Disclosure	<p>Ms. Doe will participate in support group by 11/30/13 to enhance her skills in disclosing to members of her support system.</p> <p>2) Ms. Doe will be referred to disclosure support services by 11/30/13 to help disclose to family and friends.</p>	<p>1) Provide HIV education.</p> <p>2) Refer and/or enroll in support group.</p> <p>3) Refer to support services.</p> <p>4) Refer and/or enroll in Healthy Relationships program (Prevention for Positives group sessions).</p> <p>5) Follow up on support system notification next appointment.</p>	<p>10/27/13</p> <p>10/27/13</p> <p>10/27/13-11/15/13</p> <p>10/27/13</p> <p>11/30/13</p>	<p>MCM</p> <p>MCM</p> <p>MCM</p> <p>MCM</p> <p>MCM</p>	<p>Completed</p> <p>Enrolled</p> <p>Enrolled 11/13/13</p> <p>Attended group 11/19/13</p> <p>Disclosed to support system 11/30/13.</p>
11/30/13						

Date	Identified Need	Short term Goal/ Objectives	Intervention / Activities / Actions	Date Review Due / Timeline	Persons responsible for action	Outcome of actions/ Linkages Needed

Signature of Client: _____ Date: _____

Signature of Medical Case Manager: Christie Peters Date: 10/27/13

Signature of MCM Supervisor: _____ Date: _____

MCM Service Plan (Sample)

Client Name: _____ Sara Doe _____

Client Address: _____ 112 New York Avenue, NE, Washington DC , 20002 _____

Overall Goal: To keep Ms. Doe engaged in care and adherent to her medications

Date	Identified Need	Short term Goal/ Objectives	Intervention / Activities / Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions / Linkages Needed
10/27/13	Drug/Alcohol use/abuse	Sara will attend drug treatment at local Addiction Prevention (AP) agency when a bed is available.	1)Provide HIV education.	10/27/13	MCM	Completed
			2)Discuss complications of substance use and HIV medications.	10/27/13	MCM	Completed
			3)Explain high-risk sex when under influence of drug and alcohol.	10/27/13	MCM	Completed/Ms. Doe verbalized understanding.
			4)Recommend substance abuse counseling.	10/27/13	MCM	Ms. Doe agreed to participate.
			5)Refer to drug treatment.	10/27/13 – 11/30/13	MCM	Referral to AP mailed
			6) Follow up with referrals.	10/27/13 – 11/30/13	MCM	Accepted to 30 days Drug Treatment at AP Program, to start 12/30/13.
		Ms. Doe will reduce alcohol intake from five cans of beer a day to one can a day by 11/10/13.	Ms. Doe will not buy beer to store at home.	10/27/13 to 11/10/13	Ms. Doe	Ms. Doe reduced beer intake to one can a day by 11/10/13.
11/03/13		Ms. Doe will attend Substance abuse counseling weekly starting 11/03/13 until	Attend Substance abuse counseling	11/30/13	Ms. Doe	Attended 11/03/13. Appointment for Substance

Date	Identified Need	Short term Goal/ Objectives	Intervention / Activities / Actions	Date Review Due/Timeline	Persons responsible for action	Outcome of actions / Linkages Needed
		12/30/13.				counseling: 11/10/13 11/17/13 11/24/13
12/28/13						

Signature of Client: _____ Date: _____

Signature of Medical Case Manager: Christie Peters Date: 10/27/13

Signature of MCM Supervisor: _____ Date: _____

Appendix V: Sample of Client Satisfaction Survey

Questions/Comments	No	Somewhat	Yes	Not applicable
My medical case manager discusses my treatment at every visit.				
I believe my medical case manager maintains my confidentiality.				
My family/significant other knows about my HIV status.				
I need help in disclosing my HIV status.				
I am informed about community resources as I need them.				
I have been upset with my medical case manager.				
My medical case manager discusses side effects of my medications with me.				
My medical case manager discusses medication adherence with me.				
My medical case manager coordinates my treatment/services with other organizations very well.				
I am satisfied with my medical case manager services.				
I believe in my medical case manager.				
I don't like my medical case manager.				
I prefer to have another medical case manager.				
I have made changes in my behavior due to my medical case manager's support.				

Appendix VI: Elements of Process Documentation

INTAKE	REQUIRED DOCUMENTATION
<p>Medical Case Managers or agency designees shall determine eligibility for MCM services and screen all Clients, who call to schedule appointments or walk-in for agency services within 72 hours of initial contact.</p> <p>Clients shall be provided copies of HIPAA rules, rights and responsibility and agency grievance procedures.</p>	<ul style="list-style-type: none"> – Proof of HIV status. – Proof of District of Columbia residency. – Proof of Income. – Date of Intake. – Client Demographics. – Two emergency contacts with complete addresses, telephone numbers and e-mail addresses, if available. – Release of Information (signed and dated by Client and updated annually). – Signed and dated Consent to Receive Services. <p>Client’s signed acknowledgement of date of receipt of information.</p>
CLIENT ASSESSMENT	REQUIRED DOCUMENTATION
<p>Within 30 days of Intake, Medical Case Managers shall complete assessments to identify client needs and determine appropriate Levels of MCM, using the Acuity Scale.</p> <p>Clients assigned to the Intensive Level of MCM shall receive services immediately.</p> <p>Clients assigned to the Moderate Level MCM shall receive services within 10 business days of assessment.</p> <p>Clients assigned to the Basic Level of MCM shall receive services within 15 business days of assessment.</p> <p>Clients assigned to the Self-Management Level of MCM shall receive services not more than 30 business days after assessment.</p>	<ul style="list-style-type: none"> – Completed Acuity Scale (signed by Medical Case Managers and Client). – Identified barriers to remaining in care. – CD4 count and Viral load laboratory results. – Assigned Level of MCM (Intensive, Moderate, Basic, or Self-Management; with dates and services received).

TREATMENT ADHERENCE	REQUIRED DOCUMENTATION
Medical Case Managers shall assess Clients for medication/treatment adherence and develop specific Treatment Adherence Service Plans with client's participation.	See Treatment Adherence Section of the sample Comprehensive Assessment Tool for guidelines. MCM Service Plans shall be signed by Clients and Medical Case Managers.
Medical Case Managers shall educate Clients about goals of therapy.	Document all discussions and teachings performed.
Medical Case Managers shall discuss side effects of medications as challenges and barriers to treatment adherence, including diarrhea, nausea, rash, headache, vomiting, swallowing, and problems due to thrush. Other barriers include fear, making lifestyle behavior changes, homelessness, and drug use. These should be reported to clinical personnel for follow-up.	Objectives and actions to resolve barriers should be documented in the Service Plan and updated according to guidelines until challenges and barriers have been resolved.
Medical Case Managers shall discuss the importance of medication adherence and consequence of missing doses (leading to viral resistance and mutations).	All discussion and education provided.
Medical Case Managers shall use any available treatment adherence tool to promote adherence. These include pillboxes, pocket-sized medication records and reminder sheets.	Devices used to ensure adherence.
Medical Case Managers in non-clinical settings shall establish linkages with primary care providers and monitor treatment adherence.	All contacts, discussions, follow-up, and feedback.
Medical Case Managers shall reinforce Treatment Adherence at every contact.	All contacts and reinforcement of Treatment Adherence.
Medical Case Managers shall encourage Clients to discuss taking over-the-counter medications (including herbal treatments) with clinical personnel prior to taking them in order to avoid adverse interactions with HIV medications.	All discussions.
Medical Case Managers shall provide "HIV 101," as needed, to Clients and	Education and discussions on laboratory results. May administer "HIV

discuss the significance of suppressed Viral Load, CD4 Counts and other laboratory results, as appropriate.	Knowledge Section” to client (See section on sample Comprehensive Assessment Tool).
Medical Case Managers shall encourage sexual health literacy and counsel Clients on harm reduction and encourage the use of condoms, as appropriate, to avoid transmission and re-infection of HIV and to avoid contracting different strains of HIV.	Discussions on sexual health and harm reduction.

MCM SERVICE PLAN	REQUIRED DOCUMENTATION
<p>Medical Case Managers develop MCM Service Plans with the active participation of Clients. Plans shall describe recommended interventions for, at least, three identified barriers to care.</p> <p>MCM Service Plans shall include, at least, one goal/objective of Treatment Adherence to help Clients achieve and maintain suppressed Viral Load. MCM Service Plans shall be developed within seven business days after completion of assessment.</p> <p>Medical Case Managers shall contact Clients within five working days after the development of MCM Service Plans to begin implementation of the plans.</p>	<ul style="list-style-type: none"> • Completed MCM Service Plan. • Dates of services. • Identified needs. • Short-term goals and objectives. • Intervention/Activities/Actions. • Persons responsible for actions. • Review is Due Dates/Timeline. • Outcomes/Referrals/Linkages. <p>Signed and dated MCM Service Plans with Viral Load and CD4 count lab values.</p> <p>Other signatures/dates of Medical Case Manager and Clients, as applicable.</p> <p>Evidence of all contacts made.</p>

LINKAGES	REQUIRED DOCUMENTATION
<p>Medical Case Managers shall document in client records all initiated and/or completed referrals related to MCM Service Plans, including corresponding actions, progress, outcomes, and/or inability to contact or make progress toward agreed upon goals.</p> <p>Medical Case Managers shall ensure that clients actually received services within 30 business days of linkage.</p>	<p>Evidence of services:</p> <ul style="list-style-type: none"> • Timely linkage according to Level of MCM. • Services received within 30 business days of linkage. <p>Services received within 30 business days of linkage</p>

CLIENT MONITORING	REQUIRED DOCUMENTATION
<p>Medical Case Managers shall routinely monitor Service Plans to ensure that services received are congruent with the levels of MCM in quality and quantity. Routine monitoring shall include consultation with Client Treatment Teams, including the primary care provider.</p> <p>Medical Case Managers shall:</p> <ul style="list-style-type: none"> • Provide referrals, advocacy and interventions based on Intake, Assessment and Service Plans. • Monitor changes in Client conditions. • Update/revise MCM Service Plans. • Ensure Coordination of Care. • Monitor and conduct follow up. • Advocate on behalf of Clients. • Empower Clients to utilize independent living strategies. • Assist Clients in resolving challenges and barriers. • Monitor and update Service Plan goals and objectives. • Maintain ongoing contact, based on level of MCM. • Follow up on missed appointments by the end of the next business day. • Collaborate with other service providers for coordination and follow up. 	<ul style="list-style-type: none"> • Evidence of all types of contact made. • Signed and updated Service Plans in client records. • Correspondence from Client Treatment Team in client records. <p>Signed, dated progress notes on file that detail the following (at minimum):</p> <ul style="list-style-type: none"> • Description of client contacts and actions. • Dates and types of contacts. • Descriptions of interactions. • Changes in Client conditions or circumstances. • Progress made toward Services Plan goals. • Challenges and barriers to plans and interventions/actions taken to resolve them. • Linked referrals, interventions and current status/results. • Duration of MCM activities. • MCM signature, title and credentials, as applicable.

RE-ASSESSMENT	REQUIRED DOCUMENTATION
<p>Medical Case Managers shall re-assess Clients at key events and every three or six months, according to MCM levels.</p> <p>Re-assessment includes re-examination of Client MCM Services Plan, client current health status, Treatment Adherence assessments, and new or updated MCM Services Plans.</p>	<ul style="list-style-type: none"> • Updated MCM Service Plans. • Dates of Client Re-Assessment. • Identified needs. • Short-term goals/objectives. • Intervention/Activities/Actions. • Persons responsible for actions. • Review Due Dates/Timeline. • Outcomes/Referrals/Linkages.

RE-ENGAGEMENT IN CARE	REQUIRED DOCUMENTATION
<p>Agencies shall establish Intensive Re-Engagement Methodology procedures to re-engage and return clients back to care.</p> <p>Medical Case Managers shall be trained on re-engagement processes per agency policy.</p> <p>Medical Case Managers shall continue to contact Clients until re-engaged in care.</p> <p>MCM programs shall keep lists of Clients lost to follow-up and those returned to care.</p> <p>Medical Case Managers shall conduct Comprehensive Assessments of all Clients re-engaged and follow the Medical Case Management methodology (from assessment to results).</p>	<p>Agency Intensive Re-engagement Methodology (IRM) policy on file.</p> <p>Signatures and dates of training for MCM staff in personnel files.</p> <p>Evidence of persistent contact by telephone callas face-to-face, home visits, and/or hospital visits.</p> <ul style="list-style-type: none"> • Number of clients lost to follow up. • Number of clients re-engaged in care. <p>Evidence of the following:</p> <ul style="list-style-type: none"> • Completed Acuity Scale. • Assigned Levels of MCM. • Completed Acuity Scales signed by Medical Case Managers and Clients. • Identified challenges and barriers to remaining in care. • Viral load and CD4 count laboratory results. • Immediate clinical needs. • MCM Service Plans.

RESULTS	REQUIRED DOCUMENTATION
<p>Medical Case Managers shall identify, at least, one outcome measure for each MCM Service Plan objective.</p> <p>The MCM program shall collect data and submit monthly and quarterly quality and demographic reports to HAHSTA.</p>	<ul style="list-style-type: none"> • Outcome measures. • Outcomes achieved. • Processes to achieve outcomes. • Improved health status. • Increased access to care. • Increased retention in care. • Increased utilization of services. <p>Process measures should be completed monthly and health outcomes completed quarterly to monitor client progress due to participation in MCM services.</p>

CLOSURE	REQUIRED DOCUMENTATION
<p>Clients shall be officially notified of case closure.</p> <p>Clients cases may be closed to MCM for one, or more, of the following reasons:</p> <ul style="list-style-type: none"> • All identified goals and objectives have been achieved. • Clients request to end services. • Clients move out of service catchment area. • Death of clients. • Inability to contact or re-engage and return clients to care (12 months after the IRM had been initiated). • Clients are incarcerated for more than six months. 	<p>Contact attempts and notification about case closure in client records.</p> <ul style="list-style-type: none"> • Discussions between Medical Case Managers and Supervisors related to case closure, action for closure and Client status. • Medical Case Manager notification to Client through face-to-face meetings, telephone conversations or letters with intent to end Client services within 30 days. • Case closure summaries completed within 15 business days. • Closure summaries to include: Service Plan status as closed, reasons for closure, appropriate signatures and dates, status of service utilization to include primary health care, referrals and linkage provided, and criteria for re-entry into services.

TRANSFER	REQUIRED DOCUMENTATION
<p>Clients may be transferred to inter-agency or external MCM provider for the following reasons:</p> <ul style="list-style-type: none"> • Client request. • Medical Case Manager request • MCM Supervisors determine transfers to be appropriate through routine supervision. • Clients relocate out of the service catchment area of the agency. • Non-availability of MCM in the agency. <p>In the event of transfers, Medical Case Managers shall provide Clients with the contact information of new Medical Case Managers.</p> <p>Agencies shall retain all closed records in a secure location for a minimum of five years.</p>	<p>Discussion between Medical Case Managers and MCM Supervisors on intent to, reasons for and actions for transfer and Client status in Client records.</p> <p>Updated Services Plans (care and assessment).</p> <p>Communication between <i>transferring</i> and <i>receiving</i> Medical Case Managers.</p> <p>Name and contact information of new Medical Case Managers. Copies of signed Client summary files to be sent to new locations.</p> <p>Closed records filed in secure locations.</p>
TERMINATION	REQUIRED DOCUMENTATION
<p>Termination may occur for the following reasons:</p> <ul style="list-style-type: none"> • Clients exhibit patterns of abuse of agency staff, property and services. • Clients are unwilling to participate in care planning. • Clients falsify claims about HIV diagnosis, other eligibility requirements and/or documentation. <p>Programs shall notify the HAHSTA of Client termination <u>within five business days</u> and maintain a copy on file.</p>	<ul style="list-style-type: none"> • Medical Case Manager and MCM Supervisor discussion on intent to, reasons for and actions for termination and Client status in client records. • Client receipt of written documentation to explain the reasons for termination and the appeal processes to be followed. • Case termination summaries completed within 15 business days. • Termination summaries shall include: Service Plan status as terminated, reasons for termination, appropriate signatures and dates, status of service utilization to include primary health care, referrals and linkage provided, and criteria for re-entry into services.

Appendix VII: Elements of Client Chart/Electronic Records

Section 1

- Demographics
- Consent for Medical Case Management
- Consent to Release or Exchange Information
- Referral Form
- Confirmation of HIV Status

Section 2

- Initial Acuity Scale Scoring
- Re-Assessment

Section 3

- Care Service Plan/ MCM Services Plan
- Treatment Adherence Monitoring

Section 4

- Progress Notes

Section 5

- Medications
- Laboratory Results
- Hospitalization Documentation

Section 6

- Copy of Health Insurance Card
- Copy of Income Verification
- Copy of Social Security Card
- Copy of Photo Identification
- Copy of Signed Rights and Responsibilities Form
- Copy of Grievance Form

Appendix VIII: Sample Forms

Authorization to Release Confidential Information

The District of Columbia law requires that information contained in medical records be held in strict confidence and not be released without written authorization.

I _____, authorize the use or
(Print name)

disclosure of my personal health information to be released to: Healthcare provider, Primary care provider, ADAP eligibility specialist, Pharmacist, Medical case manager, Treatment Adherence Specialist, Mental Health Counselor, Substance Abuse Counselor, Housing counselor and anyone involved in my treatment.

I authorize my medical case manager to share other pertinent medical information between other District agencies where I am receiving any type of service.

Specific information to be used or disclosed includes, but is not limited to: Laboratory results, Treatment Plans, Medical case manager service plan, screening tools and any additional information necessary for my care.

Reason for disclosure/purpose of disclosure: Linkage and coordination of care and to maximize health outcomes.

Expiration: If at any time I wish to revoke this consent, I will notify my Medical Case Manager in writing.

Signature _____ Date: _____
Signature of Client or Legal Representative

SAMPLE

Client Consent for Medical Case Management

I, _____, hereby agree to participate in
Client Name
Medical Case Management services with _____.
Agency Name

I understand that my participation is expected as part of my agreement of enrollment into Medical Case Management.

- I understand that all information shared with the Medical Case Manager will be kept confidential.
- I understand that the Medical Case Management services consists of intake, assessment of need, development of MCM Services Plans, linkages and referrals to community resources, home visits if applicable, office visits, Medical Case Management Case conferencing/meetings, follow-up services and telephone contacts.
- I understand that I must submit in writing to terminate or transfer my Medical Case Management services.
- I understand and accept my rights and responsibilities as a result of enrollment into Medical Case Management services.
- I understand and have been given a copy of the Client Grievance Procedures for Medical Case Management and the Agency.
- I have received information on Partner Notification and Prevention for Positives services which includes the following:
 - Harm reduction messages.
 - Treatment adherence.
 - Mental health screening.
 - Substance abuse screening.
 - Disclosure for social support.
- I understand that I have the right to revoke this enrollment in writing at any time.

I certify that I have reviewed and understand the above provisions.

Client Signature _____

Date _____

Medical Case Manager Signature _____

Date _____

SAMPLE

Statement of Clients' Rights and Responsibilities

As a client, you have the following rights:

1. Receive Care

You have the right to receive care at (*Agency*). Your eligibility will be assessed for benefits and services, and be referred to other eligible services not provided by (*Agency*).

2. Linguistically Competent Care

You have the right to language-interpreter services arranged by (*Agency*) as needed.

3. Considerate and respectful care

- a. You have the right to be treated with consideration, dignity and respect in your care and treatment regardless of your physical or emotional condition by all staff and/or volunteers.
- b. You have the right to be treated in an environment that supports your progress and recovery.

4. Be informed

- a. You have the right to be informed of what services (*Agency*) offers, the methods for obtaining services as well as other services available to you and the reasons why a service is not being provided.
- b. You have the right to be informed of the agency's rules and regulations.
- c. You have the right to know the names of the clinicians and staff members responsible for your care.
- d. You have the right to obtain complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand.
- e. You have the right to be informed of outside providers if you request a consultation or second opinion from another physician.
- f. In the event of a referral for services outside (*Agency*), you have the right to be informed in advance of the nature of the service; the cost, if any; and by whom such services are to be carried out.

5. Non-Discriminatory Services

You have the right to appropriate treatment and/or services without regard to race, sex, color, religion, ethnicity, national origin, immigration status, creed, gender, sexual orientation, age, real or perceived disability, physical appearance, political beliefs or affiliations, marital status, family responsibilities, medical and psychiatric diagnosis, place of residence, source of income, economic level and/or inability to give a donation or pay a nominal fee, educational level, or to any other non-relevant factor.

6. Refusal of Services

You have the right to refuse:

- a. To sign a consent form if you feel everything has not been explained to your satisfaction.
- b. A medical procedure and/or treatment and to be informed of the medical and administrative consequences of this action.
- c. To participate in any programs provided by (*Agency*) or to terminate your participation without recrimination or retaliation.

7. Security, Privacy, and Confidentiality

You have the right to expect that this agency will maintain the confidentiality of all charts, records and communications and other record pertaining to your care and the services you receive(d), including your voluntary monetary or services contributions. Therefore, agency staff must safeguard your medical records and other Protected Health Information (PHI) communicated electronically, on paper, or orally. As a result, no PHI should be released to any agency or individual without your authorization for release of information form signed by you or a legally designated person, except as otherwise mandated by law. Note: For programmatic monitoring purposes, client level data shall remain de-identified, however, the right to confidentiality does not preclude discreet provider discussion of client cases on a need to know basis, among appropriate agency personnel, (e.g. clinical teams and secure surveillance data by authorized personnel). In such instances, authorized personnel are obligated to adhere to restrictive agency policies and procedures and HIPAA regulations on Client confidentiality and privacy. In addition, review of client records are required under law by representatives of federal funding authorities (i.e. HRSA) and sub-recipients (i.e. HAHSTA).

8. Accessibility to your medical record

You have the right to obtain the information recorded in your medical record. Written permission from the patient is necessary to release information. Client records remain the property of (*Agency*).

9. Research

You have the right to be informed of any research study in which you may elect to participate.

10. Grievances

You have the right to be informed of the internal grievance process, which has been established by (*Agency*). *Agency* will supply you with a written statement of its internal grievance procedure at the time you receive this form.

AS A CLIENT, YOU HAVE THE FOLLOWING RESPONSIBILITIES:

1. Cooperation regarding Services

You have the responsibility of:

- Actively participating in determining a course of treatment.
- Following the course of treatment determined by you and your health provider or other care providers.
- Notifying your health care provider or other care provider if you do not understand your diagnosis, treatment or prognosis.

2. Respect clients and staff:

You have the responsibility of:

- Respecting the dignity, privacy and confidentiality of other clients and staff.
- Being considerate of the rights of other patients, clinic personnel and volunteers and assisting in keeping a safe/good working environment.

3. Follow rules and regulations

You have the responsibility to follow Agency rules and regulations, including those that do not permit:

- Access to services when you are under the influence of alcohol and illegal drugs.
- Access to services when you are in the possession of a weapon.
- Acting violently or in an equivocally disrespectful manner towards care provider, staff or clients.
- Smoking in a smoke-free environment.

4. Grievance:

You have the responsibility to advise your service provider or any staff member of any dissatisfaction you have in regard to your care at (Agency) using the appropriate grievance procedure.

Name _____

I have read and had this form explained to me to my satisfaction and also received a written copy of this form as well as a copy of the Grievance Resolution procedures.

Client's Signature

Date

If you are unwilling to sign, it will be noted in your chart.

Staff signature

Date

Appendix IX: Adherence Fact Sheet for Clients

What is Adherence?

Adherence refers to how closely you follow a prescribed treatment regimen. It includes your willingness to start treatment and your ability to take medications exactly as directed. Taking your anti-retroviral medications as prescribed (adherence) increases your chances of being virally suppressed resulting in improved health outcome.

What should I do before I begin Treatment?

Before you begin an HIV medication regimen, there are several steps you can take to help you with **adherence**:

- Talk with your healthcare provider about your treatment regimen.
- Get a written copy of your treatment plan that lists each medication; when and how much to take; and if it must be taken with food, on an empty stomach, or before or after doses of other medications.
- Understand how important adherence is.
- Be honest about personal issues that may affect your adherence.
- Consider a "dry run." Practice your medication regimen using vitamins, jelly beans, or mints. This will help you determine ahead of time which doses might be difficult to take correctly.
- Develop a plan that works for you.
- Plan your medication schedule around your daily routine as it makes for better adherence.

How Can I Maintain Adherence After I Start Treatment?

- Take your medication at the same time each day.
- Put a week's worth of medication in a pill box at the beginning of each week.
- Use timers, alarm clocks, or pagers to remind you when to take your medication.
- Keep your medication in the place where you will take it. You may want to keep backup supplies of your medication at your workplace or in your briefcase or purse.
- Keep a medication diary. Write the names of your medications in your daily planner then check off each dose as you take it.
- Plan ahead for weekends, holidays, and changes in routine.

- Develop a support network of family members, friends, or coworkers who can remind you to take your medication. Some people also find it helpful to join a support group for people living with HIV infection.
- Monitor your medication supply. Contact your healthcare provider/ clinic or medical case manager if your supply will not last until your next visit.

What Should I Do If I Have Problems Adhering to My Treatment Regimen?

- It is important to tell your healthcare provider right away about any problems you are having with your treatment.
- If you are experiencing unpleasant side effects, call your provider and medical case manager.
- Missed doses may be a sign that your treatment plan is too complicated or unrealistic for you to follow. Talk with your healthcare provider about other treatment options.
- Your healthcare provider needs to stay informed to help you get the most out of your treatment regimen and to provide workable treatment options.
- **Call your provider/ clinic or medical case manager.**

Glossary

Activities of Daily Living (ADL)

Tasks required for a person to live independently, meet their basic needs, and access medical care. ADL may include, but are not limited to: eating, bathing, dressing/undressing, meal preparation and clean-up, walking, getting in/out of bed, controlling urine and bowel functions and using the toilet, dressing oneself, and paying essential bills such as rent/utilities.

Adherence

The extent to which a patient/client continues the agreed-upon mode of treatment or intervention as prescribed. Medication adherence means taking medication exactly as prescribed by the healthcare provider. This includes taking the correct number of pills at the correct time of the day/night and in accordance with any special instructions (e.g. restrictions on food and/or liquid intake when taking pills). Failure to adhere to medications may result in viral mutations, which can render medications ineffective. (See *Resistance*).

Addiction

Addiction is generally defined as having a physical and/or psychological dependence on a mood altering medication, toxin, illegal drug, and/or behavior (e.g. sex, gambling, shopping) despite negative impacts on health, relationships, economic stability, and/or general quality of life. Failure to treat an addiction may result in homelessness, illness, incarceration, isolation, death, etc. Addictions are generally considered to be a co-morbid illness in persons diagnosed with HIV. (See *Co-Morbidity and Substance Abuse*).

Advance Directives

Written instructions created in advance by the client/patient to provide instructions and to designate another person(s) to make medical and financial decisions in situations where the client/patient is unable to make his/her own decisions due to illness or injury. Advanced Directive documents include the living will, will, power of attorney, and durable medical power of attorney. In situations where the client becomes incapacitated, but has not created advanced directives, the courts will appoint someone to do so. (See *Living Will, Will, Durable Medical Power of Attorney, and Power of Attorney*).

Affordable Care Act (ACA):

The Patient Protection and Affordable Care Act (PPACA) – also known as the **Affordable Care Act** or **ACA**, and generally referred to as “Obamacare”, is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The legislation includes list of health-related provisions that began taking effect in 2010. Key provisions are to extend coverage to millions of uninsured Americans, to implement measures that will lower health care costs and improve system efficiency, and to eliminate

industry practices that include rescission and denial of coverage due to preexisting conditions

Against Medical Advice (AMA)

Describes a situation where the patient has made a decision to follow health practices / behaviors that are not in accordance with medical advice and/or treatment guidelines. For example, this may include leaving a hospital before the physician has determined patient readiness for discharge or patient refusal to take antiretroviral medications as recommended by US Public Health Services Guidelines.

AIDS

AIDS stands for Acquired Immune Deficiency Syndrome. HIV disease progresses to AIDS when the patient's immune system is seriously compromised. Clinicians determine an AIDS diagnoses by testing and analyzing the patient's CD4 count. If the person has less than 200 CD4 cells, s/he is diagnosed as having AIDS. In addition, if a patient has certain HIV-related illnesses, they could be given diagnoses as having AIDS, even if their CD4 count is above 200. (See *CD4 Count and HIV Disease*).

Anti-Retroviral Medication (ARV)

ARV refers to the different types of medications prescribed specifically to slow/control the production of HIV in the blood.

Best Practice

A methodology, technique or action that, through experience and/or research, has proven to lead to desired results. Best practices may include performance recommendations that assist agencies in meeting or exceeding established guidelines/standard.

Case Conference

A formal, planned, structured activity, separate from routine contact, which brings together individuals who provide specific services to clients for the purpose of developing strategies to improve immediate care. An excellent tool for immediate problem solving, it may also be used to review progress and barriers towards goals, map roles and responsibilities of the participants, create an integrated service plan, or adjust current plans to respond to client needs and situations. Case conferences are documented in progress notes.

CD4 Cell

The CD4 Cell (T Helper Cell) is a type of white blood cell that helps the body to fight off infection. The HIV virus destroys CD4 Cells and after a period of time leaves the body vulnerable to infection.

CD4 Count

CD4 counts or lab tests help health care providers to determine how badly the HIV has damaged the patient's immune system. CD4 cell tests are normally

reported as the number of cells in a cubic millimeter of blood, or **cells/mm³**; or as the percentage of white blood cells that are CD4 cells. There is some disagreement about the normal range for CD4 cell counts, but normal counts are between 500 and 1600 cells/mm³. A CD4 count below 200 is generally considered the clinical marker for an AIDS diagnosis. (See *CD4 cell and Clinical Marker*).

Clinical Marker

A measurable biological indicator used to quantify and analyze an individual's health status. For HIV positive individuals, CD4 count and Viral Load are used as clinical markers. (See *CD4 Count and Viral Load*).

Congestive Heart Failure (CHF)

The inability of the heart to pump enough oxygen-rich blood to meet the needs of the body. There are a number of causes and treatments of CHF. Treatment almost always includes modification of behavior and on-going disease management, which some patients may find difficult to incorporate into daily routine. (See *Co-Morbidity and Disease Management*).

Co-Morbidity

Any other illness or disease diagnosed in a client with an existing HIV diagnosis. Co-morbidities, oftentimes, exacerbate the progression of HIV, health status, treatment regimen and quality of life.

Acute Co-Morbidity

An illness characterized by a rapid onset and/or short course that is experienced by the client in addition to the primary diagnosis of HIV disease. Acute co-morbidities may require rapid treatment intervention.

Chronic Co-Morbidity

An illness that is characterized as either long-lasting or recurrent and is experienced by the client in addition to primary diagnosis of HIV disease. Chronic diseases may require long-term care and disease management. (See *Disease Management*).

Cognitively Impaired

Damage to a person's thought processes, perception, memory, judgment, and/or ability to reason. Cognitive impairment can be caused by a number of biological, environmental, and psychological factors.

Co-Insurance

The percentage of medical services or medical supply costs that a person must pay for under the terms of a health insurance policy. For example, the policy may cover 80% of the cost of medical treatment and the patient pays 20%. This should not be confused with designated co-payment which is a flat fee for medical services or supplies. (See *Co-Payment*).

Co-Payment

The charge that a health insurer requires the patient to pay in order to access medical services or supplies. A co-payment amount is usually a flat fee such as \$15 or \$25. (See *Co-Insurance*).

Deductible

The amount of money a person with insurance must pay before the insurance policy begins to pay out benefits.

Disease Management

Disease management is a term used to describe the comprehensive systems often needed to help an individual control a chronic illness(es) such as HIV disease or Diabetes Mellitus over an extended course of time to achieve positive health outcomes. Effective disease management may include, but is not limited to, on-going medical care, behavior modification, support services, psychosocial education, medications, or treatment adherence support.

Diabetes Mellitus (DM)

Diabetes Mellitus (DM) or Diabetes refers to a group of diseases that affect a person's ability to produce and/or utilize insulin to break-down sugar in the blood stream. People with DM can end up with higher than normal levels of blood sugar resulting in a number of short-term and long-term poor health outcomes, including but not limited to, blindness, kidney failure, heart disease, nerve damage, nausea, vomiting, coma, or death. Treatment may or may not include medications to help the body process blood sugar, but almost always includes behavior modification, dietary restrictions, and on-going disease management, which some patients may find difficult to incorporate into daily routine. (See *Disease Management*).

**Durable Medical Power of Attorney
(or Durable Power of Attorney for Healthcare)**

An Advance Directive that appoints a person to make medical decision on behalf of the patient in the event of incapacity due to injury or illness. In the District of Columbia without a designated Medical Power of Attorney, the courts will appoint someone to make those decisions. (See *Advanced Directives*).

Eliciting Change Talk

The use of open-ended questions, reflections, summaries with bias, techniques of losses and gains analysis to help ambivalent clients explore optimism about change. It is the heart of motivational dialogue. Clients are encouraged to recognize the nature of their problems, show concern about the effects of their problems on themselves or others, explore the strength of their intention to change and express optimism about the possibility of change; and (with help of the medical case manager) work to strengthen the change.

Health Benefits

The array of both public and private health insurance benefits (e.g. Medicaid, D.C. Alliance, employee health insurance) that help people to access and pay for medical care and treatment. This may include programs such as the ADAP, which assists with co-payments, co-insurance, deductibles, and premiums. (See *Co-Payments, Co-Insurance, Deductibles, and Premiums*).

Homelessness

For purposes of this guideline term “homeless” or “homeless individual or homeless person” includes:

- An individual who lacks a fixed, regular, and adequate nighttime residence.
- An individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter, designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Hypertension (HTN)

Hypertension (HTN) or high blood pressure refers to the amount of pressure the heart puts on arteries as it moves blood through the body. High blood pressure is considered an important precursor to other more severe health problems, including heart disease, stroke, and kidney disease. Treatment may or may not include medications to help the body reduce blood pressure on the arteries, but almost always includes behavior modification, dietary restrictions, and on-going disease management, which some patients may find difficult to incorporate into daily routine. (See *Disease Management*).

Illiterate

The National Literacy Act of 1991 defines illiteracy as the inability of an individual “to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential.” In a healthcare setting, illiteracy can impact client ability to take medications correctly, follow medical advice and participate in medical decisions.

Living Will

An Advance Directive that provides instructions as to what type of healthcare and treatment the client prefers in the event of incapacity due to injury or illness. Without a living will, the courts will appoint a person to make those decisions. (See *Advanced Directives*).

Lost to Care

Describes patients who have not attended appointments with core medical service providers for a period of six months or more. Depending on client service

plans, this may include medical providers, dental providers, medical case managers, mental health providers, substance abuse treatment counselors, etc.

Medical Home

A medical home is defined as a set of health care practices and characteristics, which promote the participation of the patients in health care in order to improve health care outcomes. The American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association define the characteristics of a medical home as follows:

- The personal physician has developed an ongoing relationship with the patient.
- The physician acts as the lead of a multidisciplinary team responsible for the on-going care of the patient.
- There is culturally and linguistically competent service coordination between patient health care providers and community support systems.
- The provider takes steps to provide high-quality and safe services.
- There are enhanced options for accessing services, including but not limited to, expanded hours, walk-in clinic hours, and multiple options for communication among providers, the patient and the multidisciplinary team.
- Payment reflects the value of the services, the need for service coordination, the technological needs of the practice, and the payment options available to the patient.

Mental Illness

A medical disorder(s) that impairs thinking, mood, sensory perception, relationships to others, and/or daily functioning. Treatment for mental illnesses may require medication, vocational or psychosocial rehabilitation services and therapeutic counseling.

Mental Health

Mental health describes client overall psychological status and well-being, including emotional and cognitive health. Mental health is also used to describe the professional and paraprofessional field of practice by psychiatrists, psychologists, clinical social workers, counselors, and allied human service providers that assist people to achieve overall mental health and wellness.

National HIV AIDS Strategy (NHAS)

This is the Nation's first ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. The goals include, reduce new HIV infections; increase access to care and improve health outcomes for people living with HIV; reduce HIV related health disparities and achieve a more coordinated National response to the HIV epidemic.

Newly Diagnosed

Any individual recently diagnosed with HIV or AIDS. Individuals newly diagnosed with HIV/AIDS may need support to successfully connect to a medical home, to develop a positive support system to help cope with the emotional and physical impact of an HIV/AIDS diagnosis, to learn about HIV disease and what that means for them individually, and to learn about new medications and disease management. (See *Disease Management and Medical Home*).

Opportunistic Infection (OI)

Illnesses caused by various organisms, some of which do not cause disease in persons with healthy immune system. An illness that only becomes infectious when a person's immune system is compromised. Persons living with advanced HIV infection suffer opportunistic infection of the lungs, brain, eyes and other organs, common with diagnosis of AIDS including PneumoCystis (*jirovecii*) pneumonia (PCP), Kaposi's sarcoma, Cryptosporidiosis, Histoplasmosis, Candidiasis, other parasitic, viral and fungal infections and some type of cancers. The number of OI has decreased with the advent of modern ARV therapies, but can become problematic for individuals diagnosed late in disease progression or others who have otherwise progressed to an AIDS diagnosis. (See *AIDS and ARV*).

Peri-Incarcerated

Individuals in transition from incarceration to stable, independent living. This includes individuals, currently incarcerated, but scheduled to be released and those individuals recently released but not yet stabilized. Peri-incarcerated individuals may need extensive assistance in order to stabilize medical care, to access appropriate support services and to prevent recidivism into the correctional system.

Permanency Planning

As defined by the HRSA, Permanency Planning is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

Prenatal Care

Prenatal care is defined as medical care and supportive services provided during pregnancy in order to monitor and to promote the health of both the baby and the mother. For HIV-positive women, ARV therapy during pregnancy is a standard of care recommended by U.S. Public Health Services Guidelines to prevent transmission of HIV from the mother to the baby.

Power of Attorney (Durable Power of Attorney)

An Advance Directive that appoints a person to make fiduciary decisions on behalf of the client in the event of incapacity due to injury or illness. In the District of Columbia without a designated Power of Attorney, the courts will appoint someone to make those decisions. (See *Advanced Directives*).

Prophylaxis Medication

Any medication prescribed specifically to prevent an illness (primary prophylaxis), or the recurrence of symptoms in an existing infection that has been brought under control (secondary prophylaxis, maintenance therapy). For example, the US Public Health Services *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents* recommends that certain individuals with a CD4 count less than 200 begin prophylaxis medication for the prevention of *PneumoCystis (jirovecii) pneumonia (PCP)*. (See *AIDS and CD4 Count*).

Recent Immigrant

A person who has recently arrived to the US and needs assistance in acclimating to and navigating the health care system.

Regimen (MCM)

Regimen is the MCM Services Plan, which includes treatment information, behavior and lifestyle changes and medical follow up. The plan is developed by clients and medical providers to optimize health care outcomes

Resistance

Reduction in a pathogen's sensitivity to a particular drug, thought to result from a genetic mutation. In HIV, such mutations can change the structure of viral enzymes and proteins so that antiviral drugs can no longer bind with them as well as they used to. **Resistance literally** describes a situation where specific medication(s) become ineffective in slowing/controlling the production of HIV. Once the HIV in the patient's body becomes resistant to a particular drug, that patient may never successfully use that medication, again, to fight HIV and may become at-risk of exposing other people to drug-resistant strains of the virus.

Resistance Testing

A test that determines if HIV has become resistant to the antiviral drug(s) the patient is currently taking. The tests analyze samples of the virus and identifies any mutations in the virus that are associated with resistance to specific drugs.

Risky Behavior

Behaviors that create increased opportunity for a person to be exposed or to expose others to the HIV. Risky behaviors include, but are not limited to, unprotected oral, anal, or vaginal sex; sharing needles; multiple sex partners; and breastfeeding, if the mom is HIV-positive.

Service Plan

A set of tasks/steps or activities that Medical Case Managers and Clients have agreed upon that should result in the implementation and/or completion of goals and objectives identified during assessment.

Sexually Transmitted Infections (STI)

An infection transmitted through vaginal, oral or anal sexual contact. Examples of STI include, but are not limited to, Syphilis, Gonorrhea, Human papilloma virus, Hepatitis B, etc.

Side Effects

Any unintended physiological or psychological responses to a medical treatment. Side effects to ARV most commonly include nausea, vomiting, fatigue, diarrhea, headaches, but can be much more severe in some cases. Side effects should always be reported to medical providers since they can impact the patient's health and treatment adherence. (*See Adherence and ARV*).

Spend-Down Requirement

The deductible individuals with higher income levels must pay before qualifying for Medical Assistance (i.e. Medicaid). In a situation where an individual's income is above the standard maximum income level to qualify for Medicaid, that person may submit medical bills in order to prove a need for assistance. These bills whether they are paid or past, unpaid bills will be counted toward the deductible or spend-down requirement. (*See Deductible*).

Substance Abuse

Substance Abuse is generally defined as compulsive use of a mood altering medication, toxin, illegal drug, and/or behavior (e.g. sex, gambling, shopping) despite negative impacts on health, relationships, economic stability, and/or general quality of life. Substance Abuse may be a precursor to the psychological and/or physical dependence characteristic of addiction, but not for every individual. Uninterrupted use/abuse of substances may result in long-term addiction and impact the overall physical and psychological well-being of the patient. (*See Addiction*).

Symptom

Any perceptible, subjective change in the body or its functioning that indicates disease or phases of disease as reported by the Patient/Client.

Syndrome

A group of symptoms as reported by the Patient in addition to signs detected during examination that together are characteristics of a specific condition.

Viral Load (VL)

Viral Load (VL) is a measure of the amount of HIV virus in the client's blood. Measuring the viral load is part of monitoring how a patient is responding to medications and disease progression. Results of these tests are usually given as the number of HIV RNA copies per milliliter (ml) of blood. Successful antiretroviral therapy should cause a fall in viral load of 30-100 fold within six weeks, with the viral load falling below the "limit of detection" or becoming "suppressed" within four to six months. A suppressed viral load usually refers to a Viral Load level that is below a certain number or below the limit of detection. It may be written as "suppressed to below X number of copies" or just "suppressed." Unsuppressed viral load implies that there is detectable virus or it is above a certain threshold. Non-adherence to medication is one of the major causes of an unsuppressed viral load.

Wasting Syndrome

AIDS wasting is the involuntary loss of more than 10% of body weight, plus more than 30 days of either diarrhea, or weakness and fever. Wasting is linked to disease progression and death

Will (Last Will and Testament)

An Advance Directive, which provides instructions on distribution of assets and possessions upon death. If the client does not create a will, the probate court will intervene. (*See Advanced Directives*).

HIV/AIDS, Hepatitis, STD, TB Administration

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