STANDARDS OF CASE MANAGEMENT SERVICES

Training modules

1. Introduction to the Standards of Service
2. Intake & Eligibility
3. Screening & Assessment
4. Acuity Scales
5. Care Planning
6. Information & Referral
7. Follow Up & Monitoring
8. Changes in Enrollment Status

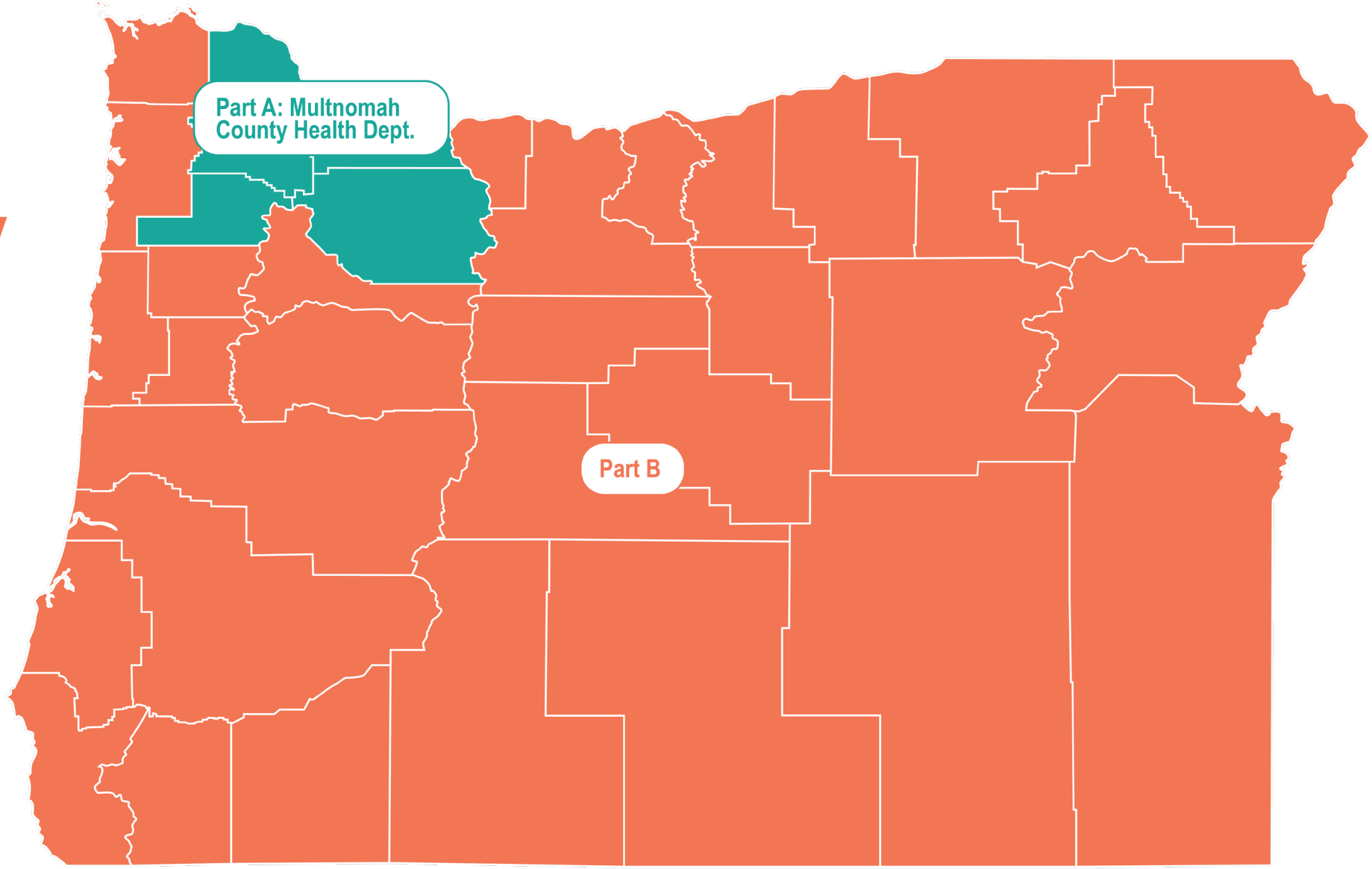
*Training modules are meant to be watched in order

MODULE 1: Introduction to the Standards of Service

Overview:

1. Medical case management vs. non-medical case management
2. Roles and responsibilities
3. Guiding theories of the HIV Community Services program
4. Competencies for case management
5. Introduction to the seven core standards of care

Regional vs. County



Regional vs County

The main difference between regional and county models of care is within the roles of the personnel who are delivering the service

For purposes of these modules, “Care Coordinator” will refer to all persons providing a case management function

Medical Case Management vs. Non-Medical Case Management

The objective of **Medical Case Management** services is improving health care outcomes.

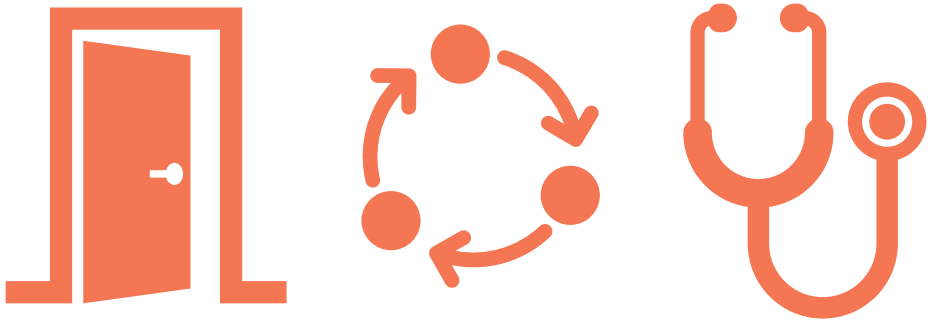
The goal of **Non-Medical Case Management** services is providing coordination, guidance and assistance in improving access to, and retention in, needed medical and support services to mitigate and eliminate barriers to HIV care services.

Role responsibilities

Intake Coordinator

Care Coordinator

Medical Case Manager

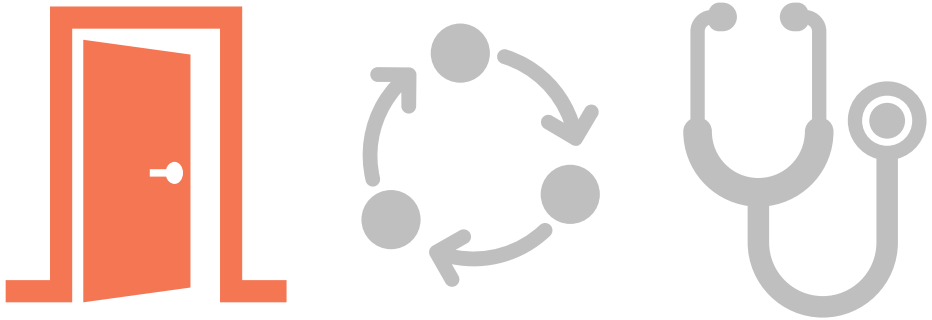


Role responsibilities

Intake Coordinator*

Care Coordinator

Medical Case Manager



- First contact for new clients
- Establish trust and rapport
- Conduct intake screening process
- Verify client eligibility
- Coordinate triage process

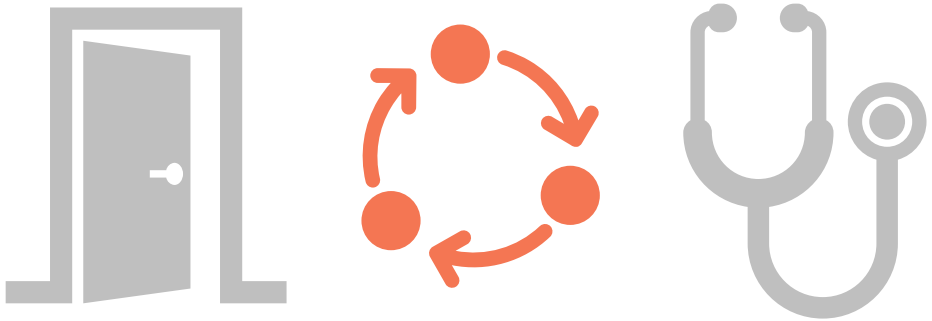
*Regional model only

Role responsibilities

Intake Coordinator*

Care Coordinator

Medical Case Manager



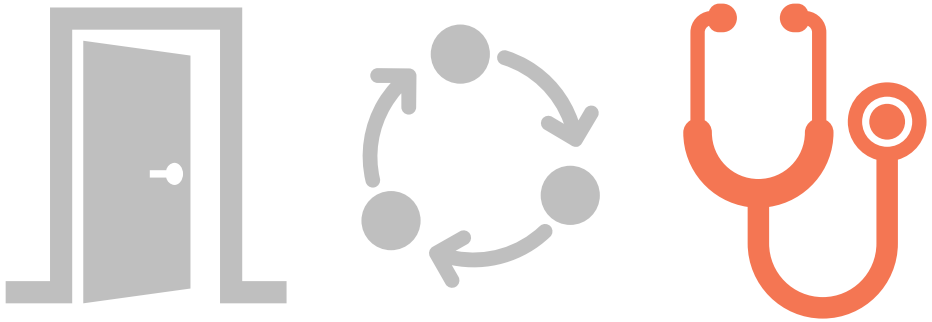
- Provide psychosocial support for the client
- Assist in accessing basic needs such as:
  - Medical insurance
  - Housing
  - Transportation
  - Food assistance
  - Alcohol and drug treatment
  - Mental health services
  - Oral health care
  - Vocational programs

Role responsibilities

Intake Coordinator*

Care Coordinator

Medical Case Manager

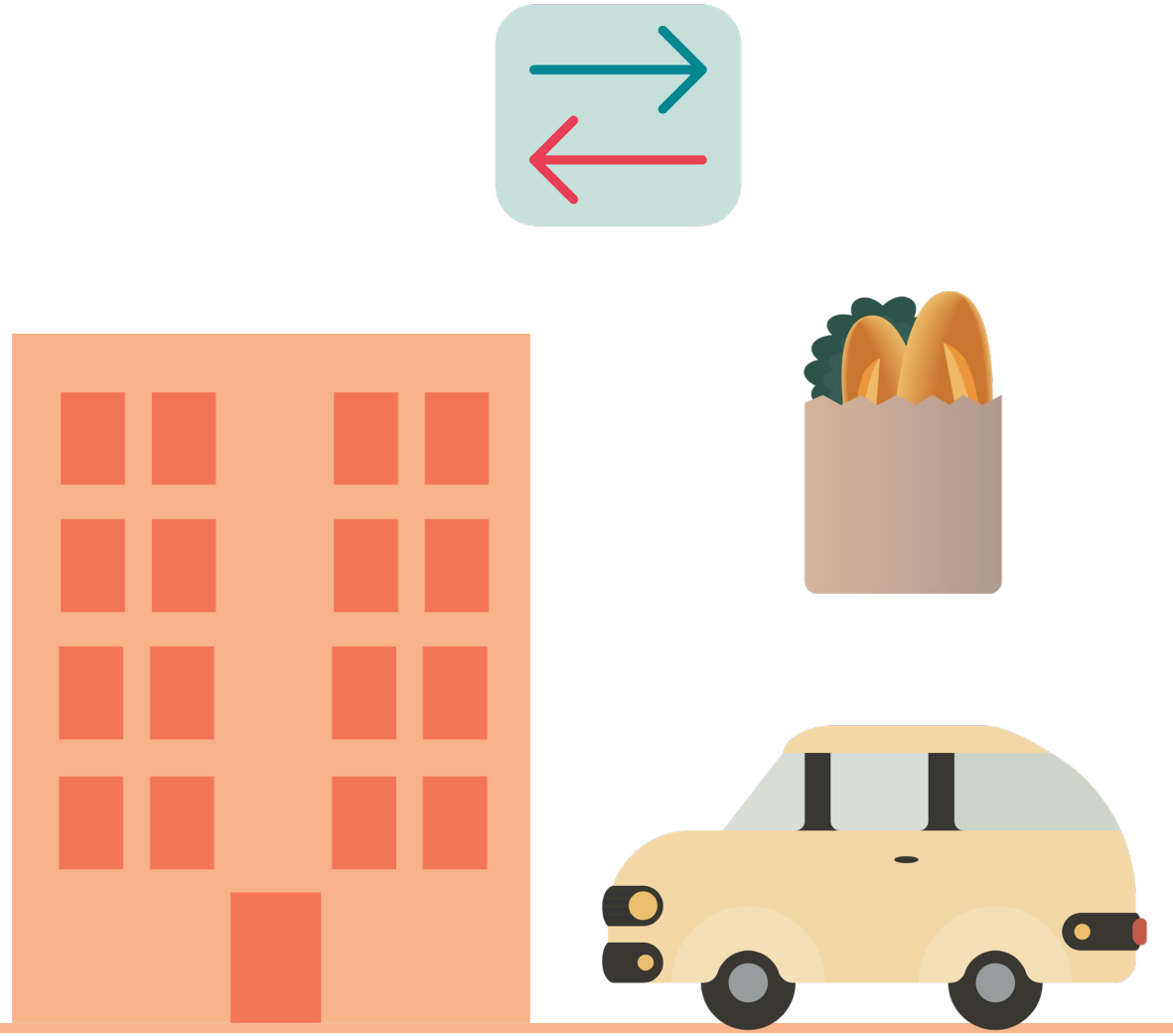


- Help clients access primary care and medications
- Identify and remove barriers to medical care
- Ensure adherence to treatment plan
- Focus on health criteria and perform nursing interventions
- Advocate on behalf of the client
- Participate in the care coordination team

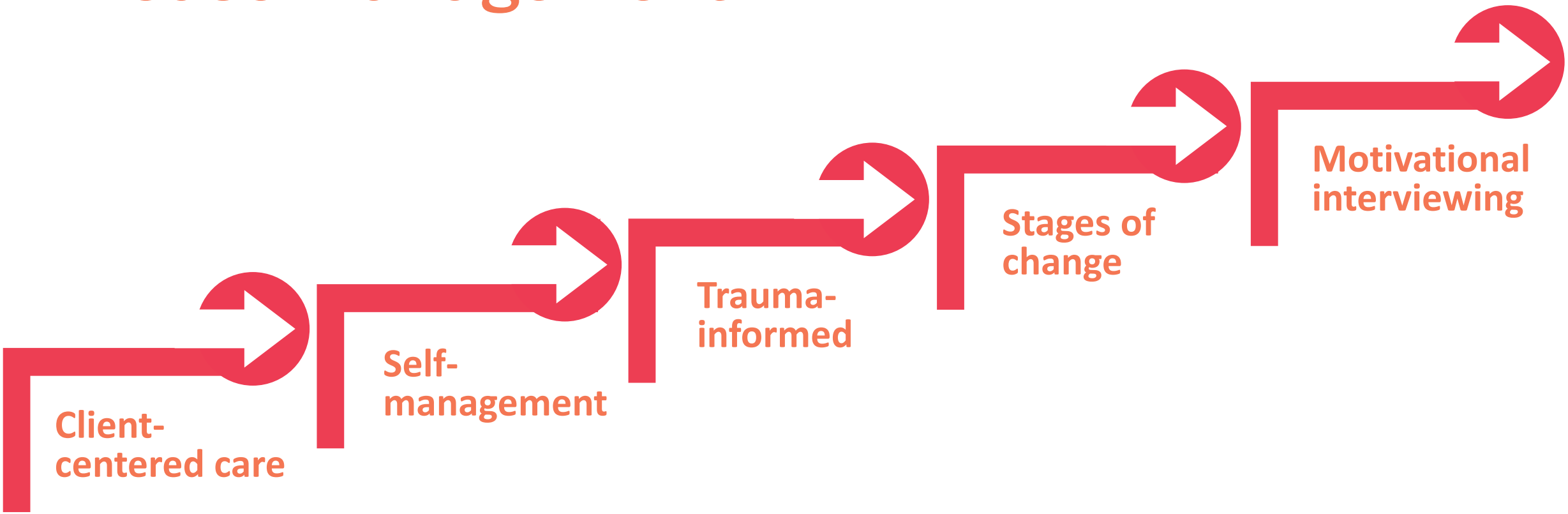
Support services

Support services of HIV Case Management include assistance with applying for and accessing a variety of services, including but not limited to:

- Housing assistance
- Medical transportation
- Food and nutrition
- Linguistic/translation service

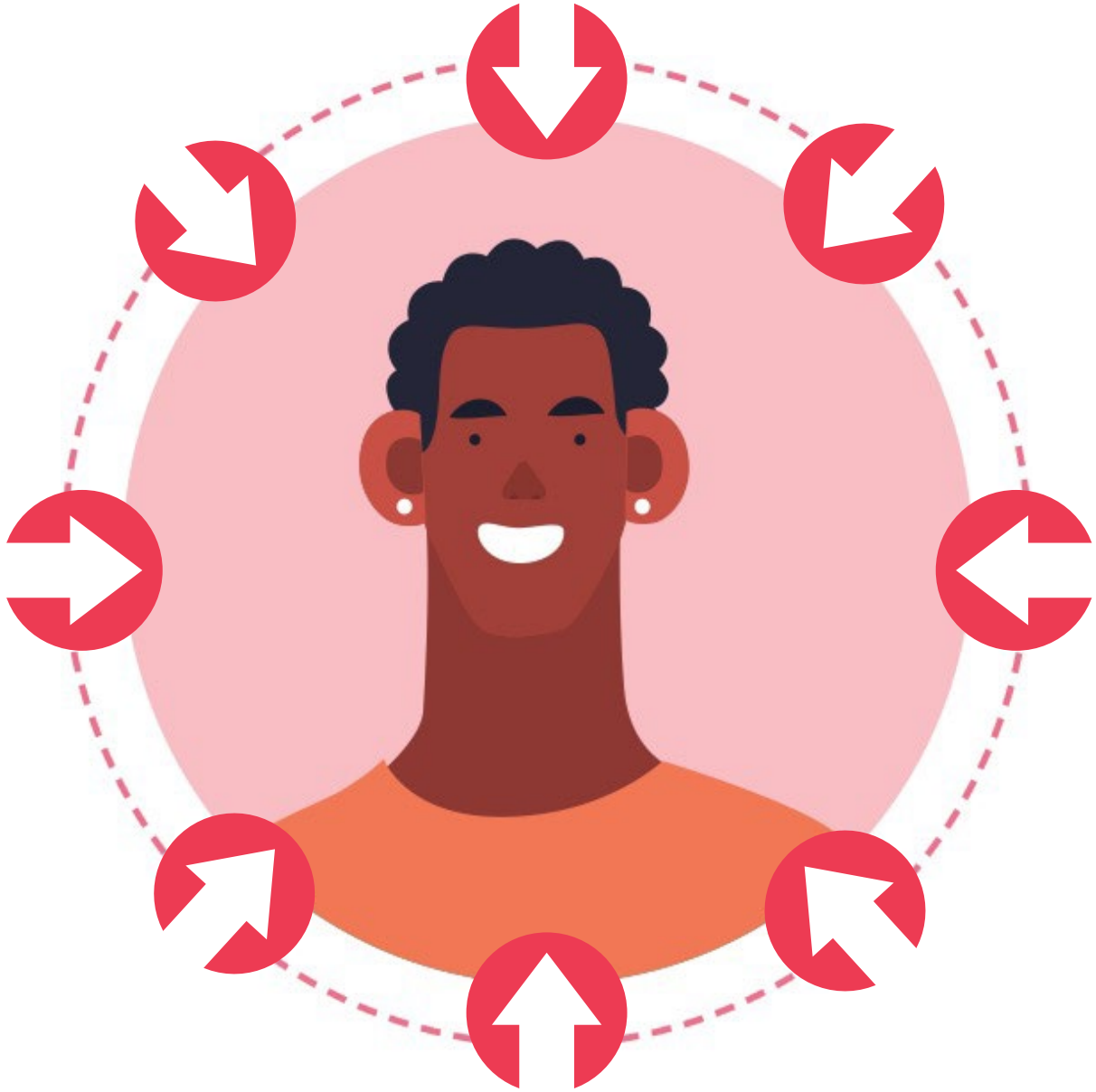


Guiding principles of HIV Case Management



Client-centered care

- All people inherently strive towards growth, self-actualization, and self direction
- Client needs, values, and priorities are central to case management interaction and activity



Client-centered care

"Have you ever thought about ...?"

"Have you considered...?"

"Tell me your understanding of...?"

Client-centered care

"I'm not going to use a condom."

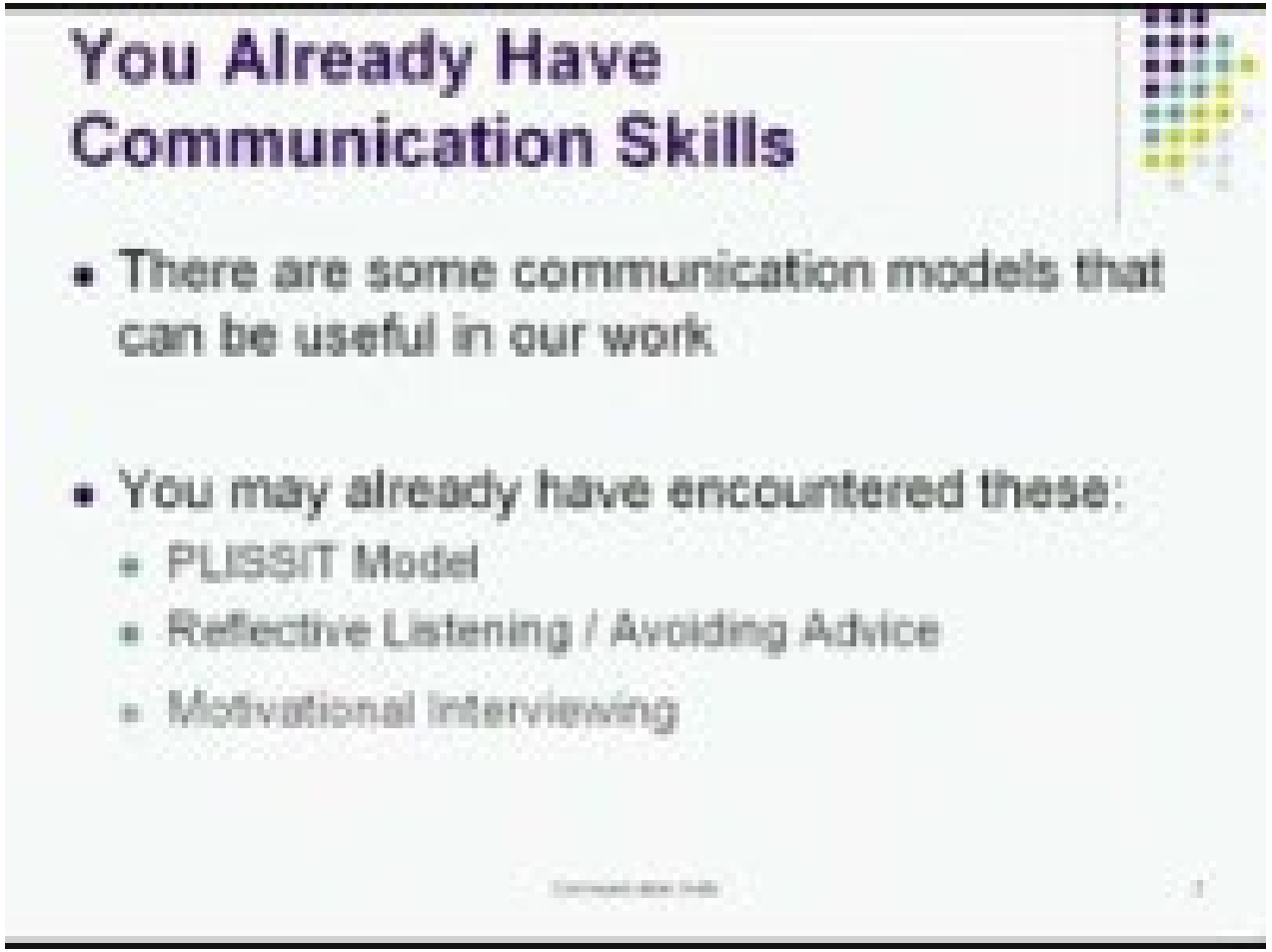
"I'm gong to stop taking my meds."

"I'm never going to give up smoking."

Client-centered care

- Offer accurate information
- Assist in understanding issues
- Present options
- Offer direction only when asked

Client-centered care



Boundaries

How would you handle a situation where a client

- Offers you a gift?
- Requests to be your friend on social media?
- Tries to hug you?
- Approaches you in town?

professional boundaries

Multiple choice

You're at a bar with a friend on a Friday night, and a client who you suspect has a crush on you approaches you with a drink they've purchased for you. How would you handle the situation?

A. Accept the drink because you don't want to make it awkward.
B. Politely decline the drink and make an exit from the bar as soon as you can.
C. Ignore the client entirely.

Multiple choice

You're running late to a home visit with a client. The client you're about to see almost always needs resources for food. You're very hungry and want to stop for lunch on your way to see the client. What would you do?

A. Pick up a salad for you and your client. You know that they probably don't get enough healthy food.
B. Have a quick snack for yourself, and plan to eat a full lunch after you visit the client.
C. Don't eat anything, and deal with your distracting stomach during your visit.

Multiple choice

Your client is really struggling after a breakup and calls you in tears right as you're getting ready to leave for the day. It sounds like they've been drinking despite being sober for the past year.

A. You stay on the phone with them for a while because they're really upset. You end up missing the yoga class you were looking forward to all day.

B. You spend a few minutes with them on the phone and validate the grief they're experiencing. You reinforce their available supports and ask them if you can call them first thing in the morning.

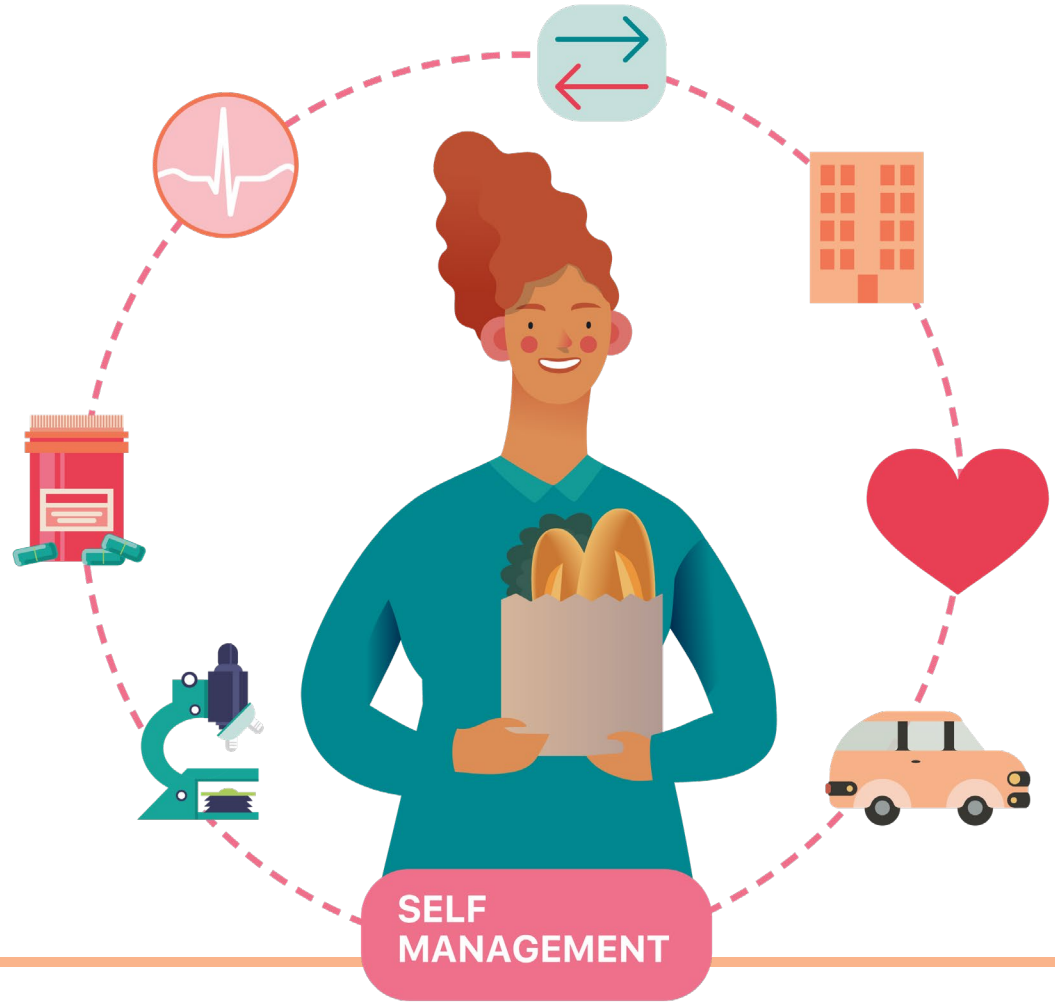
C. You take their call, and then spend the rest of your night worried about the fact that they're drinking again. You regret not calling them earlier that day to see how they were doing.

Chronic disease self-management

Chronic disease management is an approach to health care that involves supporting individuals to maintain independence and keep as healthy as possible.

Chronic disease self-management

- Prevents deterioration
- Reduces risk of complications
- Prevents associated illness
- Improves quality of life



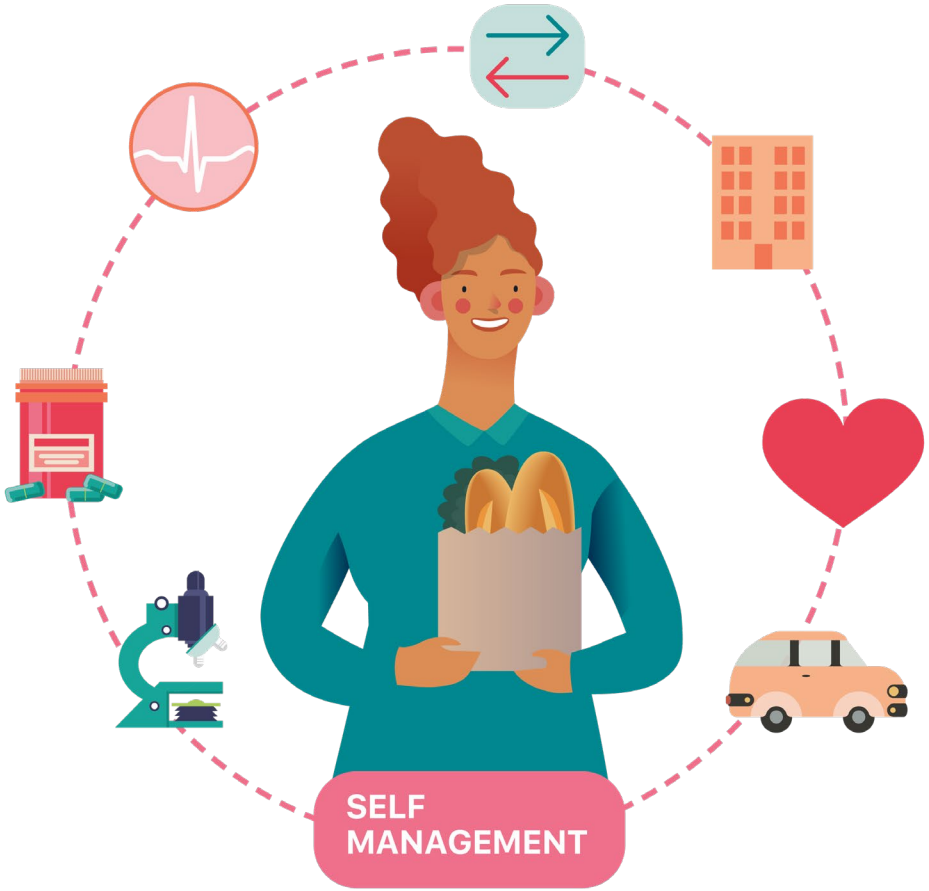
Chronic disease self-management

Medical interventions

Support

Behavioral interventions

Information



Chronic disease self-management

- Emphasis on client's role
- Standardized assessment
- Effective, evidence-based interventions
- Care-planning, goal setting, and problem solving
- Active, sustained follow-up

Trauma

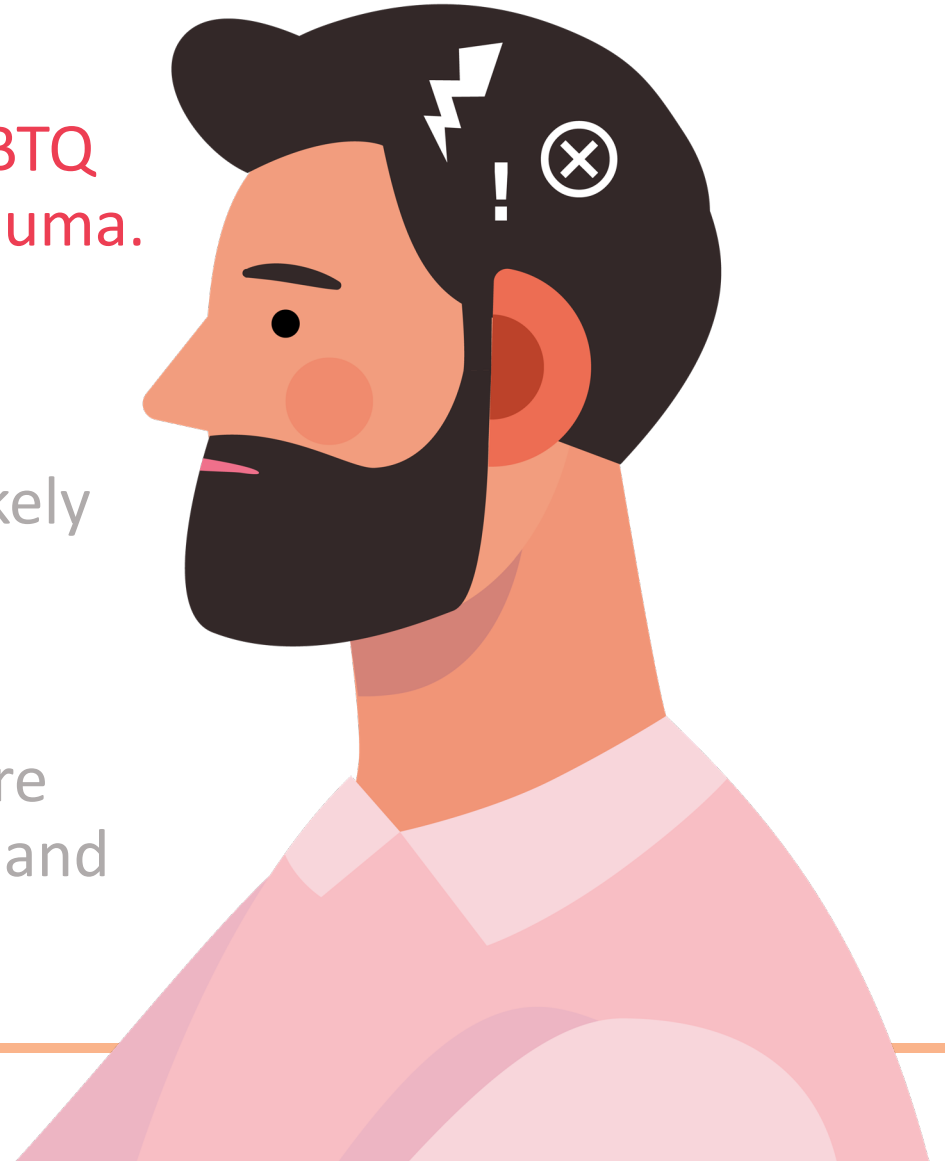
Trauma is a distressing event or events that may have a long lasting, harmful effect on a person's physical and emotional health and wellbeing.

Trauma

PLWH, and persons who identify as LGBTQ are more likely to have experienced trauma.

Persons who inject drugs or have experienced homelessness are more likely to have experienced trauma.

PLWH who have experienced trauma are more likely to struggle with adherence and risk-taking behaviors.



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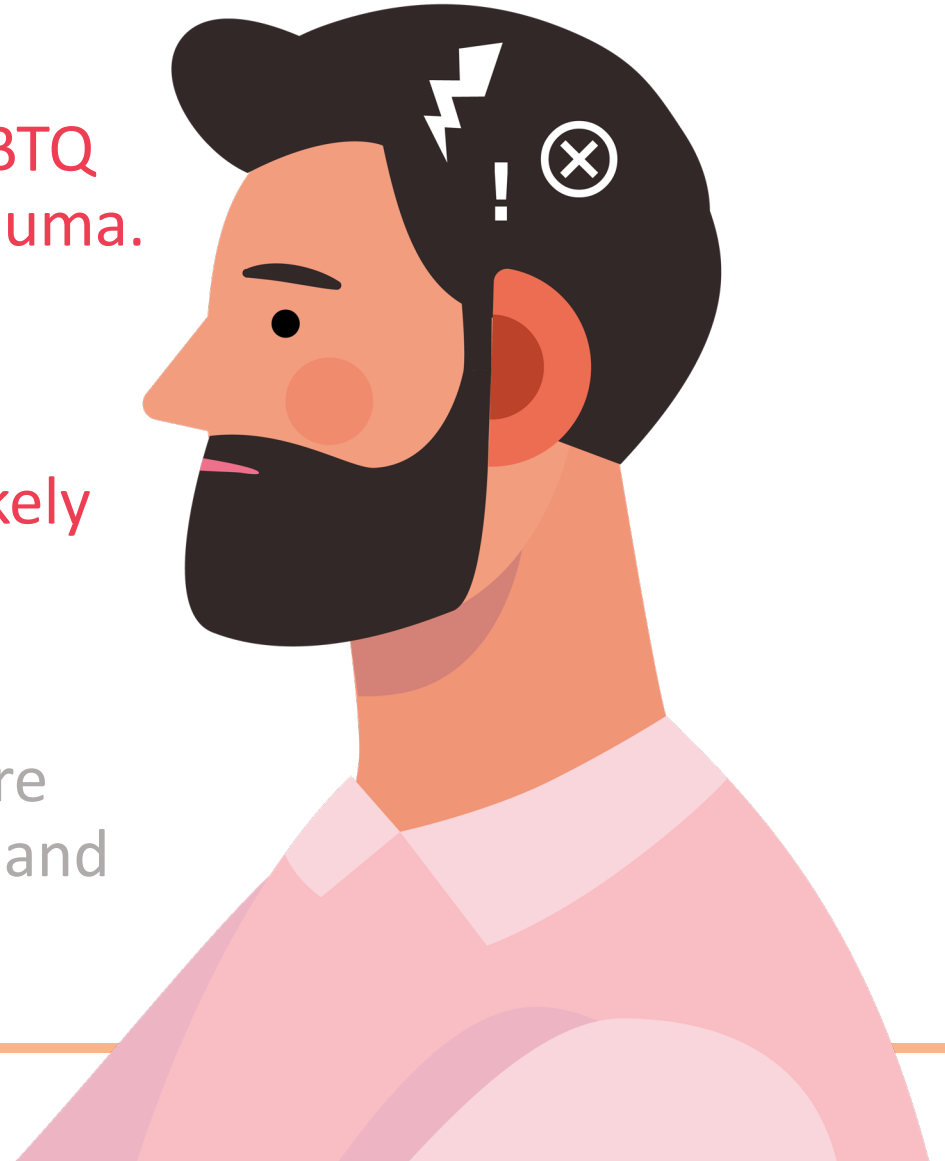

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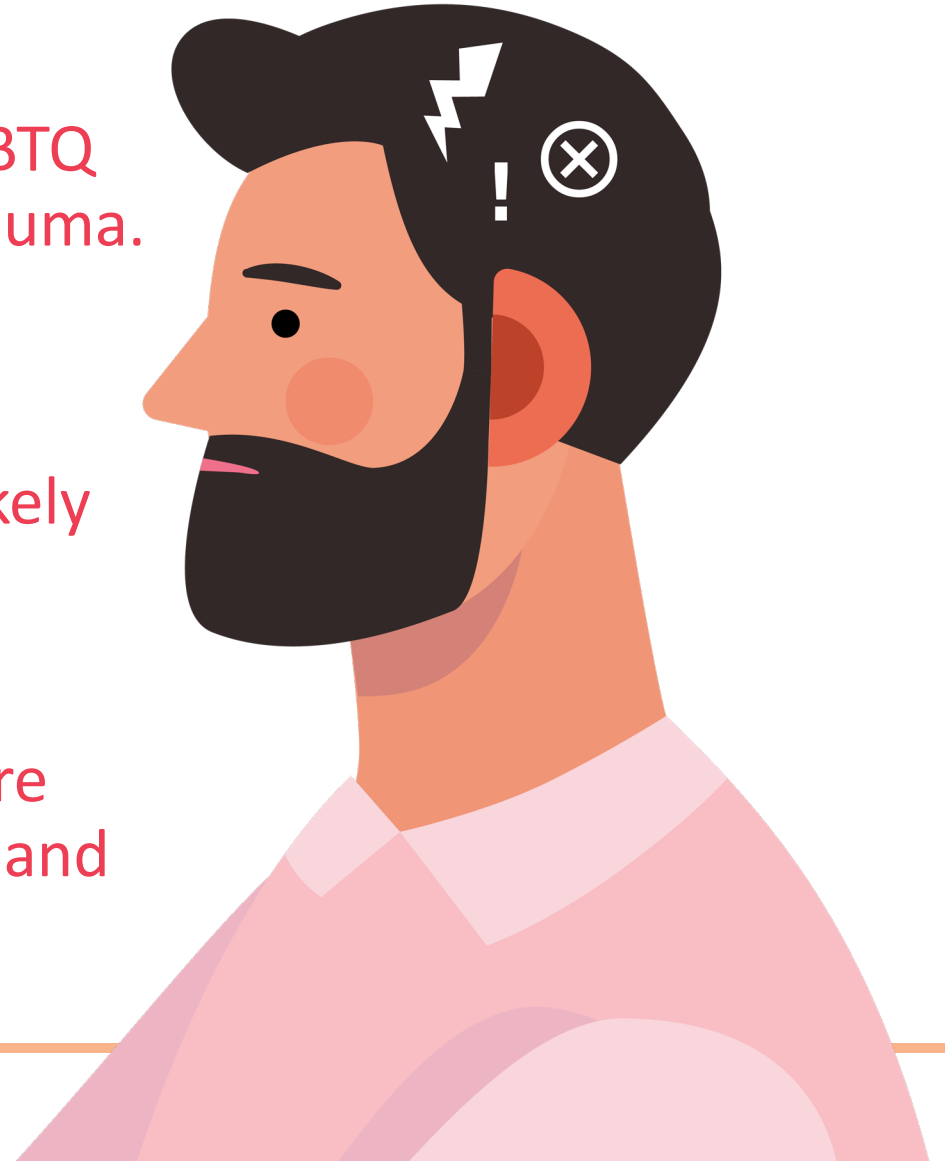


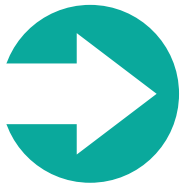
Trauma informed care

Trauma informed care (TIC) emphasizes physical, psychological, and emotional safety for providers and survivors of trauma.

Helps clients rebuild a sense of control and empowerment.

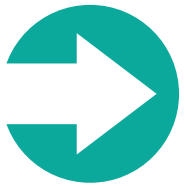
Trauma informed care

What's wrong with you?



What has happened to you?

Trauma informed care



Traditional systems view symptoms or problems as distinct and separate, client's as "working the system", and broken and vulnerable.

Trauma informed systems see problems or symptoms as coping mechanisms and a way to get needs met.

Trauma informed care

Basic tenets of trauma informed care

- Recovery is possible
- Healing happens in relationships

To provide trauma informed care, it is critical to:

- Understand trauma and its impact
- Ensure cultural competence
- Promote safety
- Support client control, choice and autonomy
- Share power and governance
- Integrate care

A tool that provides a variety of common client scenarios can be found here

Resources

For more information on Trauma Informed Care see:

- Oregon Health Authority Website
- Trauma Informed Oregon
- The HIV Community Services Standards of Care section on Trauma Informed Care

True/False

Individuals who have experienced trauma almost always experience a long lasting and harmful effect on their life and wellbeing.

A. True

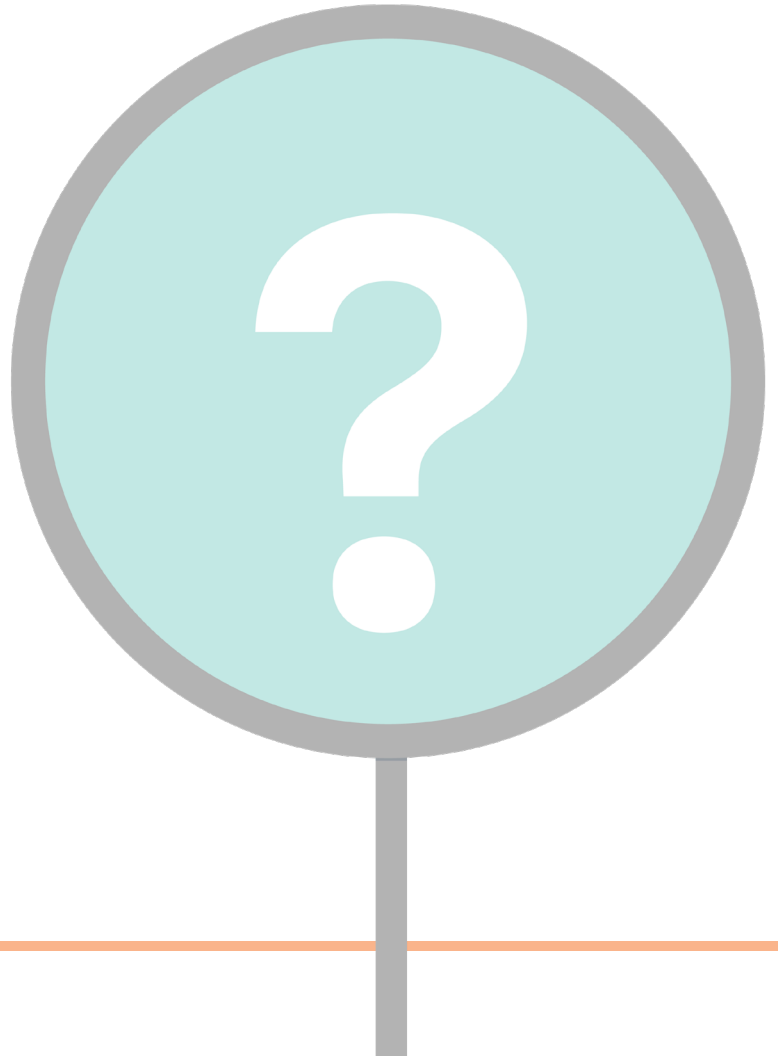
B. False

Stages of change

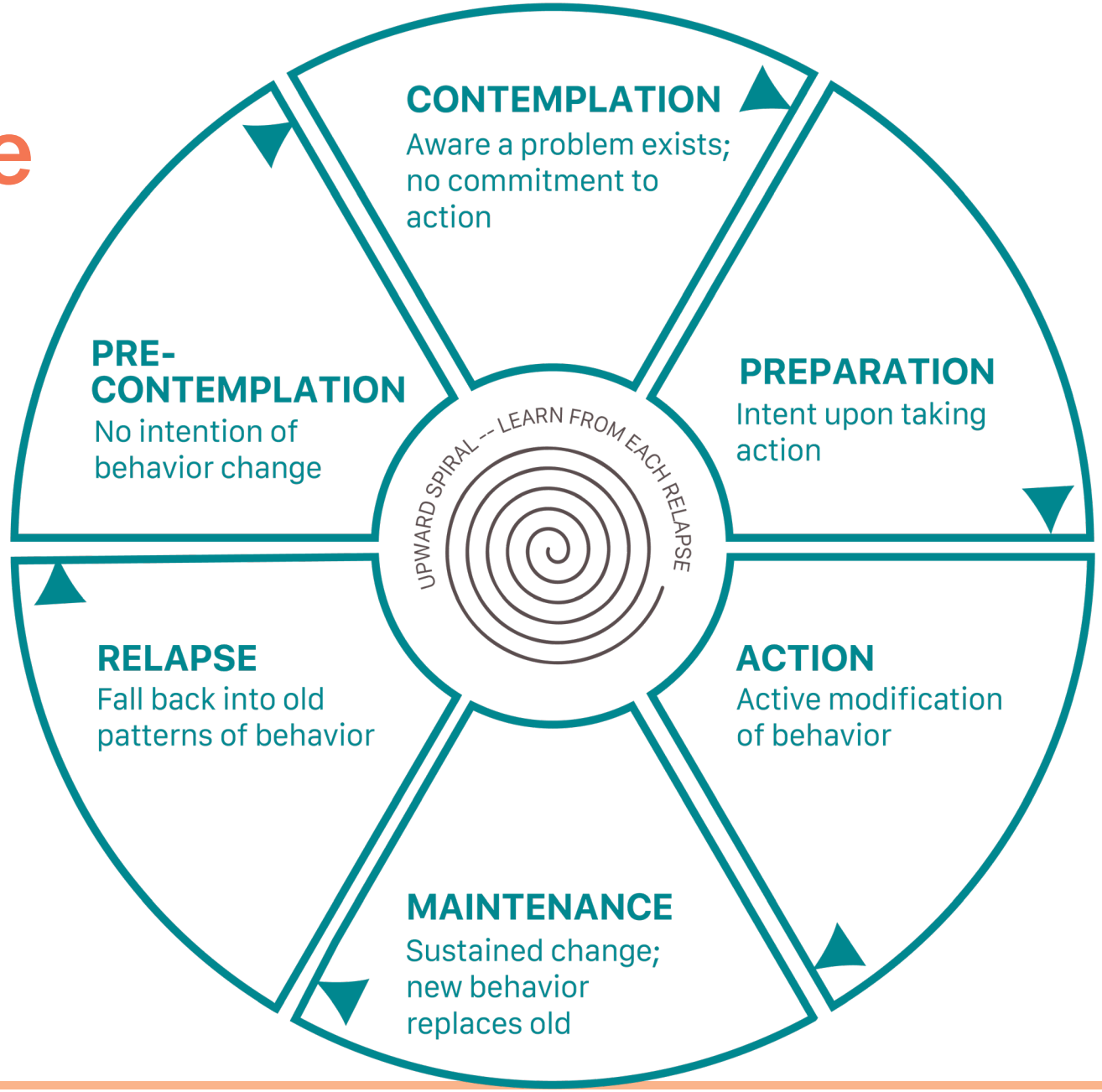
Reflect on a time you made a significant change in your life.

How did you know when it was time to begin the change?

What kind of supports or resources did you use to make that change?



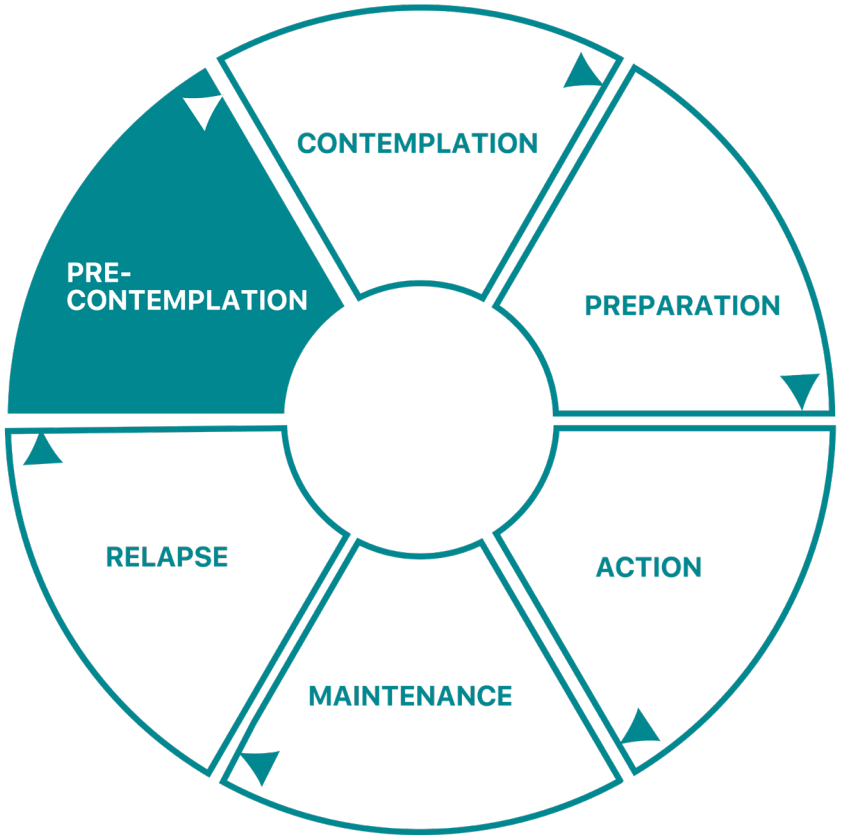
Stages of change



Transtheoretical Model of Change
Prochaska & DiClemente

It's a Circle, Not a Straight Line

Stages of change



“I don’t have a problem”

“ I’ve got control over my drinking”

“I’m not going to get an STI”

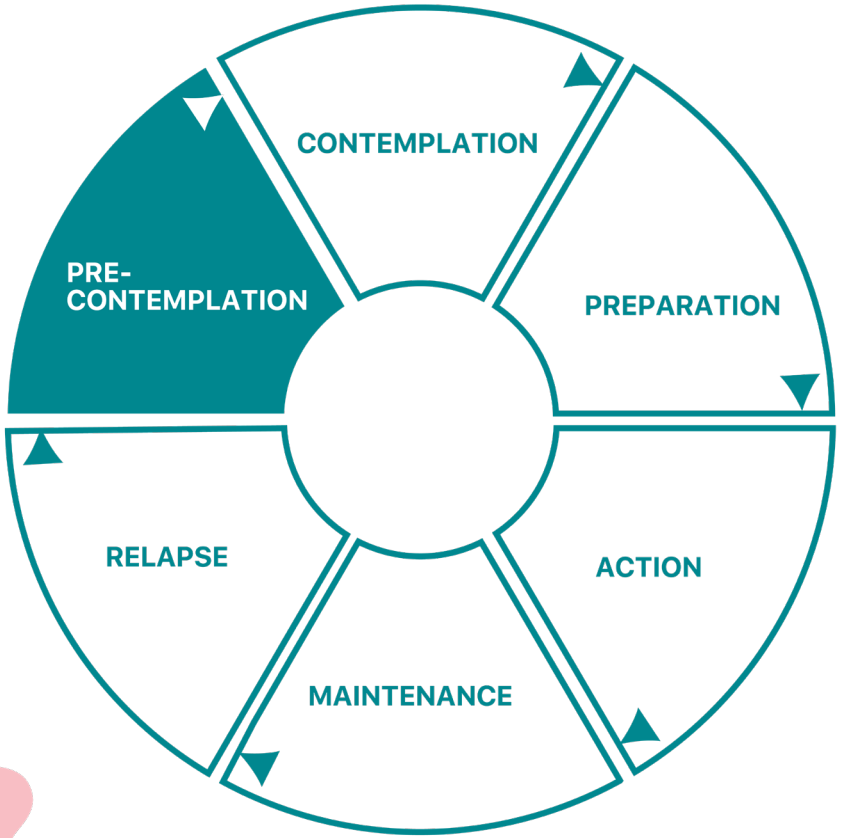
“I don’t need to go to the doctor”

Stages of change

"If you woke up tomorrow and your life had magically changed, what would it look like? What would be different?"

"Tell me one thing I wouldn't know by looking at you?"

"What would you like to be different?"



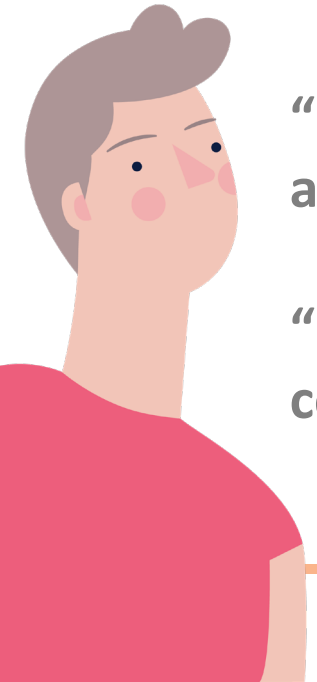
Stages of change

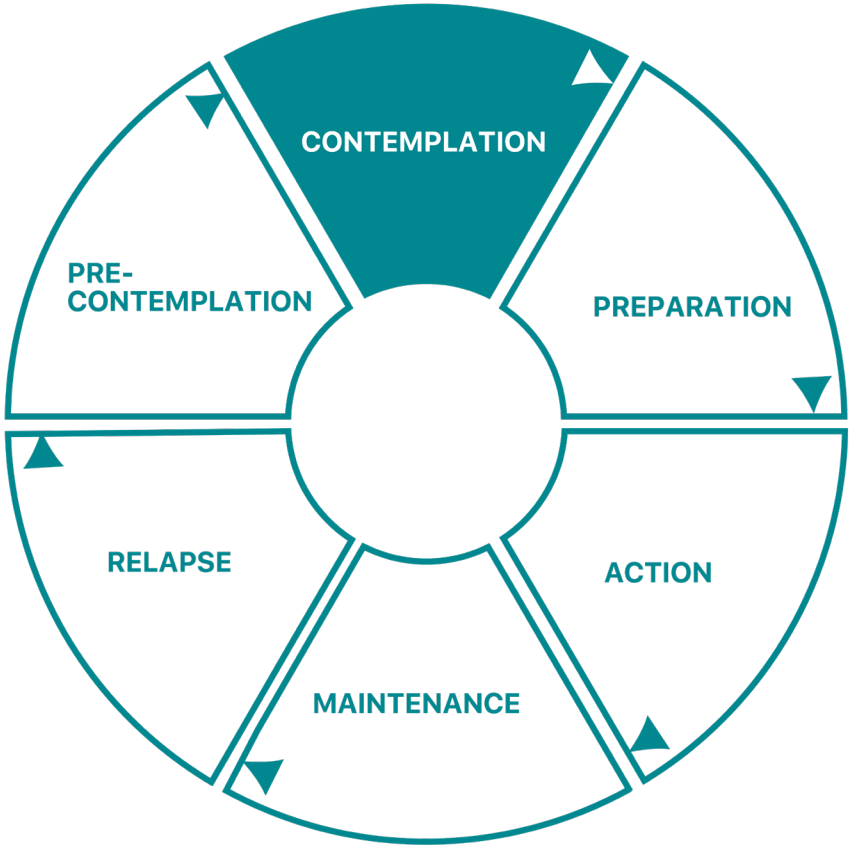
“I’m worried about my lab values, but I’m scared to go the doctor."

“Some days I think I should probably quit smoking, but other days I feel like I really don’t smoke that much.”

“My friends have told me they’re concerned about my drinking. They’re probably right.”

“I know I wouldn’t worry so much if I used condoms more often."



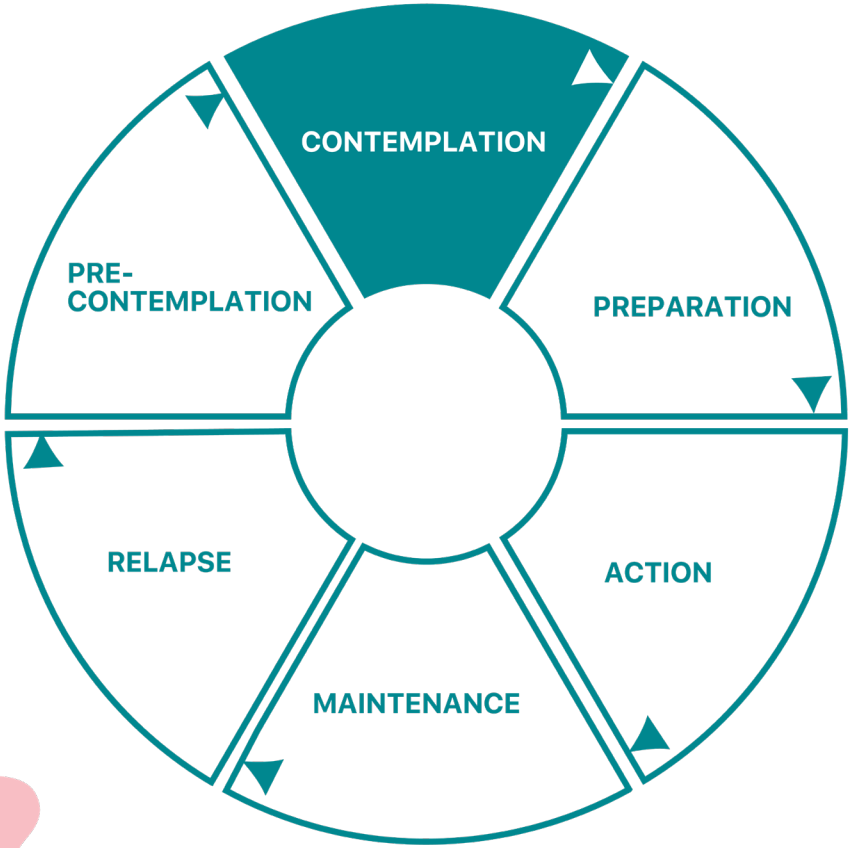


Stages of change

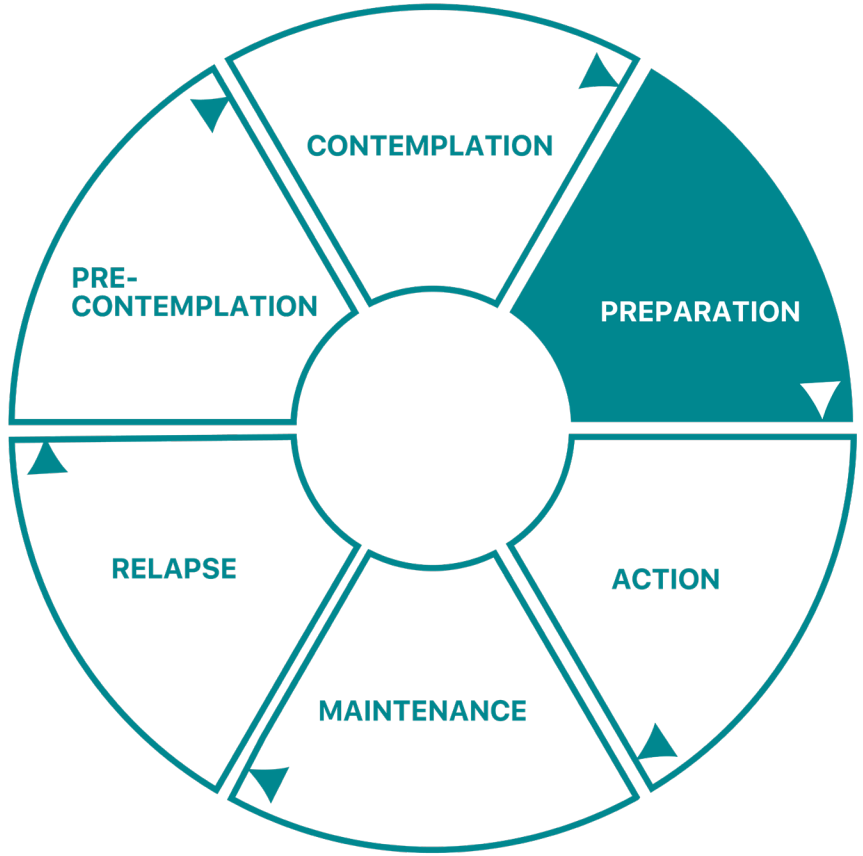
"What would be the best/worst thing about making this change?"

"Since now doesn't sound like the right time to make this change, how would you know it is the right time? What would have to happen?"

"The last time we talked about this, you weren't quite ready to jump in. I'm wondering where you're at with that now?"



Stages of change



“I called my doctor today to make an appointment."

“I’ve set a quit date."

“I’m thinking about going to an AA meeting this weekend.”

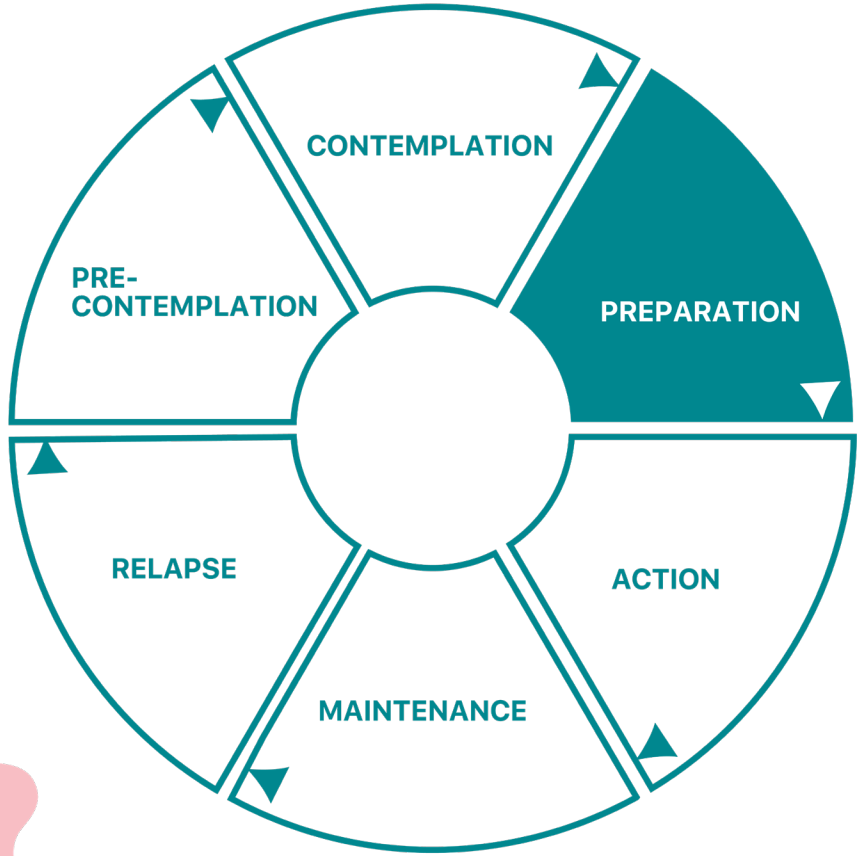
“I bought some condoms.”

Stages of change

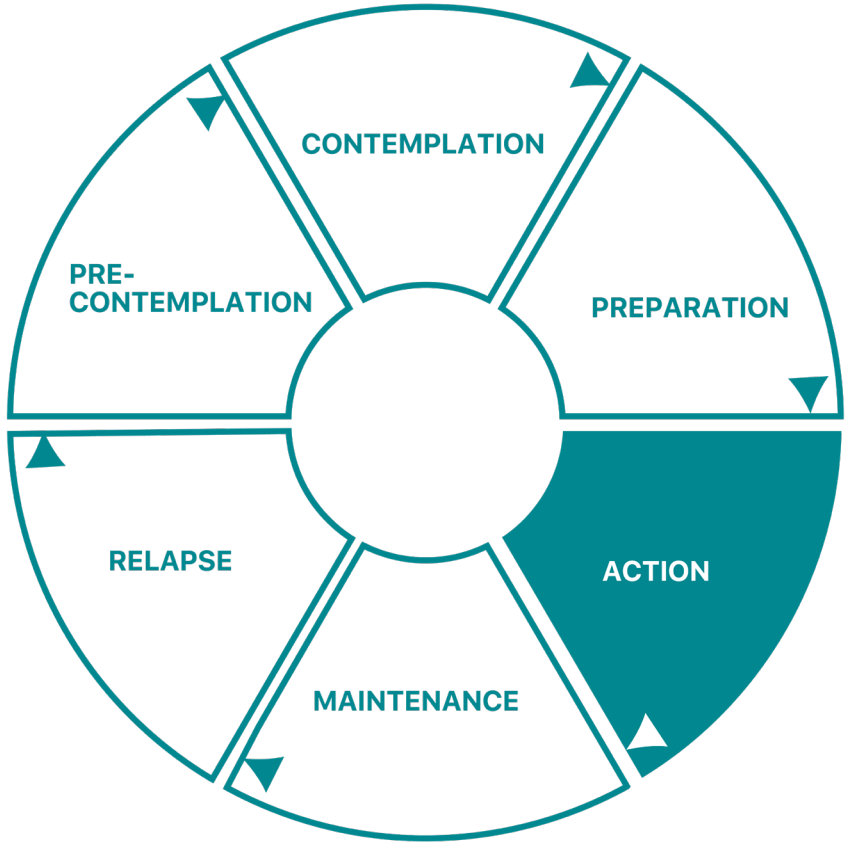
"What might be a good first step?"

"What makes you believe you can do this?"

"What do you see as obstacles and how might you deal with them?"



Stages of change



"I didn't drink for a week."

"I only had one cigarette yesterday."

"I actually used a condom last night."

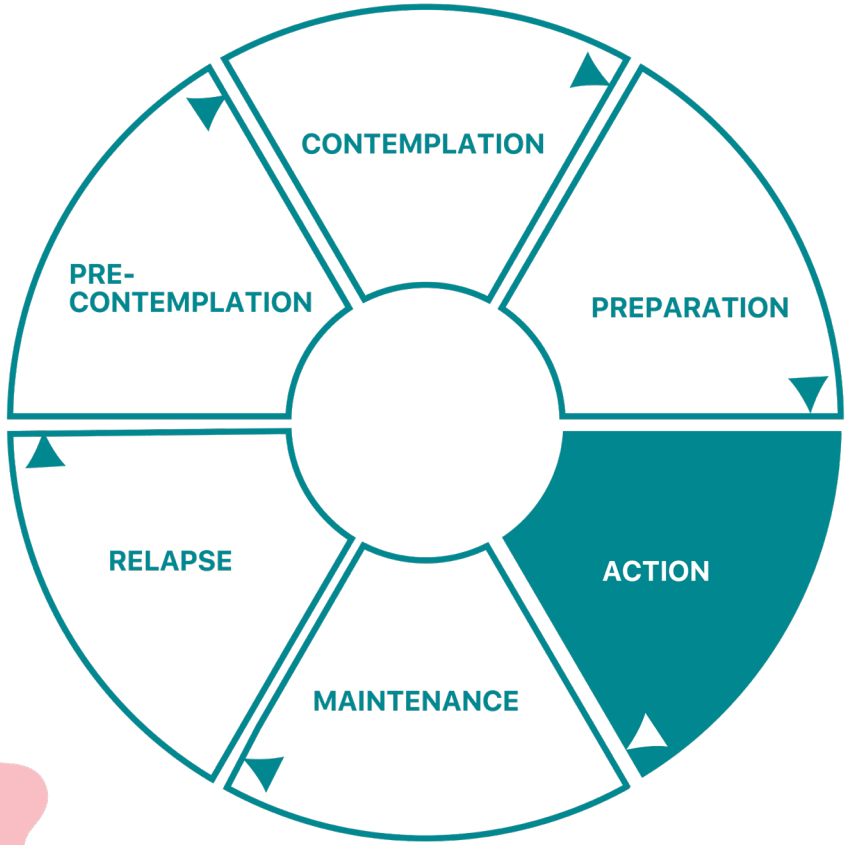
"I went to my doctor today."

Stages of change

"What's working for you?"

"What's not working?"

"Is there anything I can help you with?"



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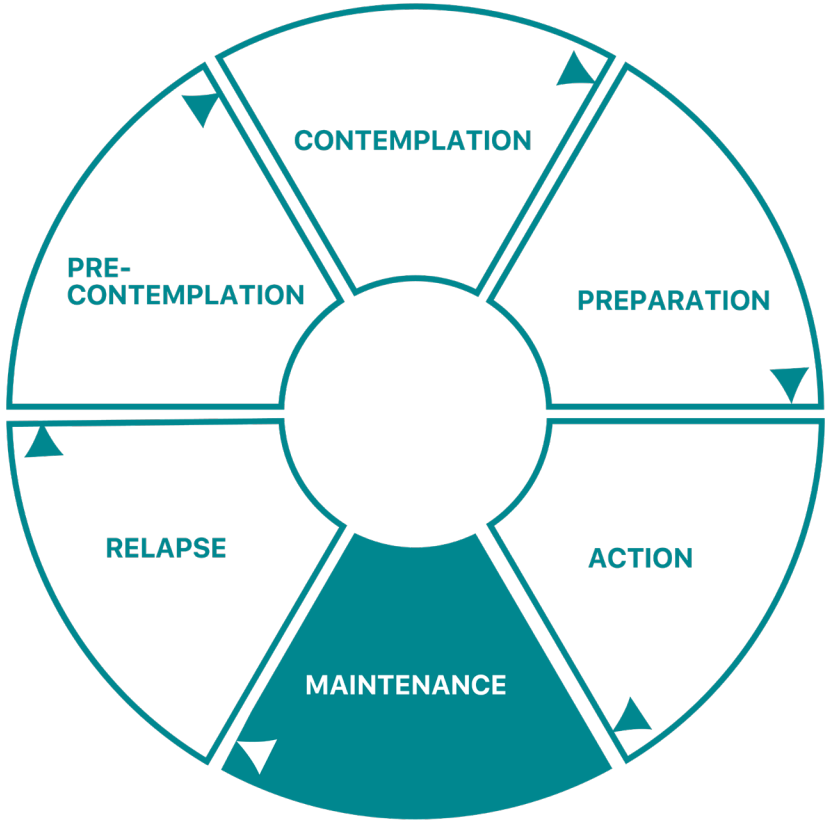


"I looked at my lab results online."

"We didn't have any condoms, so we fooled around without having sex."

"I've been having trouble, so my doctor prescribed me some Chantix."

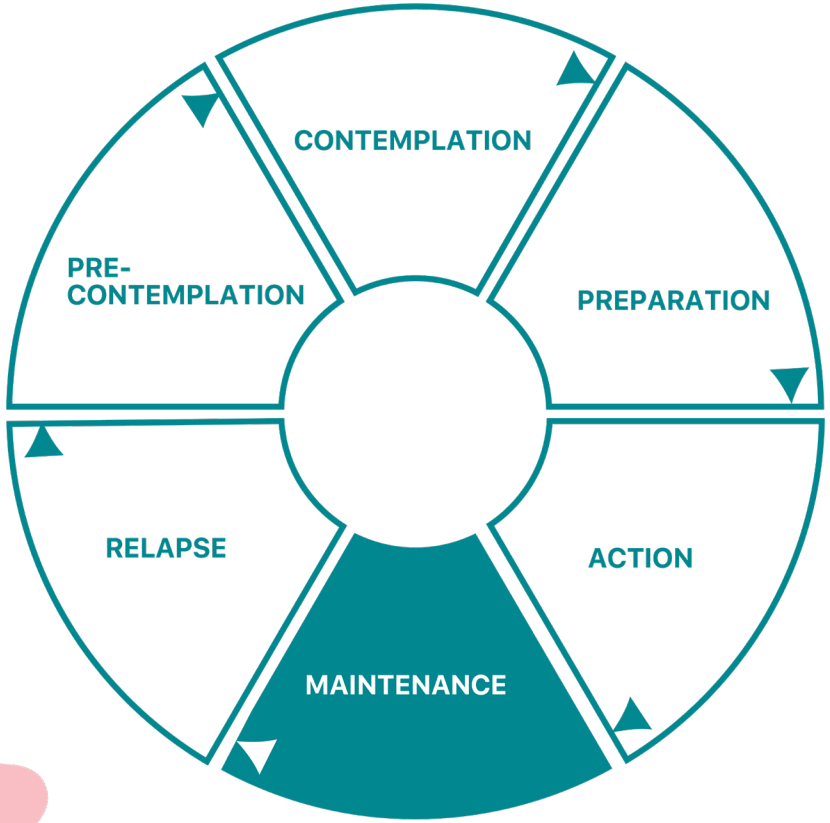
"I didn't go to the bar last night to see my friends."

Stages of change

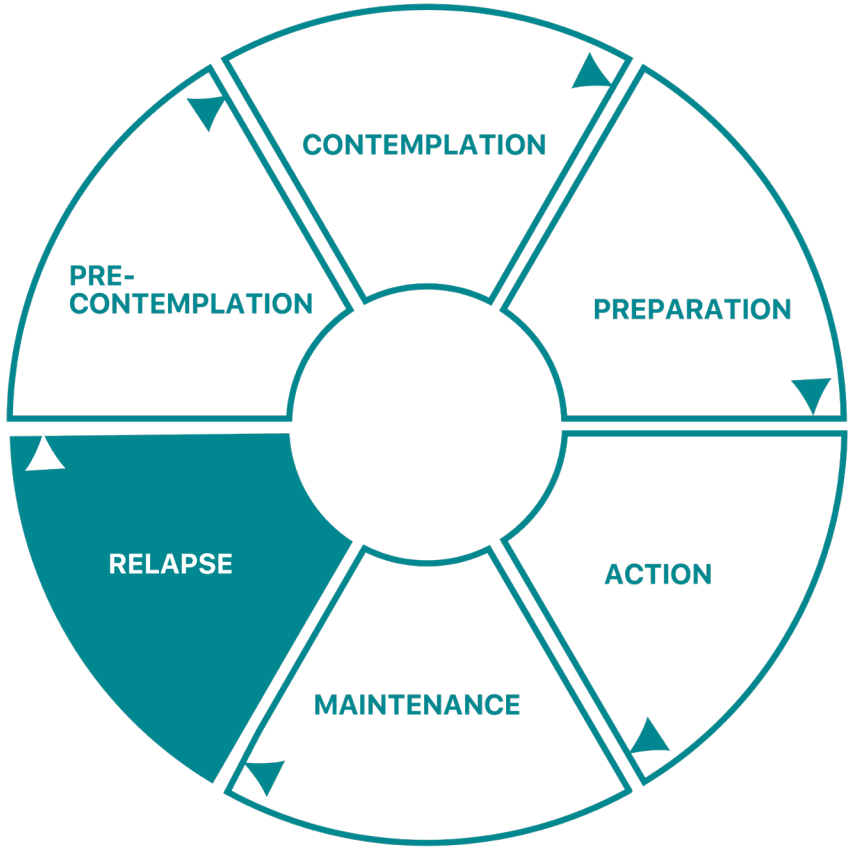
"How are things going?"

"What supports do you have to help you with this?"

"What is your plan if you feel you might be at risk for…?"



Stages of change



"I messed up. I'm a total failure."

"I was too anxious to go to my appointment today.

"I'm never going to be able to do this."

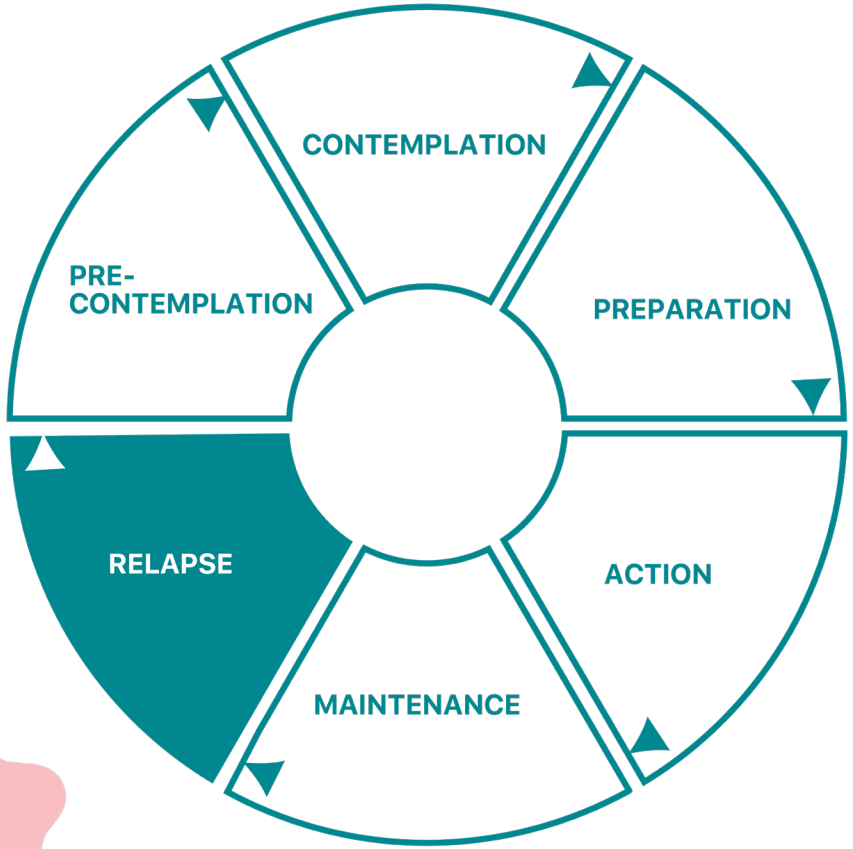
"I don't really have a problem with my drinking, I just needed a little break from it."

Stages of change

"When was the last time things were going well for you? Tell me what that was like."

"How do you think you could have prevented this setback?"

"As you step back and look at this situation, what do you make of it?"



Matching

Match the stage on the left with the question you might ask a client who is in that stage of change.

A. Pre-contemplative
B. Contemplative
C. Preparation
D. Action/Maintenance
E. Relapse

1. What would you like to be different about your life?
2. How are things going? Is there anything I can help you with?
3. How do you think you could've prevented this setback?
4. What would be the worst/best thing about making this change?
5. On a scale of 1 to 10, where 1 is not ready and 10 is extremely ready, how ready are you to make this change?

Motivational interviewing

Motivational interviewing is an evidence-based approach for helping someone move through the stages of change. Research has shown that MI:

- Enhances change for a range of behaviors
- Works well with diverse populations
- Works quickly; you get results from your efforts right away

MI can be delivered by patient counselors from many different professional backgrounds.

- Can be done 1:1 or in groups
- Effectiveness is being investigated via email, text, and social networking

Motivational interviewing

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

Motivational interviewing

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

Showing acceptance for a client's situation. Change is incredibly difficult, scary, and sometimes seemingly impossible.

Motivational interviewing

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

Change is motivated by perceived discrepancies between present behavior and a person's personal goals and values. Developing discrepancy helps the client focus on their desires, reasons, and ability to change.

Motivational interviewing

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

Rolling with resistance prevents a breakdown in communication with the client. Arguments and confrontation should be avoided. The client is the primary resource for answers and solutions. Perspectives, suggestions, and advice should ONLY be given after seeking permission from the client first.

Motivational interviewing

Express empathy

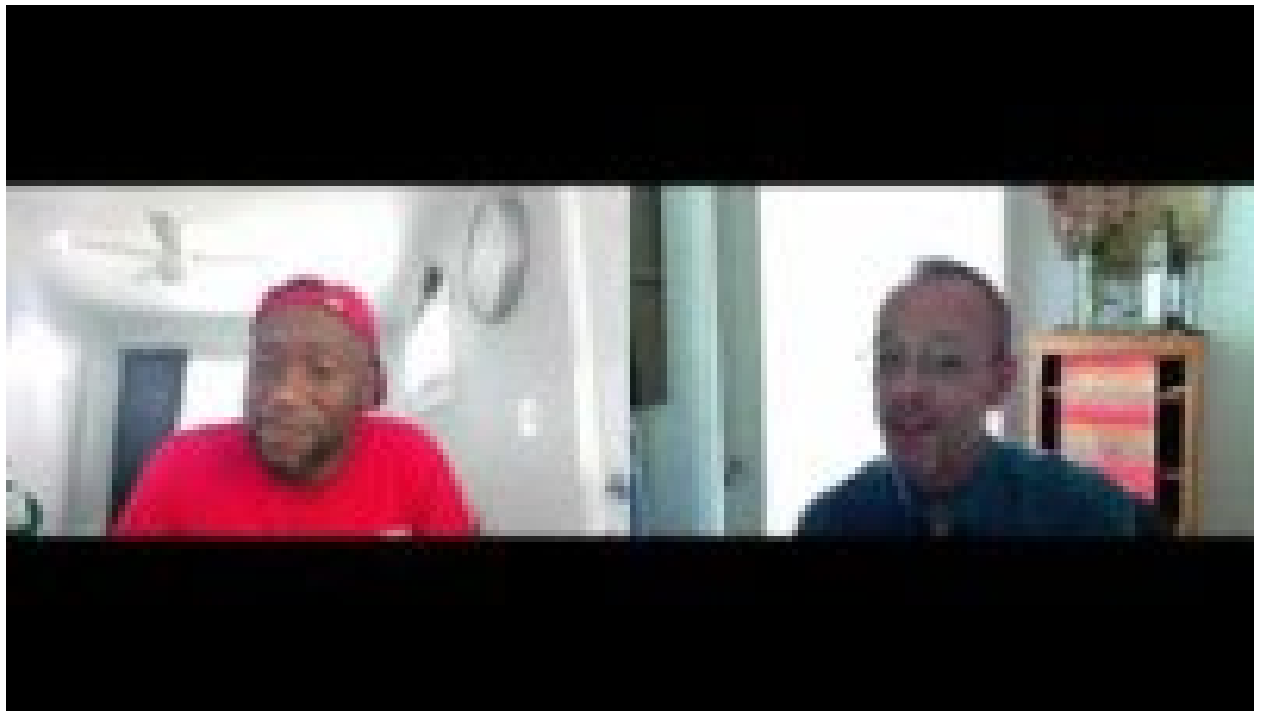
Develop discrepancy

Roll with resistance

Support self-efficacy

When a client believes they can change, the likelihood of change greatly increases.

Motivational interviewing



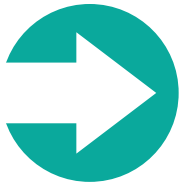
Watch this brief video on the 4 principles of Motivational Interviewing to see how they are applied in the real world.

Motivational interviewing

MI is not…

- Confrontational
- Imposition of ideas
- Authoritative
- Advice giving

Motivational interviewing



MI is not…

- Confrontational
- Imposition of ideas
- Authoritative
- Advice giving

MI is…

- Collaborative
- Drawing out of the client's ideas
- Autonomous
- Grounded in client views and ideas
- Providing information, only with permission

True/False

Care Coordinators are skilled at giving advice.

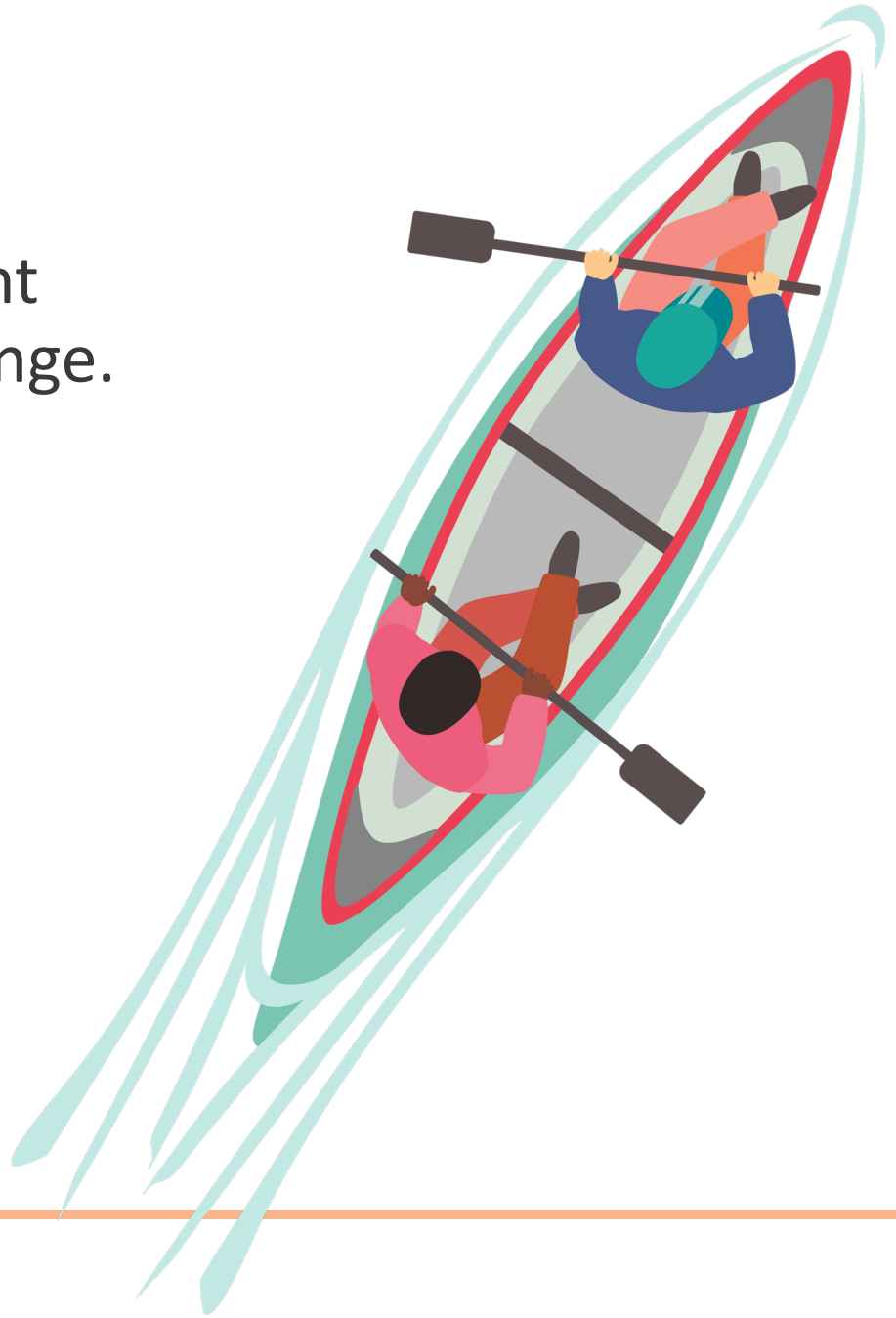
A. True

B. False

OARS

Use your OARS to help your client move through the waters of change.

- **O** Open ended questions
- **A** Affirmations
- **R** Reflections
- **S** Summaries

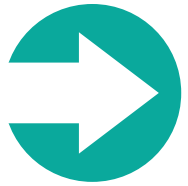


OARS: Open-ended questions

Give me an example?

Tell me more about…

What do you mean when you say…?



Did you make it to your medical appointment?

Tell me how your medical appointment went yesterday?

OARS: Affirmations

- I noticed you showed up on time.
- Thanks for calling me back.
- I appreciate your honesty today.
- Even though you weren't feeling well, and you don't like your doctor, you still made it to your medical appointment.

OARS: Reflections

Reflections express empathy and help guide the client towards identifying and resolving ambivalence about a change.

Try to use a reflection before every question.

OARS: Reflections

"I'm worried I'm going to get sick all the time."

"You're concerned that you are going to get sick"

or

"You're worried about getting sick."

OARS: Reflections

“I'm worried I'm going to get sick all the time, but I really need to find a job. I'm tired of not having any money."

"You're interested in getting a job because you hope it will relieve your financial stress.

It sounds like you're scared of what might happen if you go back to work.

So, you could really use the extra income, yet you’re fearful of getting sick.

Does that sound about right?"

OARS: Summaries

"Can I try and summarize what I think you're saying? On the one hand, you know it's important to stay engaged with your doctor, and on the other hand, you really don't feel comfortable going to your doctor because you feel like he doesn't listen to your concerns. This leaves you feeling a bit stuck without any other options.

…

Does that sound right?"

LURE

- **L** Listen to your client
- **U** Understand your client's motivations
- **R** Resist the urge to correct your client
- **E** Empower your client

LURE: Listen

Listen to your client:

- MI involves at least as much listening as informing, and you can only understand your patient's motivation by listening.
- Listening is a display of empathy that shows your patients you are really interested in them.

LURE: Understand

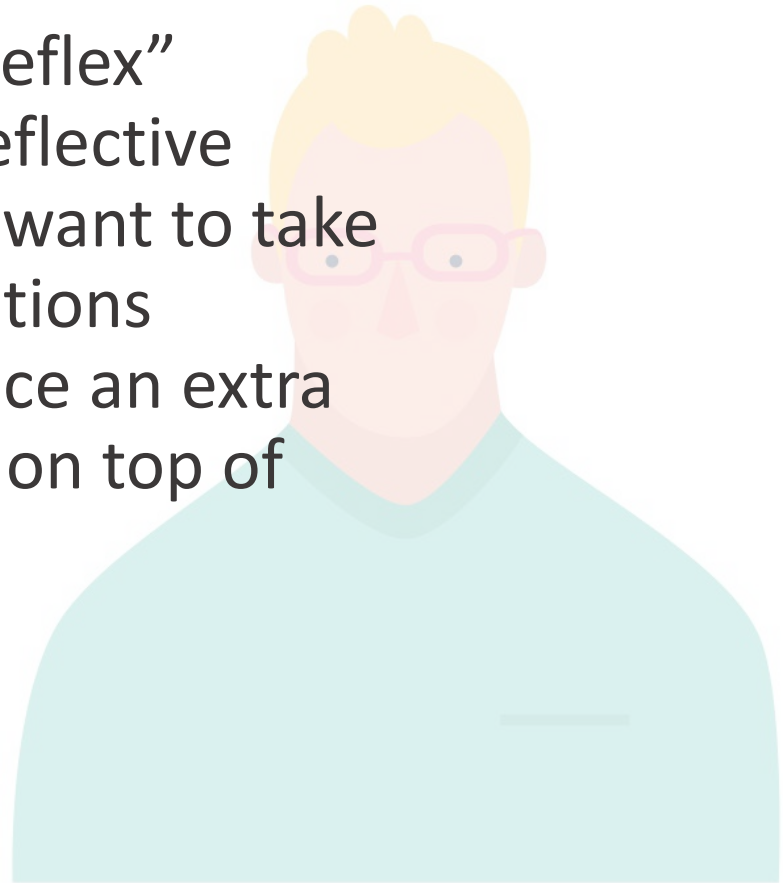
Understand your client's motivations:

- The client's reasons, rather than the Care Coordinators, are more likely to trigger behavior change.
- The Care Coordinator helps by expressing interest in the clients' values, concerns, motivations, and life context.

LURE: Resist

Resist the urge to correct the client:

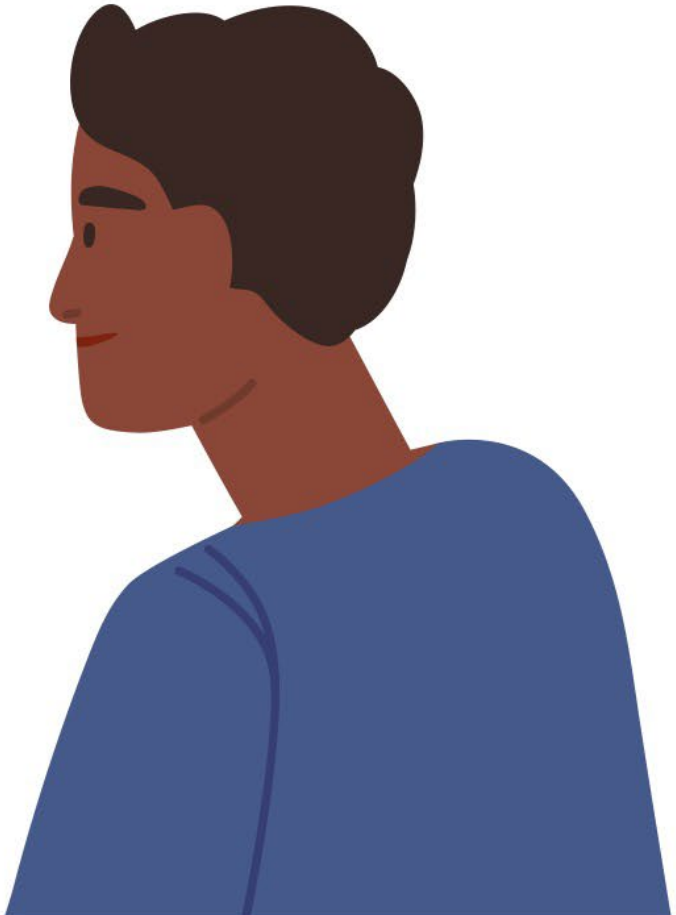
- Resist this “righting reflex” through the use of reflective listening: “You don’t want to take antiretroviral medications because they will place an extra burden on your liver on top of your current alcohol consumption.”



LURE: Empower

Empower your client:

- Help them explore the ways they can take control of their health.
- Clients are essential consultants on their own lives and on the ways in which they can successfully build behavior change into their daily routines.
- Options and solutions generated by the client are more likely to be successful.
- Clients do best when they take an active role in their care coordination.

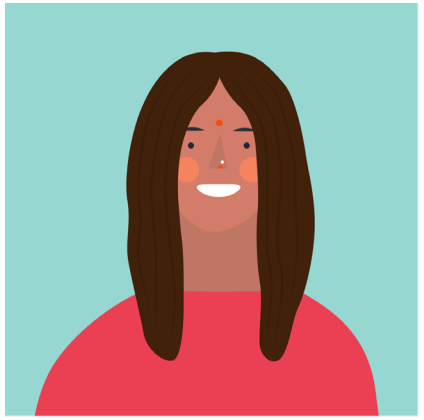


Competencies for case management

1. Meet people where they are
2. Lead with empathy and recognize the intersectional identities of others
3. Share options, not directives
4. Language matters
5. Recognize values and emotions
6. Manage your own discomfort
7. Support risk reduction goals identified by the client
8. Be knowledgeable
9. Know where to find credible information

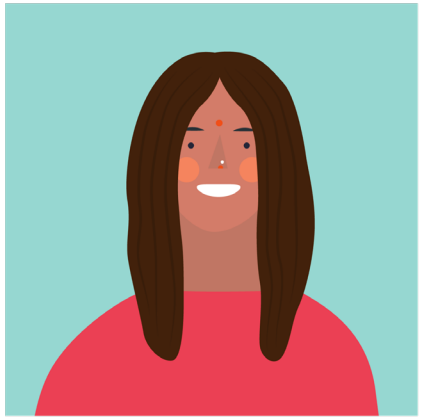
Why language matters

The language we use to describe HIV can either empower or stigmatize people living with HIV.



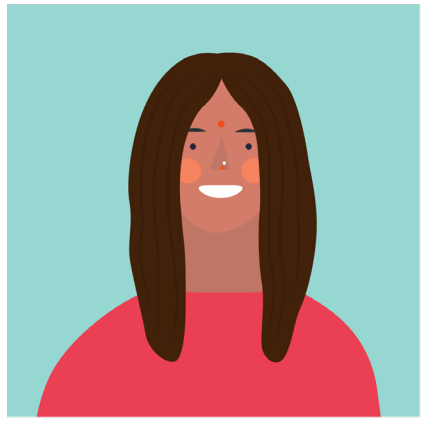
People first language

People First Language puts the person before the illness or medical condition and describes what a person has, not who a person is.



Addressing stigma by using preferred language

"Treat others as *they* wish to be treated."



Integrating people first language

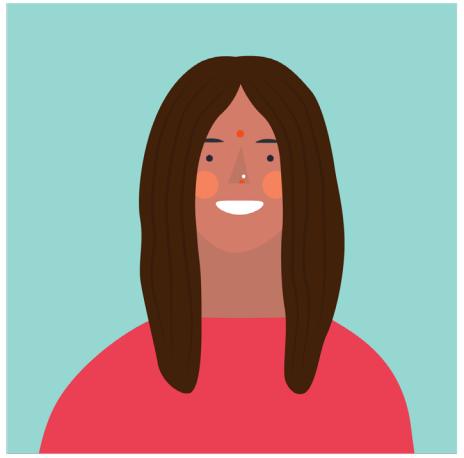
- Use people first language when referring to people living with HIV or other conditions
- Talk with colleagues and friends
- Reflect preferred language in organizational documents and educational materials
- Include people with diverse backgrounds

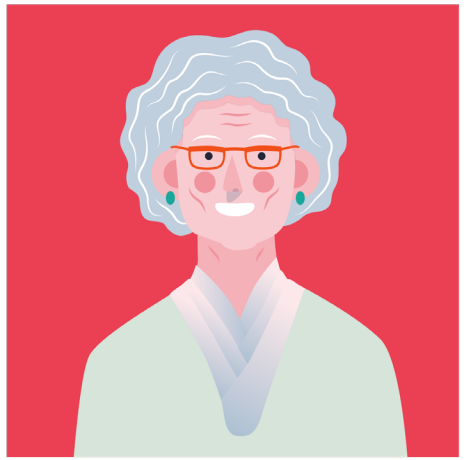
Cultural recognition

All clients deserve respect.

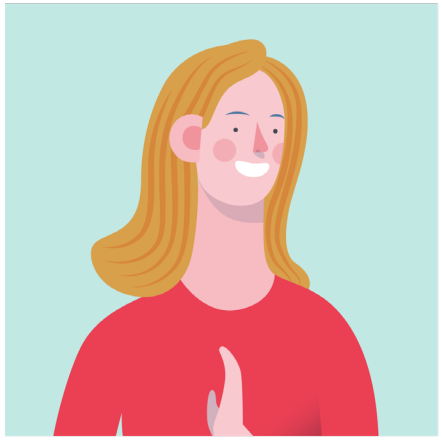
Cultural recognition fosters trust and information sharing.

This information helps us **do our job better.**



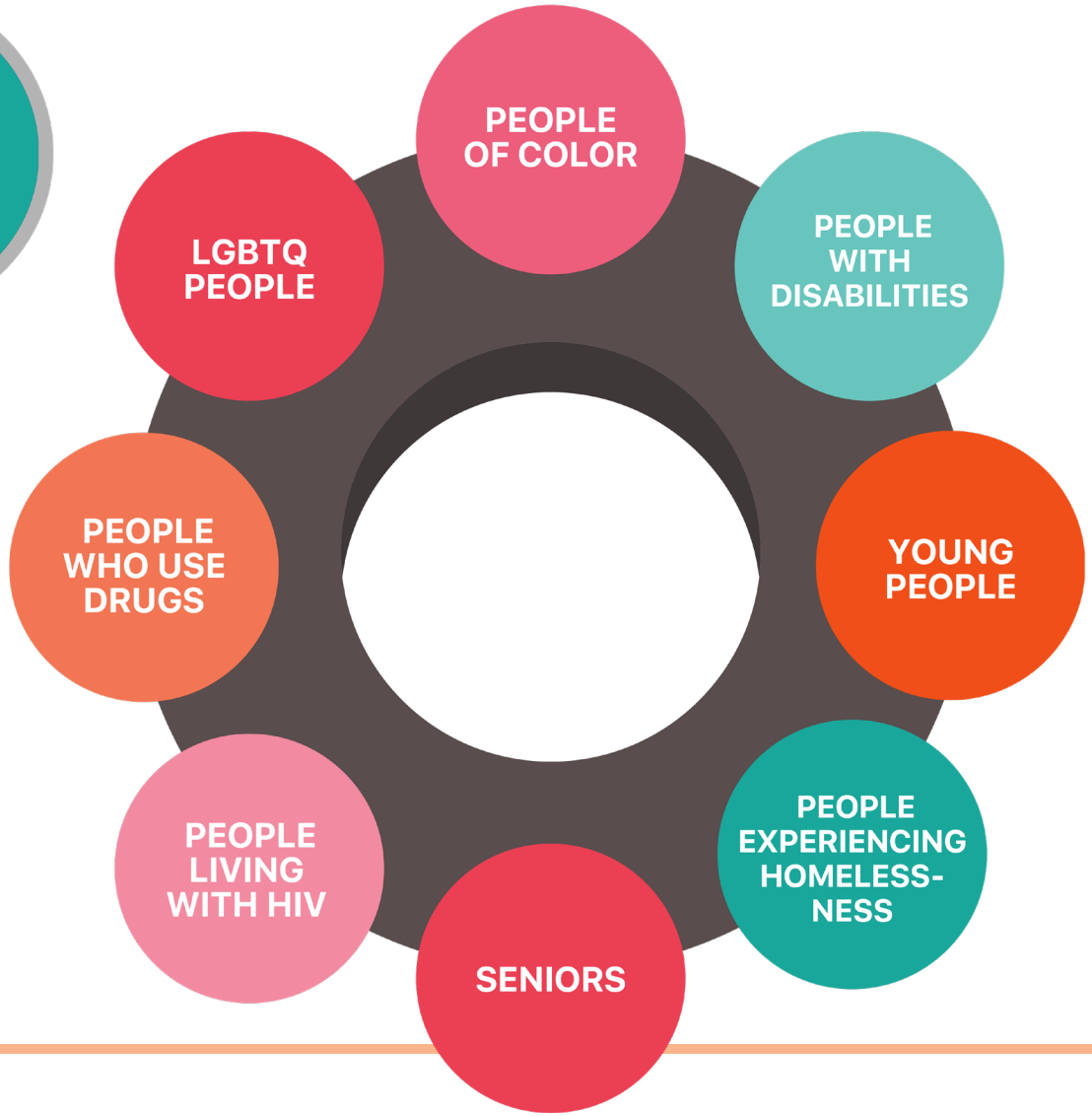


Cultural groups



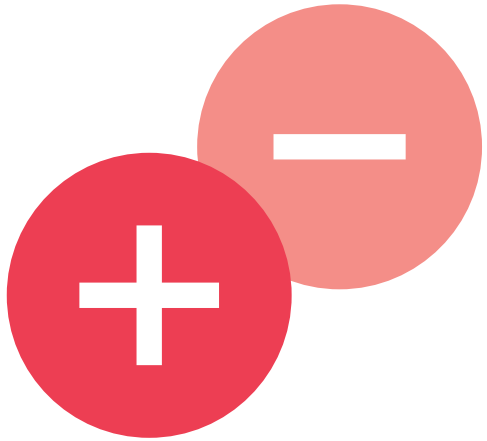
Cultural groups can be united by language, beliefs, behaviors, traditions, and experiences.

Cultural groups



Cultural groups

Cultural norms and experiences can influence health negatively, positively, or neutrally.



Expect to encounter clients with differing beliefs, values, and norms related to:

- Communication
- Sexuality
- Drug use
- Illness
- Death and dying
- Seeking help

Recognizing strengths

We all have valuable skills from past experiences. This may be especially true for marginalized populations due to challenges faced.

Recognizing clients' skills and strengths can help build confidence to change behaviors.

Cultural recognition

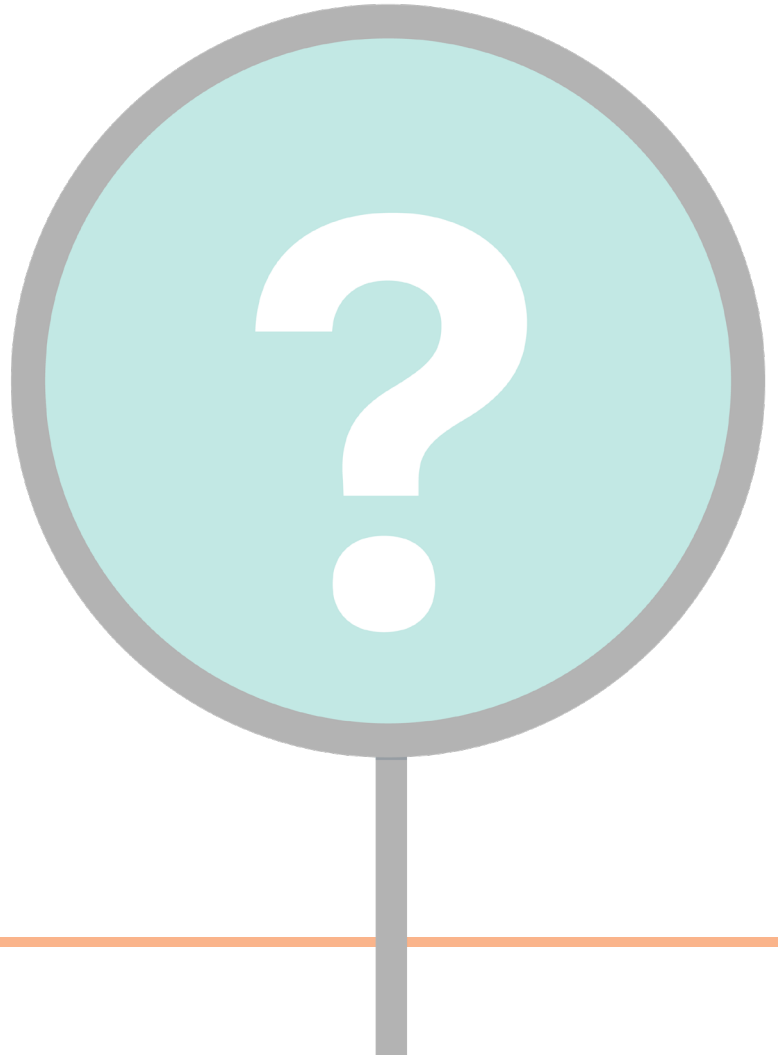
- See the whole person
- If you're uncertain, ask
- Pay attention to communication and body language
- Diversity among staff is important

Cultural self-awareness reflection

With which cultural groups do you identify? Why?

Describe beliefs or practices in your culture that might impact sexual health?

How has your culture influenced your attitudes and beliefs?



Cultural self-awareness

There is a natural tendency to assume that our own values are “right.”

Acknowledge there can be multiple “right” answers.

Cultural self-awareness

Discussions should be centered around your client's values.

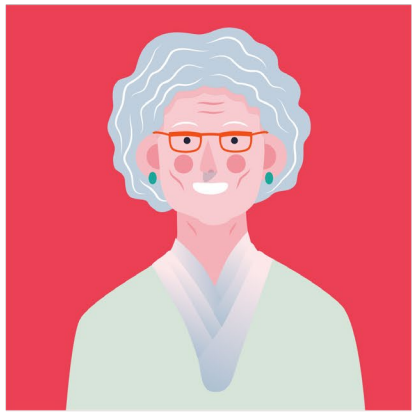
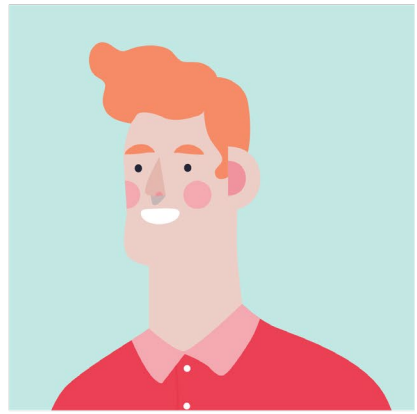
Cultural self-awareness reflection

With which clients do I work well? Why?

Which clients are most challenging for me? Why?





Overview of case management standards

- Intake
- Screening & Assessment
- Acuity Scale
- Care Planning
- Referral
- Follow-up
- Changes in Enrollment Status

Depending on the model, the person implementing the standard, the name of the standard, and forms may vary.

Intake

- Orients client to the purpose of case management
- Collects initial demographic and eligibility information

Screening & assessment

- Gathering information about the client
- Conversational, interactive, and participatory
- Strength based approach

Acuity scale

Client name: Client number:

(Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of "points" for a total.)
If any of the following conditions apply, the psychosocial acuity level is automatically 4 and the acuity must be reassessed in 60 days:
☐ Incarcerated within the last 90 days. ☐ Diagnosed with HIV in the last 180 days. ☐ Currently homeless.

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Basic needs	☐ Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.	☐ Occasional help to access assistance. Needs occasional food or financial assistance monthly < 2 times per year.	☐ Difficulty accessing assistance. Often w/o basics. Accesses food or financial assistance monthly 3-6 times per year.	☐ Has limited access to food. Without most basic needs. Accesses food or financial assistance monthly > 7 times.
Transportation	☐ Has reliable transportation. Is able to cover costs of transportation.	☐ Needs occasional assistance < 2 mo. per year.	☐ No means. Under or un-served area. Needs assistance 3-6 mo. per year.	☐ Serious impact on medical care. Needs assistance > 7 mo. per year.
Risk reduction	☐ Understand risks and practices harm reduction behavior.	☐ Poor understanding of risk and no exposure to high risk situations or behaviors.	☐ Has poor knowledge and/or occasionally engages in risky behaviors.	☐ Lacks knowledge and/or engages in significant risky behaviors.
Health insurance/medical care coverage	☐ Has own medical insurance and payer. Able to access medical care.	☐ Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year.	☐ Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3-6 times per year.	☐ Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care.
Self sufficiency	☐ Independent. F/U on referrals and access services.	☐ Sometimes requires assistance in F/U and completing forms.	☐ Difficulty w/ F/U; completing forms; accessing services.	☐ Never F/U; unable to complete forms; burns bridges.
Housing/living arrangement	☐ Living in clean, stable housing. Does not need assistance.	☐ Stable housing. Occasionally needs assistance with housing < 2 mo. per year.	☐ Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3-6 mo. per year or pays rent late. Unsafe housing.	☐ Homeless. Recently evicted. Unable to live independently. Accesses assistance > 7 mo. per year.

Care planning

- Includes goals and specific tasks or activities
- Directs what services are provided
- Provides measure for evaluating whether outcomes are achieved

Referral

- Directing clients to other organizations and agencies to meet client needs
- Providing information about agency, advocacy, and depending on the client, possibly a warm hand-off.

Follow-up

- Ongoing, systematic review of care plan and client progress
- Regular review of client goals and objectives to ensure relevance and progress
- Includes reassessment, rescreening, and triage processes

Changes in enrollment status

- Process for ending case management services for a client
- Includes referral when appropriate and clear documentation

Program policy highlights

- All people accessing HIV Case Management must participate in an intake & eligibility review process, a Psychosocial Screening, and a Nursing Assessment.
- All clients must have their income, residence in the agency's jurisdiction and insurance status verified annually.
- New clients cannot receive financial assistance before they have completed the Intake/Eligibility Determination. Exceptions may be made if a client is in need of medical transportation assistance in order to meet with the MCM and/or medical provider.
- All clients must have an identified medical insurance provider documented in their client record or clear documentation in the CAREWare case notes about why this program expectation was not met and what is being done to accomplish this priority.
- Clients are required to receive HIV case management services in the service area where they reside. Program approval must be received prior to providing any case management services to a client who does not live in the service area.

Program policies: Regional model

All active clients will be assigned to a Care Coordinator. Only clients assigned an RN Acuity 3 or 4 will be assigned to the caseload of a Medical Case Manager.

Home visit policy

HIV Care Coordinators doing home visits have a duty to ensure that reasonable care for their own health and safety and that of their colleagues is enforced. A safety protocol that clearly delineates the required standards and activities will assist HIV Care Coordinators in Oregon to safely provide home visits to clients.

Suicide threat protocol

A written “Suicide Threat Protocol” is required for every HIV case management agency funded by the HIV Community Services program. A copy of this written protocol must be available upon request. All HIV Care Coordinators should review their agencies protocol.

Module overview

1. Medical case management vs. non-medical case management
2. Roles and responsibilities
3. Guiding theories of the HIV Community Services program
4. Competencies for case management
5. Introduction to the seven core standards of care

Conclusion

Thank you!

We recommend that you review the Standards of HIV Case Management, bookmark and explore the OHA website for helpful resources, and continue your training.