



Oregon
Health
Authority



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 2:

Intake & Eligibility

Objective:

1. Introduction to the Intake process



Purpose of Intake

- Determine eligibility
- Gather required information
- Introduce the client to the agency
- Determine immediate needs





Purpose of Intake

- How you feel when starting a new job?
- How do you feel when you enter a room where you don't know anyone?
- What makes you feel comfortable?
- What makes you feel uncomfortable?





Reflection on Intake emotions





Reflection on Intake emotions

Acknowledge the
importance of
someone reaching out

Remain:

- Non-judgmental
- Non-assumptive
- Supportive





Purpose of Intake

- Provide information
- Gather information





Intake: Provide information

- Provide a clear explanation of available services
- Make the client aware of the limitations and offerings of the program





Intake: Provide information

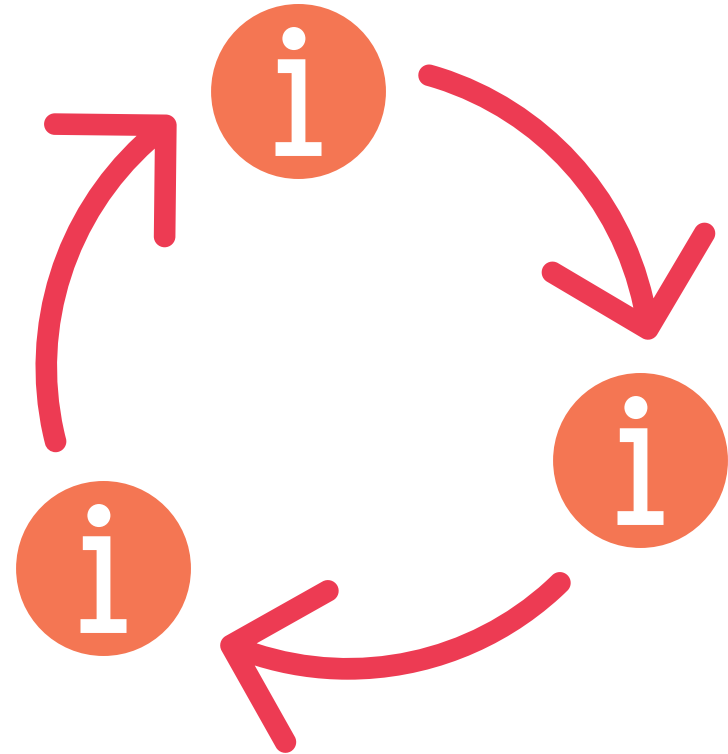
- HIV Care and Treatment Program Information Sheet
- Informed Consent (agency provided)
- Grievance Policy (agency provided)
- Authorization For Use And Disclosure Of Information (agency provided)
- Client Rights & Responsibilities (agency provided, and in accordance with ORS 431.250, and 431A.625)





Provide: HIV Care & Treatment Program Information Sheet

This document provides information about other programs and services affiliated with the HIV Care & Treatment programs, such as OHOP and CAREAssist. The client should be informed that information can be shared across these programs without a release of information.





Provide: Informed Consent

-  The client must agree to participate in the case management program
-  The client has the right to refuse any or all services





Provide: Grievance Policy

The client should be provided the Grievance Policy in case they ever feel that their rights have been violated during participation.





Provide: Authorization For Use And Disclosure Of Information

Every Ryan White Part B Agency must be in compliance with State requirements for a Release of Information, in which a client authorizes in writing the disclosure of certain information about their case to another party (including family members).

The purpose of the disclosure, the types of information to be disclosed, entities to disclose to, and the expiration date of the client authorization should be included.

Part of your discussion should include information about the intent of the Release of Information and ways in which the client can nullify it.



Provide: Client Rights & Responsibilities

You should review all of the client's Rights & Responsibilities.

A signed copy of the client's Rights & Responsibilities should remain in the client's file, and a copy should be provided to the client to keep.





Intake: Gather information

- HIV Verification
- Residency
- Income





Gather: HIV Verification

Documentation of HIV status must include **at least one** of the following:

- A current CAREAssist card, CAREAssist HIV Verification form or a copy of the CAREAssist Eligibility Verification Report in the client file
- Written verification of test results that confirm an HIV diagnosis sent directly from a lab or physician
- Lab results at any time during the client's lifetime that show detectable HIV RNA sent directly from a lab or physician
- Written verification from another HIV case manager who has one of the above documents in the client's file
- Written verification of a test result that shows an unconfirmed preliminary positive HIV test result





Gather: Residency

The client must provide proof of residency by presenting documents with their full legal name and an address, within the service area, that matches the residential address provided during the intake.

Examples of acceptable documentation include:

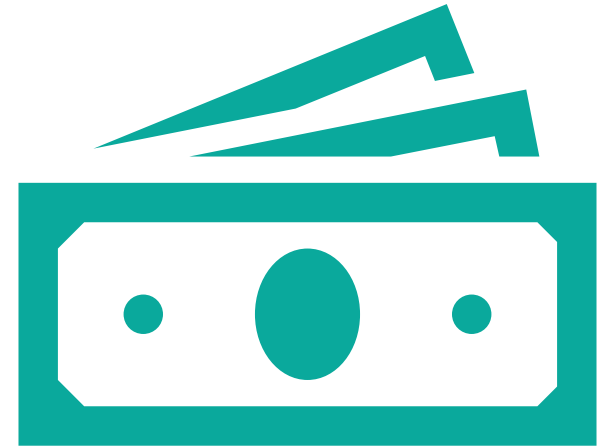
- Unexpired Oregon State driver license, Tribal ID, or Oregon State ID
- Utility bill (including cell phone)
- Lease, rental, mortgage or moorage agreement/document
- Current Oregon Voter Registration card





Gather: Income

While any person living with HIV can receive case management services, review the Support Services Guide to determine a client's income eligibility to receive support services



Intake forms

Intake forms can be found on the Case Management Standards and Forms portion of the Oregon Health Authority website

DHS
Oregon Department of Human Services

Authorization for Use and Disclosure of Information

This form is available in alternative formats including Braille, large print, computer disk

Legal last name of client/applicant: _____ First: _____ MI: _____ Date of birth: _____ Case ID number: _____

Intake / Annual Eligibility Review

Confidential — this form must be saved on a secure network accessible only by Ryan White funded staff.

Initial intake ☐ Annual review ☐ Date completed: ____/____/____

Social Security number: _____ DOB: ____/____/____

Personal information

Legal last name _____ Legal first name _____ Middle initial _____ County: _____

Preferred Pro-Noun ☐ She/Her/Her ☐ He/Him/His ☐ They/Them/Their ☐ Ze/Hir/Hirs ☐ Other: _____

Street address (if homeless, complete affidavit on page 5) _____ City _____ State _____ ZIP _____

Mailing address, if different _____ City _____ State _____ ZIP _____

Home phone number _____ O.K. to leave message? ☐ No ☐ Yes

Message phone number _____ O.K. to leave message? ☐ No ☐ Yes

Email address _____ O.K. to send email message? ☐ No ☐ Yes

Cell phone number _____ O.K. to receive mail? Enter in CAREWare ☐ No ☐ Yes

Message phone name and relationship: _____ O.K. to receive mail? Enter in CAREWare ☐ No ☐ Yes

Current ROI on file? ☐ No ☐ Yes

Key contacts

Emergency contact _____ Relationship _____ Phone number _____

Primary care physician _____ Relationship _____ Phone number _____

HIV specialist _____ Relationship _____ Phone number _____

Pharmacist _____ Phone number _____

Dentist _____ Phone number _____

Aware of HIV status ☐ No ☐ Yes

Sex assigned at birth: ☐ Male ☐ Female

Ethnicity and race ☐ Hispanic or Latino¹ ☐ Non-Hispanic or Latino ☐ Native Hawaiian or Pacific Islander² ☐ Other (Specify): _____

Gender identification: ☐ Male ☐ Female ☐ Transgender (F → M) ☐ Transgender (M → F) ☐ Other: _____

¹ If Hispanic or Latino: ☐ Mexican, Mexican American ☐ Asian² _____

Expiration date or event*:

Otherwise specified. Information that was about my case. I am signing this _____

client: _____ Date: _____





Intake information

- Intake should be initiated as soon as possible
- Provide client the list of documentation necessary to complete the Intake
- Conduct crisis triage screening upon first contact
- If in crisis, provide intervention if necessary





Intake interview

Hi Miguel. My name is Farrah. We spoke on the phone last week. I'm an HIV case manager. I understand you might be interested in enrolling in case management services here, is that correct?





Yeah, that's right. Here, I brought the documents you asked me to bring.



OK, great, thanks for bringing these in as they will help us get everything started today. I'll need to collect some more information from you to make sure you're eligible for the program.



But before we begin, I want to cover our agency confidentiality policy with you, which basically states that everything you share with our agency is private and we can't tell anyone else, even your doctor, what you tell us. The only way that our agency can talk to another person, your doctor, friend, or anyone about you or your health is by having you sign what's called a release of information.



The only exception to this would be if you share with me that you want to hurt yourself or hurt somebody else.



*Refer to your agency's policy regarding mandatory reporting.



**What questions do you
have about our
confidentiality policy?**



What questions do you
have about our
confidentiality policy?



None that I can think
of right now.



What questions do you
have about our
confidentiality policy?



None that I can think
of right now.



OK, have you been in case
management before?



What questions do you have about our confidentiality policy?



None that I can think of right now.



OK, have you been in case management before?



Yes, I had a Care Coordinator for a while when I first got diagnosed, but that was a while ago.



OK, can you tell me what you understand about the purpose of case management?

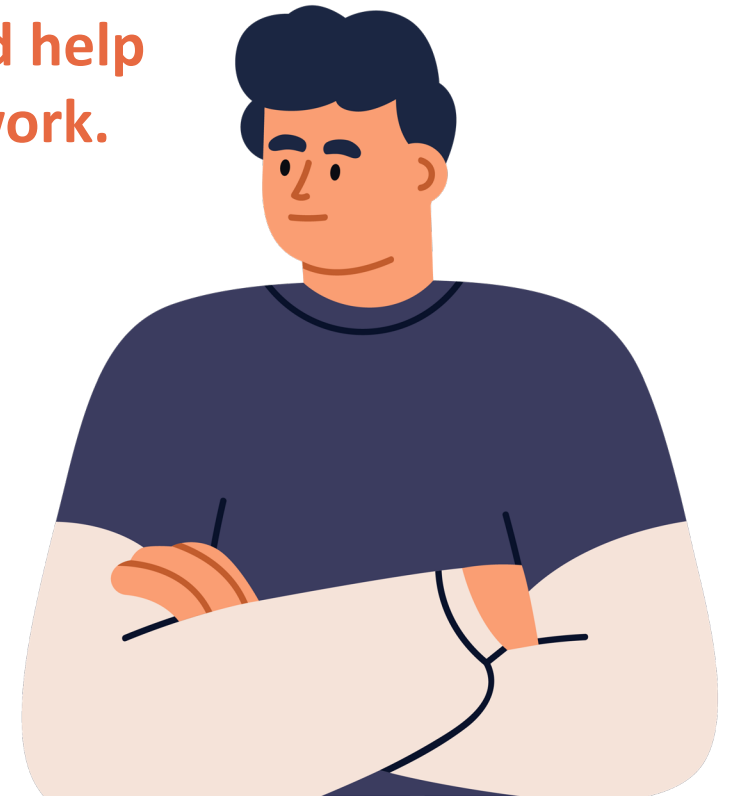




Well, my last Care Coordinator helped me make sure my medical bills got paid and helped me find a doctor that I liked. That kind of thing.

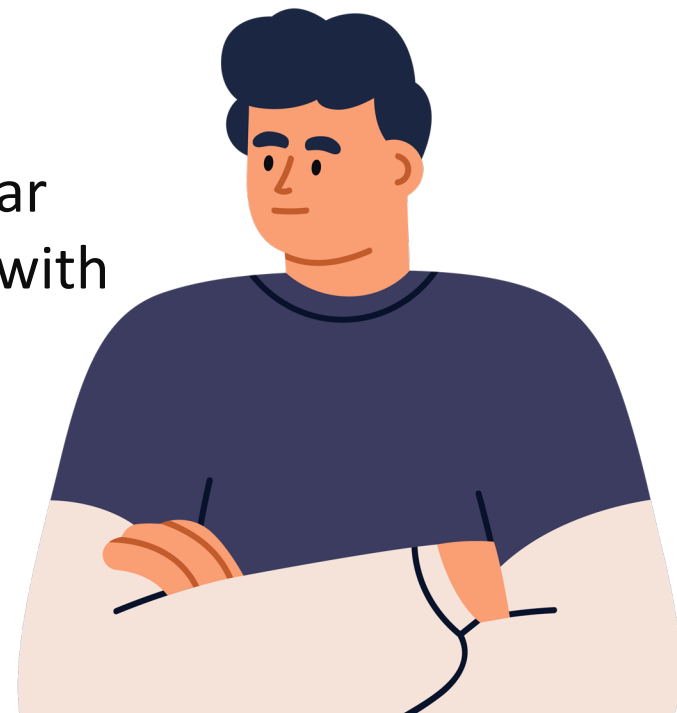


Yeah, that's about right. Our Care Coordinators and Medical Case Managers can talk with you about your overall health, your dental health, emotional health, make sure you get to the doctor, help you find a doctor that you like. They can also provide information about HIV and referral to other services if there's something you need help with that's outside of their scope of work.





OK great, that sounds pretty similar
to the Care Coordinator I worked with
before.



Great. I just need to ask you a few questions to get this all started.





Intake interview

- Where are you currently living?
- How old are you?
- How do you identify your gender?
- How do you identify your race or ethnicity?
- What kind of health insurance do you have?





Quiz time!

Please refer to the [Standards of Services](#) document if you aren't sure of any of these answers



Multiple choice – County-based model

You receive a call from a new client looking to enroll in case management. How many days do you have to return their phone call and start the intake process?

- A. 3 days
- B. 5 days
- C. 7 days
- D. 14 days



Multiple choice – Regional model

You receive a call from a new client looking to enroll in case management. The client is newly diagnosed. How many days do you have to return their phone call and start the intake process?

- A. 24 hours
- B. 3 days
- C. 5 days
- D. 14 days



Multiple choice – Both models

It's Friday afternoon and a brand-new client calls you, requesting services. You start the initial Intake and find out the client is currently living out of their car. You are not familiar with resources in the area yet. What do you do?

- A. Refer them to a community shelter
- B. Complete the intake
- C. Consult with your team for shelter recommendations
- D. Consult with the OHOP Housing Coordinator for shelter recommendations and other community resources
- E. All of the above



Multiple choice – Both models

You started intake with an uninsured client two weeks ago and have yet to receive the income documents to complete their intake. They called today to see if you could help them medications, as they will have no more after tomorrow. What do you do?

- A. Tell them to call CAREAssist to see if they can help
- B. Work with a nearby pharmacy to refill their medications, using the drug medication EFA service to pay for the refill
- C. Help them fill out a Patient Assistance Program application to see if a pharmaceutical application can be used
- D. Help the client complete and submit a CAREAssist Bridge application and contact CAREAssist





Module overview

- Introduction to the intake process

[CAREWare Resources](#)



Conclusion

Thank you for completing the Intake & Eligibility Module eLearning course!

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

