

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 7:
Follow-Up & Monitoring

Objectives:

1. Introduction to follow-up and monitoring
    - Triage
    - Care coordination
    - Rescreening and reassessment
    - Changes in acuity
    - Changes in care plan
    - Referral outcomes

Introduction to follow-up & monitoring

- [x] Reassessment
- [x] Rescreening
- [x] Changes in acuity
- [x] Changes in care plan
- [x] Follow-up on referrals and advocacy

Introduction to follow-up & monitoring

This module will provide a summary of program expectations when working with an ongoing case management client.

Follow-up & monitoring are inseparable

- Systematic follow up
- Care Coordinator and client discuss and evaluate care plan

Follow-up & monitoring are inseparable

Review goals and activities regularly to:

- Determine whether changes with client warrant change in the care plan
- Determine whether the goals and activities are being completed in a timely manner, and if not, why not

Follow-up & monitoring frequency

Regional Model

Acuity	Frequency
1	N/A
2	N/A
3	30 days
4	2 weeks

County Model

Acuity	Frequency
1	6 months
2	6 months
3	30 days
4	2 weeks

The HIV/AIDS Bureau requires recertification of eligibility annually

Follow-up & monitoring

- Triage
- Care coordination
- Rescreening/reassessment
- Changes in care plan
- Changes in acuity
- Referral and advocacy outcomes

Triage

Systematic method for follow-up on clients

- Assess for changes in psychosocial and medical needs

Triage

See the Standards of Service for more details

Triage

See the Standards of Service for more details

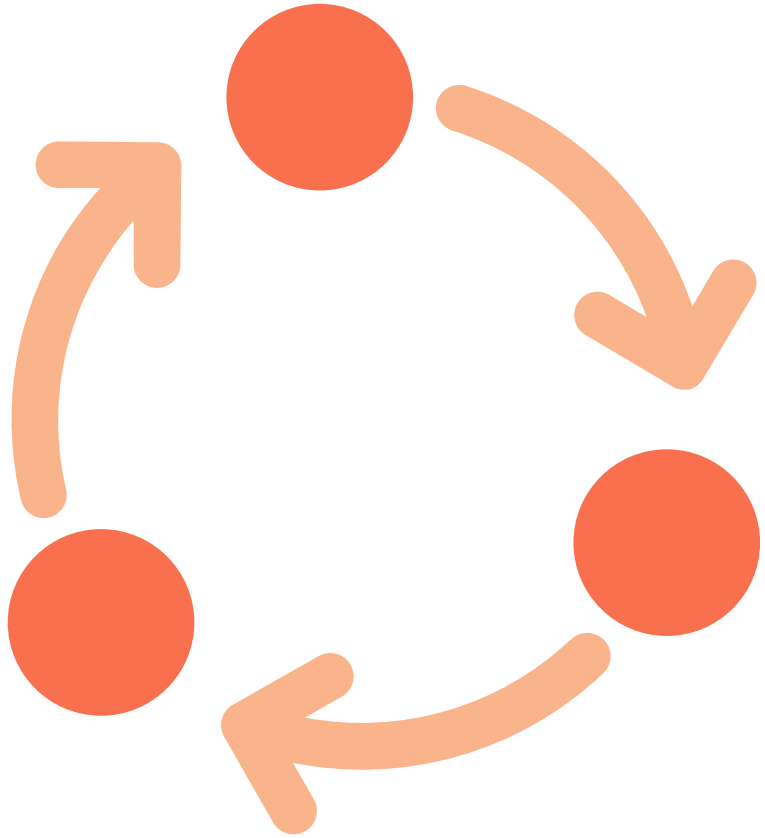
Case conferencing

Regional Model

- Care Coordinator (CC) Case conferencing
- Medical Case Manager (MCM) Case conferencing

County Model

- Case conferencing



Ensure all providers are working together

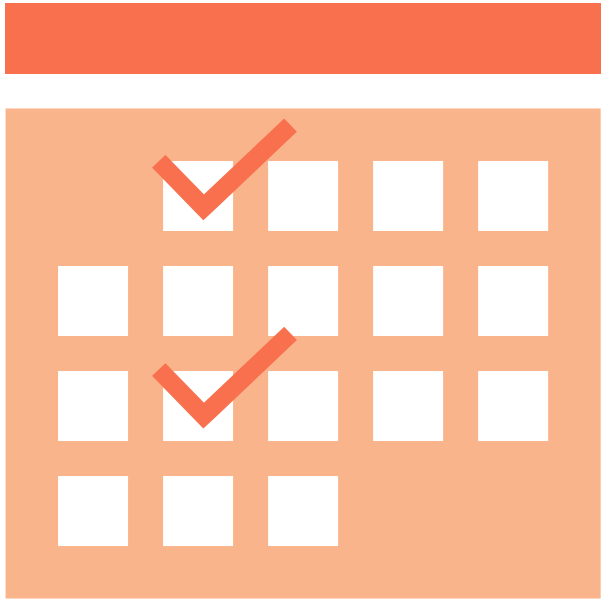
Case conferencing purpose

Case conferences can be used to:

- Identify or clarify issues regarding a client's status, needs, and goals
- Review activities including progress and barriers towards meeting the goals
- Map roles and responsibilities of the participants
- Resolve conflicts or strategize solutions
- Create an integrated Care Coordination Plan

Case conferencing process

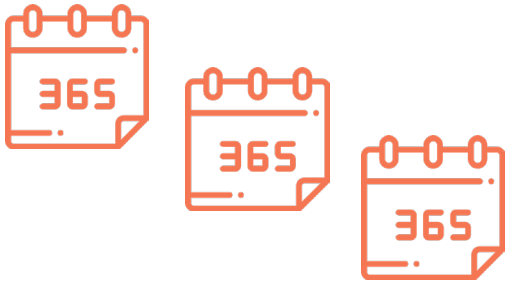
- Can be internal, external, or both
- Frequency is dependent upon client's acuity
  - At least once every 30 days for acuity 3
  - A least once every 2 weeks for acuity 4
- Client should be involved when appropriate



Rescreening and Reassessment

Clients with **Psychosocial Acuity of 3 or 4** receive annual Psychosocial rescreening

Low acuity clients receive rescreening and reassessment every 3 years

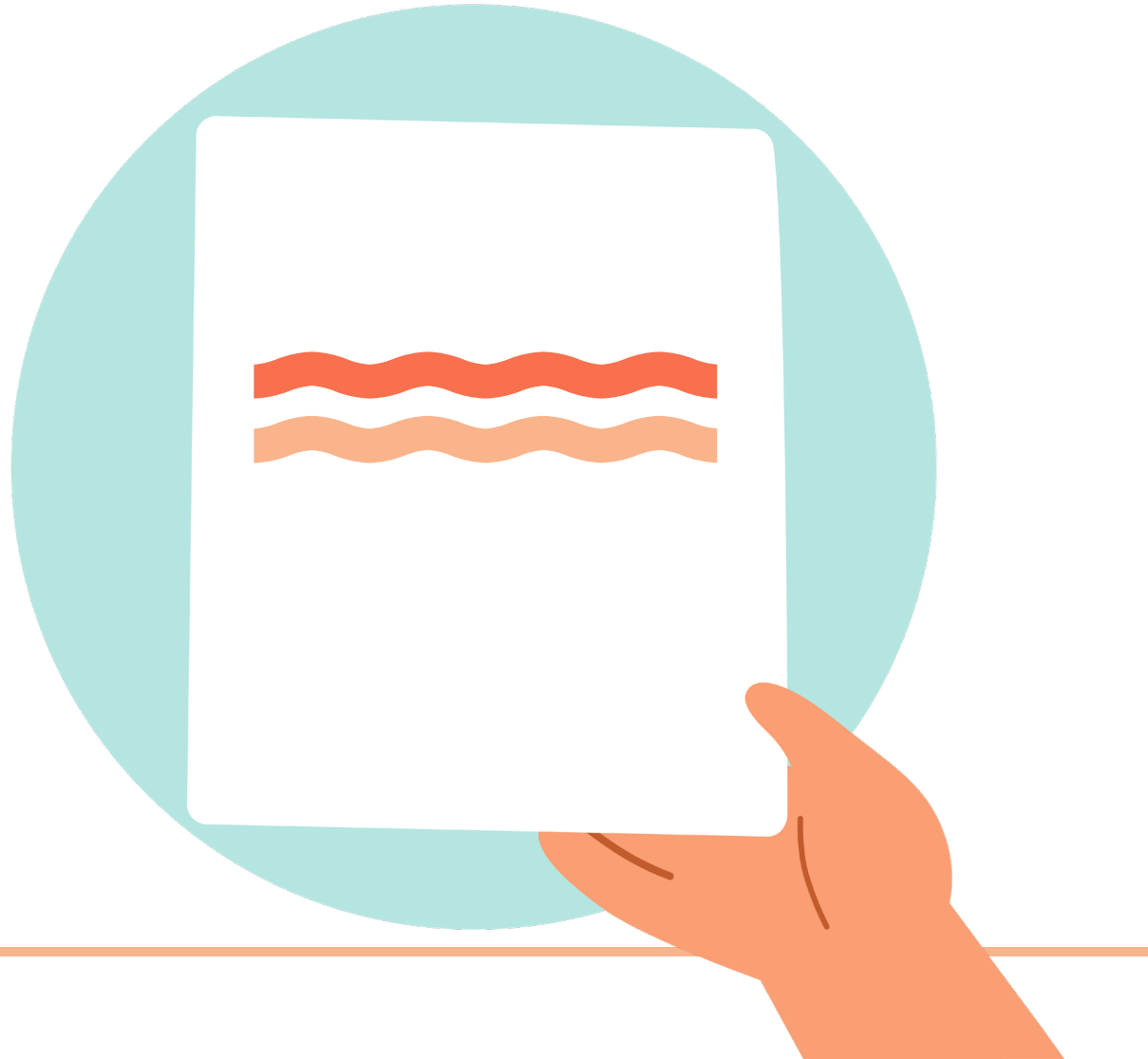


Clients with **RN acuity of 3 or 4** receive annual Nurse reassessment

Care plan changes

The care plan is fluid

- Progress towards identified goals and objectives is discussed and amended at follow-up
- When there is a change in the care plan, a copy should be provided to client and client's providers as necessary



Care plan: Regional model

Follow-up and monitoring goals:

- Ensure that changes in client condition or circumstance are communicated
- Ensure that goals and activities are meeting client need
- Build and maintain rapport
- Reduce service duplication

Care plan: Regional model

- Care plan for clients with CC acuity 3 or 4 monitored per acuity
- Clients with CC acuity 1 or 2 do not receive further care planning unless needed
- New clients receive care plan at intake, and Care Coordinator will follow-up within 6 months

Care plan: County model

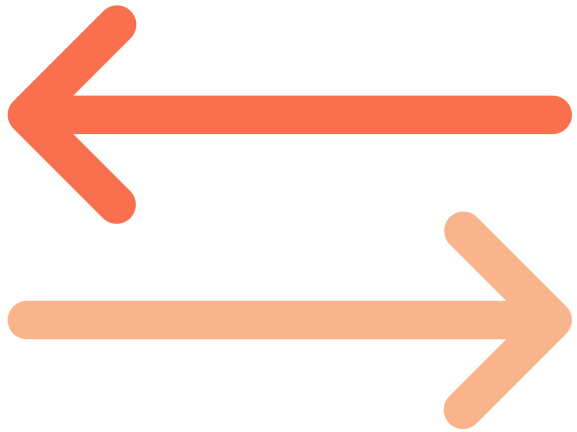
The Care Plan should be developed and monitored to in accordance with client's acuity to:

- Coordinate services
- Implement the plan
- Assess the efficacy of the plan
- Provide periodic evaluation and adaptation

Medical Case Manager initiates follow-up

Changes in acuity

- Acuity may change at any time
- See Standards of Service for further information regarding documentation of such change



Referral outcomes

- It is your responsibility to follow-up with a client on referral outcomes
- Some clients make require advocacy or additional assistance with referrals

All documented referrals in CAREWare should have final outcome within 6 months

Follow-up session

Miguel, one of the things that I want to follow up on is your tobacco use. I know when we talked about this before, you had no interest in quitting and I just want to check in with you for a minute about this. Is that okay?

Ah, sure, I guess.

MI tool: Secure permission from client before starting difficult conversation

How worried are you about your tobacco use?

Yeah – I'd like to quit, but I just don't think that now is the best time. I've cut down quite a bit, but with everything else that I've had to think about and all these different changes, I just think I need it.

So, if you were looking at that scale again, on a scale of 1 to 10, how ready would you say you are to quit. 1 is not ready at all, and 10 is I'll do it today

A 6.

MI tool: Use a scaling question to assess readiness

Okay, a 6. So you’re moving up the scale a little bit.

Getting there.

So, what do you think would be the worst thing about quitting?

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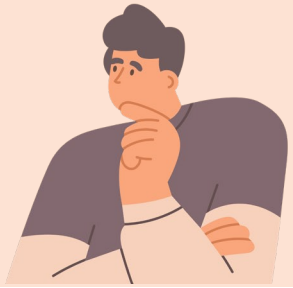
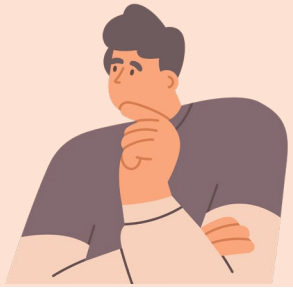


Just not having that crutch. I really do enjoy smoking. And you know, besides cutting down on my drinking, and dealing with my dental issues, it’s just something I think I need right now.

So, what do you think would be the worst thing about quitting?



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So you're focusing on other things right now, and you're worried about taking on too much at once.

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So you're focusing on other things right now, and you're worried about taking on too much at once.

Yes, that's it

So, when you think about your reasons for continuing to smoke, it's because of the things you feel are being taken away from you right now?

Well, not so much what's being taken away, it's just the changes. You know, starting all over again. I mean, I definitely do want to quit, and I will, just not yet.

MI tool: Reflection (the R in OARS)

Earlier you had said that you had quit in the past. When you had quit in the past, what was the best part of that for you?

I think the best thing for me, honestly, was the money that I saved. I was always looking for a cigarette, and my friends smoked, so you'd go into a bar, and smoking and drinking was sort of intertwined with each other. You can't have a drink without a cigarette and I'm just not ready to give that up yet. And yet is the key word.

So, if we're projecting in the future, when would you know it's time to quit.

I think just my own desire.

MI tool: Looking forward into the future

Tell me about that.

Well, I absolutely want to quit 100%, on a scale of 1 to 10, a 10+. And I hope I do well with getting myself situated here first. I'll need some help, a smoking cessation aid or something else, and then I will seriously put my efforts into quitting. I would love to be a non-smoker, but it's a real hard habit to break.

MI tool: Open-ended questions (the O in OARS)

It’s a difficult thing to do. So, it sounds like right now, you’re not ready to quit, but that you recognize why it would be important to quit, and that once you get some of these other goals met; steady employment, squaring away your insurance coverage, that quitting smoking is something you’d see working on in the future. Am I understanding you correctly?

Yes, absolutely.

MI tool: Checking in after a reflection to make sure you got it right

Great! Well, there are many programs to help you quit or reduce your tobacco use available for when you're ready, and maybe we can revisit this in the future once you've completed some of these other goals first.

Follow-up session

A few weeks later, Farrah is contacted by Miguel who is upset. He tells Farrah he tested positive for syphilis.

She's a bit concerned about this since Miguel told Farrah in the initial screening that he hadn't had sex with anyone else besides his ex for several years and was pretty good about using condoms. Let's see how she handles this conversation.

Hi Miguel, it’s so good to see you. I’m glad to report that I received approval of your CAREAssist and OHP insurance enrollment. The folks at the Vital Purpose program have an event coming up and I’ll give you some information on that before you leave today. Before we touch base on the rest of the care plan, I want to acknowledge our conversation the other day regarding your contracting syphilis.

So – was that an expected thing or did that come as a surprise?

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Somewhat of a surprise.

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Tell me more about what was surprising.

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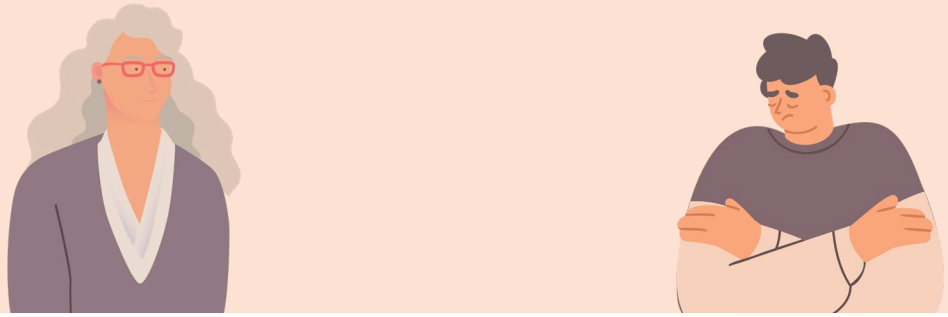

Tell me more about what was surprising.

Well, I realize that I had had a few sexual partners since the breakup, mostly out of anger towards Ray, but I certainly didn't expect this to happen.

So the anger was coming from the breakup?

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It was mostly a “I’ll show him” type of deal. I was drinking, and I made some poor choices, and this one particular gentleman was a friend of Ray’s, so I thought it would feel good to put it in his face.

So the anger was coming from the breakup?

It was mostly a “I’ll show him” type of deal. I was drinking, and I made some poor choices, and this one particular gentleman was a friend of Ray’s, so I thought it would feel good to put it in his face.

So it sounds like you were feeling pretty burnt at that point and trying to get back at him.

So the anger was coming from the breakup?

It was mostly a “I’ll show him” type of deal. I was drinking, and I made some poor choices, and this one particular gentleman was a friend of Ray’s, so I thought it would feel good to put it in his face.

So it sounds like you were feeling pretty burnt at that point and trying to get back at him.

Yes, thinking that it would hurt him more than me. But there were no questions asked at that point, about his status or whatever.

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No, not at all.

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No, not at all.

So, this is where it gets complicated, because it's not only HIV that we're concerned about, but there are other types of infections, and unfortunately you got stuck with syphilis.

So that whole disclosure discussion about HIV and other STIs wasn't in the picture.

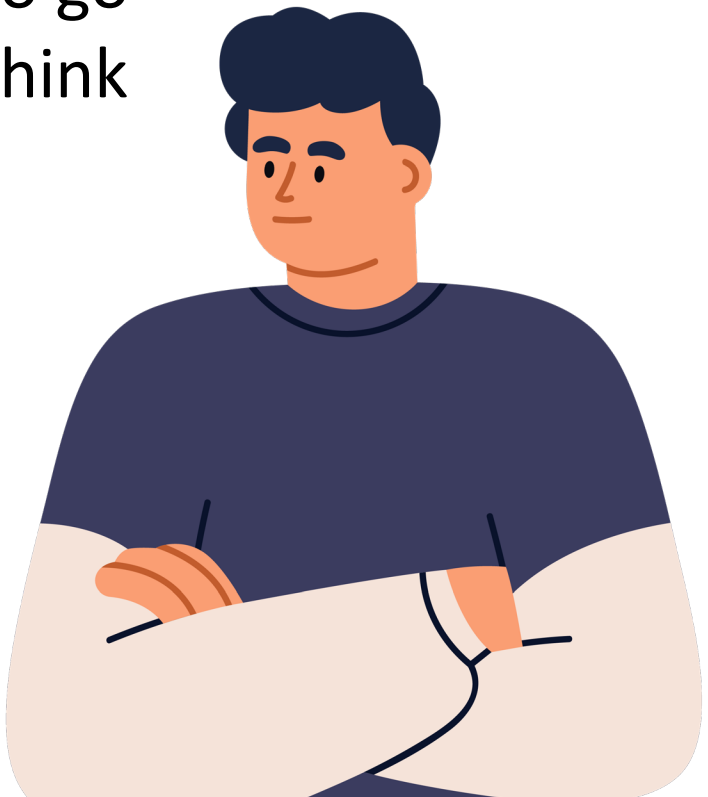
No, not at all.

So, this is where it gets complicated, because it's not only HIV that we're concerned about, but there are other types of infections, and unfortunately you got stuck with syphilis.

Yes, I did.

I understand how those things can happen, especially when emotions are involved. This condition is curable. Can you tell me what the plan is in terms of treatment?

Well, I got a shot at the doctor, and I'll have to go back for two more I think she said.



It’s really important that you return for all the injections, and to do the follow up because they’ll need to do some blood work to make sure it has been cured. How did you get to the doctors' appointment for your first shot?

I took the bus, but I was late because the closest stop is still a far walk to their office. I didn’t think I was going to make it.

I understand. Before you leave, I can help you set up medical transportation to make you get to your follow up visits on time.

And then, as it was when you were diagnosed with HIV, remember when someone got a hold of you to discuss sexual contacts, to make sure that anyone who's been exposed to a STI gets tested and treated? Have you heard from anybody from the health department about this?

Not yet, and I'm a bit reluctant and scared to call and tell them.

So you’re not comfortable being the person to get a hold of your sexual partners.

No, not at all.

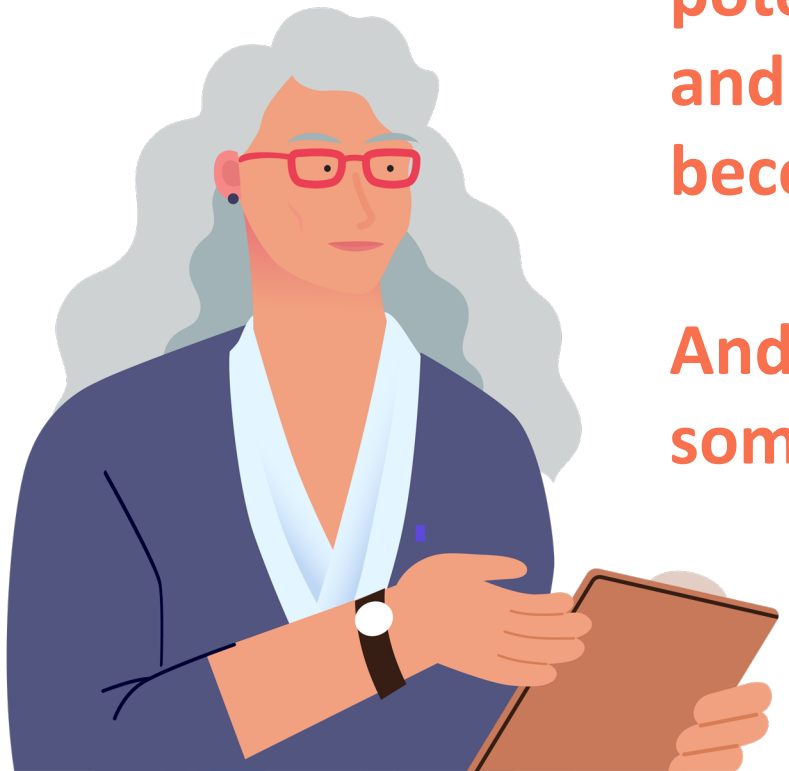
So, with any communicable disease like this, you're typically given the choice of you contacting the person you were with to tell them you've been diagnosed and that they need to get tested and possibly treated or the other option is a nurse contacts that person.

It's all very confidential and they wouldn't name you personally.

They would basically tell your partners that someone recently diagnosed with syphilis named them as a previous sex partner, and we recommend you get tested to find out if you've been exposed and need treatment.

The most important thing is that anyone who was potentially exposed to it has the opportunity to find out and get treated if needed. If left untreated syphilis can become a very serious illness and infect others.

And it sounds like from what you're describing that's something you're not comfortable doing yourself.



Right. And if there’s somebody else that can do that. Great.

Yes, the health department can help with that.
You can help the health department do that by sharing information with them that will help them contact anyone who might have been exposed. I realize it's not a fun conversation to have, but it is an important opportunity to help keep people you know healthy.

Well, honestly, I don't have much contact information for them, but I can share what I know.

Quiz time!

True or False – Regional model

Only clients with CC acuity 3 or 4 will have an annual screening.

A. True
B. False

True or False – County model

All high acuity clients will have an annual rescreening and reassessment.

A. True

B. False

True or False – Both models

John, an acuity 2, leaves you a voicemail requesting utility service. You see that it's only been two months since you last spoke with them, so you can wait 4 months before you return their call.

A. True

B. False

True or False – Both models

Your client is an acuity 3, so you've met the standard for follow-up if you leave a voicemail on their phone once a month.

A. True

B. False

CAREWare

See the CAREWare training, CAREWare quick guides and the Standards of Service

Module overview

- Introduction to follow-up and monitoring
  - Triage
  - Care coordination
  - Rescreening and reassessment
  - Changes in acuity
  - Changes in care plan
  - Referral outcomes

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.