



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 8:

Changes in Enrollment Status

Objectives:

1. Introduction to the process for changes in enrollment status

Processes



Relocated



Referred/Discharged



Termination

Relocation

- Client is moving out of the Part B Case Management service area but wants to continue receiving services from another HIV case management provider
- Purpose is to minimize disruption and assist a client moving between programs



Relocation

- Assist the new Care Coordinator in understanding the client's needs
- Reduce barriers to the client's ongoing access to care



Relocation

		Authorization for Use and Disclosure of Information			
<i>This form is available in alternative formats including Braille, large print, computer disk and oral presentation.</i>					
Legal last name of client/applicant: [redacted]		First: [redacted]	MI: [redacted]	Date of birth: [redacted]	
Other names used by client/applicant: [redacted]				Case ID number: [redacted]	
By signing this form, I authorize the following record holder to disclose the following specific confidential information about me:					
Section A	Release from one record holder: <i>(individual, school, employer, agency, medical or other provider)</i>		Specific information to be disclosed:		Mutual exchange: Yes/No
	[redacted]		HIV status, insurance, criminal history, corrections status, planned post-release, housing & income, post release requirements		[redacted]
	[redacted]		[redacted]		[redacted]
	[redacted]		[redacted]		[redacted]
	[redacted]		[redacted]		[redacted]
If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information: HIV/AIDS: [redacted] Mental health: [redacted] Genetic testing: [redacted] Alcohol/drug diagnoses, treatment, referral: [redacted]					
Section B	Release to: <i>(address required if mailed)</i> If releasing to a team, list members.		Purpose:		Expiration date or event*:
	Oregon Health Authority; OHOP		Verify program eligibility, care coordination, service access		[redacted]
	[redacted]		[redacted]		[redacted]
	[redacted]		[redacted]		[redacted]
	[redacted]		[redacted]		[redacted]
*This authorization is valid for one year from the date of signing unless otherwise specified. I can cancel this authorization at any time. The cancellation will not affect any information that was already disclosed. I understand that state and federal law protects information about my case. I understand what this agreement means and I approve of the disclosures listed. I am signing this authorization of my own free will. I understand that the information used and disclosed as stated in this authorization may be subject to re-disclosure and no longer protected under federal or state law. I also understand that federal or state law prohibits re-disclosure of HIV/AIDS, mental health and drug/alcohol diagnosis, treatment, vocational rehabilitation records or referral information without specific authorization.					



Referred/discharged

- Fails to meet eligibility requirements
- Lost to follow up or is unresponsive for more than 60 days
- Referred the client to another Part B funded provider
- Closed by the client at their request
- Been notified that client is deceased



Referred/discharged - incarcerated

- The client moves into a system of care which provides institutional case management





Lost to follow-up

Lost to follow-up procedures should occur before referral/discharge

At least six good faith attempts to contact via

- Phone
- Text
- Email
- Letter
- Provider contacts
- Home visit

Sought out contact information via

- Client's CAREAssist case worker
- Medical provider
- Housing coordinator
- Emergency contacts
- Social media sites
- Jail rosters



Lost to follow-up

Certified letter sent to last known mailing address

Letter should state that if there is no response within two weeks, their file will be closed



Lost to follow-up

- Option to return and re-engage when they are ready
- Right to file a grievance or request a hearing



See [Standards of Service](#), [CAREWare quick guides](#) and the [CAREWare training modules](#) for more information on expectations and documentation.



Referred/discharged

- If transferring within Part B or returning to same agency within 6 months, no new Intake, Screening, or Assessment is necessary
- If Intake, Screening, and Assessment were completed more than 6 months prior to transfer, complete a new Intake, Screening, and Assessment



Termination

Termination can only occur if a client's circumstances meet specific criteria:

- Client submits false, fraudulent or misleading information in order to retain benefits
- Client uses support services fraudulently
- Client consistently violates program responsibilities outlined in OAR 333- 022-2070





Termination

- Discuss with supervisor
- Discuss with client when possible
- Inform the client in writing of the agency grievance policy and their right to a contested hearing
- Make final referrals as necessary





Quiz time!



Standards of Service



Multiple choice

Ryan has left you a message stating that they have taken a job in Portland and will be moving at the end of the month.

What should you do?

- A. Wish them well and change their enrollment status in CAREWare
- B. Ask them if they'd like a referral to care in Portland, sign ROIs as needed, and share any helpful information to their new medical provider and/or Care Coordinator
- C. Refer them to a new provider in Portland if they want it, but leave they're record open in CAREWare as you don't trust their job is going to work out in Portland



Multiple choice

You receive word that a client who you have been trying to contact has been in jail the past month.

What should you do?

- A. Terminate them
- B. Leave their case open- they are in jail and will probably be getting out soon
- C. Call the jail or use Vinelink to track the client release date. Notify CAREAssist of the client's location and release date. CAREAssist will determine what type of assistance they can provide. Ensure that the clients medication needs are being met and plan to provide case management for reentry to the community up to 180 days prior to release



Multiple choice

It's been several weeks since you last heard from a client. Their phone is disconnected, and they haven't responded to any of your emails.

What should you do?

- A. The client is considered lost to follow-up. Send them a letter and close out their file if they do not respond in two weeks.
- B. Keep trying to reach the client. Contact the clients OHOP Housing Coordinator and/or CAREAssist Case Worker for updated information. Make a minimum of six attempts in a minimum of four different communication methods such as phone calls, text messages, certified letters, email, home visits, and/or information provided by medical providers, pharmacists, emergency contacts, social media sites, jail rosters.
- C. This client tends to disappear for awhile every six months. Keep them open indefinitely because you know they'll resurface eventually.





CAREWare



See the [Standards of Service](#)



Module overview

- Introduction to the process for changes in enrollment status



Conclusion

Thank you!

This concludes the Standards of Case Management training modules.

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

