



***Georgia HIV/AIDS
Case Management Standards
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***Georgia Department of Human Resources
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Communicable Diseases Section
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Deanna Baker, RN
RN Case Manager
Dalton 1-2

Pamela Phillips, MSA
Quality Management Coordinator
Ryan White Part B Program

Robbie Bowman, RN
STD/HIV Coordinator
South Central Health District 5-1

Jane Powell, LMSW
Social Services Provider 2
Northeast Health District 10

Cassandra Bray
Case Manager
AIDS Athens

Jacqueline Reed
Social Services Provider I
West Central Health District 7

Jeffrey Brock, MPH
Program Director
Ryan White Part B Program

Beverly Robertson RN, ACRN
Public Health Nurse Specialist
North Health District 2

Michael Coker, BSN, ACRN
PHSO Nurse Consultant
Ryan White Part B Program

Nicole Roebuck, LMSW
Director of Client Services
AID Atlanta

Rosemary Donnelly, MSN, APRN
PHSO Nurse Consultant
Ryan White Part B Program

Betty Simmons, MA
Case Management Supervisor
Coastal Health District 9-1

LaShawne Graham, BSW, MSPSE
Social Services Provider 1
South Health District 8-1

Deborah Swinford
Program Manager
Specialty Care Clinic
Northeast Health District 10

Karla Hendriquez
Program Assistant
North Health District 2

Justine Sher
Case Manager
AIDS Athens

Sheri Oliver, MPH
Quality Management Coordinator
Ryan White Part B Program

W. Jason Stanford, MPA
District Liaison
Ryan White Part B Program

Doris Pearson
Social Services Provider I
ADAP/HICP Coordinator
East Central Health District 6

Sylvia Talley
Social Services Provider
Cobb/Douglas Health District 3-1

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Introduction

HIV/AIDS case management provides a dynamic system of case management based upon the changing needs of enrolled clients. HIV/AIDS case management in Georgia is available statewide through Ryan White HIV/AIDS Programs that receive Federal funds from the Health Resources and Services Administration (HRSA). Other agencies such as community based organizations may provide case management services to persons living with HIV/AIDS.

The Georgia HIV/AIDS Case Management Standards may be adapted to other HIV/AIDS programs, but it is intended to assist case managers, case manager supervisors, and other agency staff who are serving HIV/AIDS clients funded through the Ryan White Part B Program. These Standards are not meant to replace or override existing, more detailed standards that provider agencies may already have in place. It is intended to assist the agency and case managers in fulfilling the generally agreed upon objectives or goals of case management:

- To increase the quality of care and quality of life for persons with HIV/AIDS
- To improve service coordination, access and delivery
- To reduce the cost of care through coordinated services which keep persons with HIV and AIDS out of the hospital
- To provide client advocacy and crisis intervention services

Case Management Defined

Case management is a directed program of care and social service coordination. There are many definitions that vary among agencies; however, for these case management standards, the definition of case management used will be that from HRSA for Ryan White Programs.

Medical case management services: A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Coordination of services required to implement the plan
- Client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and adaptation of the plan as necessary over the life of the client

The Case Manager

Roles of a Case Manager

The roles of the case manager are varied and require that the case managers assist clients in addressing problems in all facets of their lives. Case managers often act in the following roles:

- Advocate
- Counsel
- Problem Solver
- Coordinator with Service Providers
- Planner
- Prudent Purchaser

Skills of Case Manager

In addition to requiring that staff be knowledgeable in all areas listed above, effective case managers must possess a wide range of skills in order to carry out their functions. The case manager must have considerable skills in locating, developing, and coordinating the provision of supportive services in the community, as well as skills in coordination and follow-up of medical treatments and adherence counseling. Case managers can benefit from training in the following areas regardless of their educational background:

- Six phases of case management process (Intake, Assessment, Plan of Care Development, Coordination of Services, Monitoring/Plan of Care, and Documentation)
- Interviewing
- Oral, written, and communication skills
- Establishing rapport and maintaining relationships
- Knowledge of eligibility requirements for applicable local, state and federal programs
- Community organizations
- Consultation strategies
- Basic working knowledge of HIV/AIDS
- Basic understanding of highly active antiretroviral therapy (HAART) including treatment adherence
- Record keeping and documentation

Case Load Size

Caseload size alone is not necessarily indicative of the case manager's workload. The stage of the client's illness (asymptomatic/symptomatic) and/or the emergency circumstances which a client may or may not have (housing needs) often dictates how a case manager's time is spent. A case load of 10 symptomatic clients may take more case management time than a caseload of 20 asymptomatic clients. Case managers should be assigned caseloads in a number of ways including caseload number specialization of cases such as symptomatic/asymptomatic/pediatric, if applicable to your program, and client's geographic location. Funding source is another criteria used to assign cases. Case management agencies should establish a fair method of assigning

caseloads based on the unique make-up of the HIV/AIDS population in their service area.

Caseload size is one of the most important factors affecting job performance. Generally, a caseload of 1:35 is considered an optimum caseload for the reasons stated above, but few case management agencies have caseloads at this level. Limiting caseload below 50 is encouraged, but caseloads are generally 50 or above. When caseloads increase above 50, the nature of the case manager's role may change in the following ways:

- Interactions with clients can become increasingly reactive rather than proactive
- More demanding clients may receive the greatest amount of attention from the case manager
- Case managers may not have enough time to develop a suitable rapport with the client
- To save time, case managers may do more for clients rather than working with the clients to foster their independence
- Less time will be spent on documentation requirements and data collection and reporting
- Staff turnover may increase secondary to burnout

Client Advocacy

Client advocacy is a necessary function which requires working closely within the system to make more services available. It recommends modifications to the system for serving the client and removes obstacles or barriers to a client receiving needed services.

Staff Training

All staff should be provided opportunities for training to become familiar with the particular aspects of HIV/AIDS to better understand the needs of the clients served. Case managers should particularly be provided opportunity for training in all aspects of the disease including coordination and follow-up of medical treatments and the provision of treatment adherence counseling. Publications and newsletters relating to HIV/AIDS can provide informative reading material for case managers. All case managers need to be trained in the use of state approved forms and methods of documentation.

Table 1. Case Management Personnel

Standard	Measure
<p>1.1 Newly hired HIV case managers will have at least the following qualification:</p> <ul style="list-style-type: none"> ■ The appropriate skill set and relevant experience to provide effective case management, as well as, be knowledgeable about HIV/AIDS and current resources available. ■ The ability to complete documentation required by the case management position. ■ Have a bachelor's degree in a social science or be a registered nurse with at least one year of case management experience. One year of full-time (or equivalent part-time) work experience in social services delivery (case management, outreach, prevention/education, etc). 	<p>Resume in personnel file.</p>
<p>1.2 Newly hired or promoted HIV case managers supervisors will have at least the minimum qualifications described above for case managers plus two years of case management experience, or other experience relevant to the position (e.g., volunteer management experience).</p>	<p>Resume in personnel file.</p>
<p>1.3 Case management provider organizations will give a written job description to all case managers and all case manager supervisors.</p>	<p>Written job description on file signed by the case manager/case manager supervisors.</p>
<p>1.4 Case managers will comply with the Georgia HIV/AIDS Case Management Standards.</p>	<p>Review of case management records.</p>
<p>1.5 Case managers will receive at least two hours of supervision per month to include client care, case manager job performance, and skill development.</p>	<p>Documentation in personnel file of date of supervision, type of supervision (one on one, group), and content of supervision.</p>
<p>1.6 The maximum caseload per case manager is 75 active clients.</p>	<p>Observation during site visit and self report by case manager.</p>
<p>1.7 Case managers will receive training on the Case Management Standards and standardized forms.</p>	<p>Documentation in training records/personnel file.</p>
<p>1.8 Case managers will participate in at least six (6) hours of education/training annually.</p>	<p>Documentation in training records/personnel file.</p>
<p>1.9 Each agency will have a case management supervision policy.</p>	<p>Written policy on file at provider agency.</p>

Table 2. Client's Rights and Responsibilities

Standard	Measure
<p>2.1 Each agency must have a client confidentiality policy (i.e., linguistically appropriate for the population being served). Every employee must sign a confidentiality agreement.</p>	<p>Written policy on file at provider agency. Copy of signed confidentiality agreement in personnel file.</p>
<p>2.2 Each agency must have grievance policies and procedures; and client's rights and responsibilities (i.e., linguistically appropriate for the population being served).</p> <p>Each agency must implement, maintain, and display documentation regarding client's grievance procedures and client's rights and responsibilities.</p>	<p>Written policy on file at provider agency.</p> <p>Grievance procedures and client's rights and responsibilities displayed in public areas of the agency.</p>
<p>2.3 Inform the client of the client confidentiality policy, grievance policies and procedures, and client's rights and responsibilities at intake and annually.</p> <p>The case manager and client will sign documentation of the above. The case manager will provide the client with copies of the signed documents.</p>	<p>Documentation in the client's record indicating that the client has been informed of the client confidentiality policy, and grievance policies and procedures, and client's rights and responsibilities.</p> <p>Signed documentation in client's record.</p>
<p>2.3 Obtain written authorization to release information for each specific request. Each request must be signed by the client or legal guardian. (e.g., linguistically appropriate for the population being served)</p> <p>Note: If releasing AIDS Confidential Information (ACI), the client must sign an authorization for release of information, which specifically allows release of ACI. (See Georgia Code Section 31-22-9-1 (a) (2) for definition of ACI and Georgia Code Section 24-9-47 for medical release of ACI.)</p>	<p>Release of information forms signed by client in case management record.</p>
<p>2.5 Provide the client with the agency's Notice of Privacy Practices on the first date of service delivery as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Obtain a signed copy of the patient acknowledgement of Notice of Privacy Statement (HIPAA form). Provide the client with a copy of the signed statement.</p>	<p>Signed acknowledgement of Notice of Privacy Statement (HIPAA form) in the client's record.</p>

Initial Intake

The first identified phase in the case management process is the initial intake and includes the time period from when the case manager makes the first contact with the prospective client through the process of enrollment.

Primary Activities of this Phase

The primary activities of this phase are limited to the following:

- Face-to-Face Contact
- Eligibility Determination
- Client Enrollment with the Case Management Agency

Client Referral and First Contact

Client referrals for case management services may come from the following sources:

- Directly from the client
- The client's family
- Healthcare provider
- Correctional institutions
- Other social services agencies

The case manager's first contact with a prospective client may be by phone, office visit, hospital or home visit. The telephone is one of the case manager's greatest tools and general information about the client can also be obtained by phone, but a face-to-face interview is generally necessary during this phase in the case management process. Intake should be completed within 30 days of initial contact.

Intake Form

During the initial intake, preliminary information is gathered by the case manager to determine whether or not the client is eligible for services. A determination of client eligibility for various programs including Ryan White, Social Security, general revenue funded programs, and other local programs should be explored. The Client Intake Form is an essential tool for obtaining and documenting the pertinent information needed to determine client eligibility. (See Appendix 1, Client Intake Form and Appendix 2. Income/Expenses Form.)

The case manager should become familiar with the eligibility requirements of the numerous assistance programs to better meet the needs of the client. Depending on the eligibility requirements of specific programs, the documents to verify health and financial eligibility vary but may include:

- Picture ID
- Proof of Income
- Confirmation of HIV Status
- Proof of Residency
- Proof of Insurance

If it is determined that the client is eligible for HIV/AIDS services, the case manager should proceed with the following:

- Enroll the client into case management.
- Obtain consent for services based on agency's policies.
- Explain all the health and support services available and other case management procedures.
- Explain the agency's regular, after-hours, weekend, and holiday policies (if applicable).
- Explain the case management agency's grievance policies and procedures, and client's rights and responsibilities.
- Advise the client of his/her rights to confidentiality as specified by state statutes and obtain authorization to release confidential information as needed.

Note: The client must sign an authorization for release of information, which specifically allows release of AIDS Confidential Information (ACI). (See [Georgia Code Section 31-22-9-1 \(a\) \(2\)](#) for definition of ACI and [Georgia Code Section 24-9-47](#) for medical release of ACI.)

- Initiate a client/file record to be maintained throughout the duration of the client's involvement with the case management agency.

Table 3. Intake	
Standard	Measure
3.1 Complete the Standardized Intake Form within 30 days of beginning intake.	Completed intake tool in client's record.
3.2 Determine eligibility for HIV case management services if client chooses to enroll in case management services	Picture ID, physician's note or laboratory test in client's record, proof of residency, proof of income, and proof insurance.
3.3 Obtain client's authorization for release of information if there is an immediate need to release or request information.	Signed Release (or No-Release) of Information in client's record.
3.4 Self-managed clients will be re-screened within five (5) business days of the client reporting emergent needs that will have serious, immediate consequences for the client if those needs are not met.	Documentation in client's record.

Initial Assessment

The second phase in the case management process is the initial assessment which continues until enough information has been shared by the client and obtained for the case manager and clients to make decisions about needs and services. This phase requires documentation and information gathering and is often combined with the Initial Intake Phase.

Primary Activities of the Assessment

The assessment of a client's needs is an on-going process. The initial assessment provides the necessary background information for determining the client's initial needs and services for the initial plan of care development. The primary activities of this phase include:

- Information Gathering
- Documentation
- Home Visit Assessment, if applicable

Information Gathering Documentation

After the client is determined eligible for services and is enrolled in the case management agency, the case manager should continue to gather and document more detailed and comprehensive information from what was gathered during the initial intake.

Sources of Information

Information for the assessment will likely be derived from a variety of sources.

- The client should serve as a primary source of information, and the case managers should actively engage the client in the assessment process. Clients can be asked to identify their own strengths and weaknesses and to assist in the determination of the support services that will be needed for independent living.
- The primary care physician may be contacted for more information on the client's medical condition and needed health and support services with the knowledge and consent of the client.
- Additional sources of information might include hospital or social service agency records, family, friends, and therapists. These sources of information must be utilized only with the knowledge and consent of the client.

Location of Assessment

The assessment can be accomplished through a series of contacts, the nature of which may include any combination of the following:

- Office
- Hospital
- Clinic
- Home
- Correctional Institutions
- Shelters

Subject Areas For Assessment Consideration

Five major areas of a client's life for consideration when conducting the initial assessment include the following:

1. Clinical – This includes discussion of the client's health status, diagnosis, possible treatments, the client's needs regarding treatment, the client's right to refuse care or insist upon a different approach, treatment adherence and barriers to adherence, and access to primary care.
2. Psychological – This includes discussion of the client's level of coping and functioning and past coping strategies that were tried; a review of available resources for client support; an assessment of the client's strengths and weaknesses and financial resources available for psychological assistance if needed; and support groups presented as options. Barriers to care such as financial issues should also be addressed.
3. Social – This includes discussion of the client's family structure, significant others and cultural background. The case manager should meet with the client's family members and significant others, if the client wishes. The client's history of family, friends, spouses, domestic partners and others are essential to the client's well-being. This network can provide a range and depth of services which can only be enhanced.
4. Economic – This includes the current financial resources and insurance coverage, financial assistance that has not been explored (i.e., food, housing and transportation). Budget counseling and debt management should be provided as an option. All sources of life, health, and disability coverage should be explored as well as employment options. The client and family should be educated about insurance issues and terminology. (See Appendix 2. Income/Expenses Form.)
5. Cultural – This includes a discussion of the client's cultural background and whether this area is a significant part of the client's life and whether or not it provides a source of comfort.

Table 4. Assessment/Reassessment

Standard	Measure
<p>Conduct client assessment within 30 days of beginning intake.</p>	<p>At minimum, the initial assessment should cover the following areas:</p> <ul style="list-style-type: none"> ■ Medical History/Physical Health Status ■ Medical Treatment and Adherence ■ Health Insurance ■ Family/Domestic Situation ■ Housing Status ■ Source of Income ■ Nutrition/Food ■ Mental Health ■ Substance Abuse ■ Personal and Community Support Systems ■ Disclosure ■ Risk Reduction ■ Legal Issues ■ Transportation ■ Cultural Beliefs and Practices/Languages ■ Additional Service Needs
<p>Conduct re-assessment of client needs on an on-going basis (at minimum, every six (6) months). For those clients receiving only information and referral services, the reassessment may take place via telephone.</p>	<p>Documentation (in form of progress notes, updated notes on initial assessment, or new assessment form) in client's record.</p>
<p>Assess treatment adherence including barriers to adherence at least every four (4) months.</p>	<p>Documentation of adherence assessment including barriers.</p>

Initial Plan of Care Development

The third phase in the case management process is the development of the initial plan of care (i.e., initial comprehensive, individualized service plan) which is completed with written documentation directly related to the client's needs. This phase is closely linked with the service coordination and assessment phase.

Primary Activities of This Phase

The primary activities of this phase include:

- Client participation in developing plan
- Written individualized service plan (ISP)
- Obtaining written agreement with the initial plan of care from client

Initial Plan of Care Development and Client Participation

The development of the initial plan of care is the “bridge” from the assessment phase to the actual delivery of services and constitutes another essential function of case management. It is developed on the basis of the information obtained from the client assessment and pinpoints the individualized needs of the client and links the appropriate services with the needs. The realistic needs of the client should also be reflected in the development of the plan.

Note: The ISP must include coordination and follow-up of medical treatments and treatment adherence.

Authors of the Plan

The client is involved with the planning of the initial plan of care, but it is the responsibility of the case manager to write the plan. The client's primary physician, caregiver, and other appropriate individuals should be contacted for additional information if deemed appropriate.

It is important that the case manager have a comprehensive knowledge of the community resources to address the needs of the client during the development of the initial plan of care.

The development of the initial plan of care may require thoughtful consideration about the information obtained during the assessment phase and requires additional contacts and research before completion by the case manager. The case manager will need to reach agreement with the client regarding the contents of the plan prior to finalization.

Table 5. Plan of Care Development

Standard	Measure
Develop ISP collaboratively with client within 30 days of beginning intake.	Completed ISP signed by client, and case manager in client's record.
Revise ISP at least every six (6) months.	Documentation of the review of the revised ISP signed by client and case manager in client's record. Documentation of the review of the revised service plan does not need to be signed by clients receiving only information and referral services.

Coordination of Services

The fourth phase in the case management process is coordination of services and service providers from which clients are referred. This phase continues throughout the case management process and includes the implementation of the initial plan of care (individualized service plan [ISP]) by coordination and arranging the services which were identified during initial assessment.

Primary Activities of This Phase

The primary activities of this phase include:

- Development of client service and referral list
- Development of referral procedures
- Implementation of initial plan of care/ISP

Table 6. Coordination of Services

Standard	Measure
Implement client's ISP.	Documentation in client's record of progress toward resolution of each item in client's ISP.
Identify and communicate with other case managers with whom the client may be working and cooperatively determine, in collaboration with the client, the person most appropriate to serve as the primary case manager.	Documentation in client's record of other case managers with whom the client may be working and documentation of who is the most appropriate person to serve as the primary case manager.
With consent of the client, identify and communicate with other service providers with whom the client may be working. This can be weekly team meetings to coordinate continuity of care.	Documentation of communication in client's record. Agenda and meeting notes.
Coordination and follow-up of HIV primary medical care and treatments. Clients should have one visit with their HIV primary care provider (i.e., MD, PA, and APRN) at least every six (6) months. For clients who have not had a visit with their HIV primary care provider, refer to primary care and follow-up within 30 days to determine whether the client kept the primary care appointment.	Attendance at HIV medical visits. Documentation of referrals to primary care and follow-up within 30 days.

Monitoring and Plan of Care Revisions

The fifth phase in the case management process in the monitoring phase, which begins after the development of the initial plan of care (individualized service plan [ISP]) and the coordination of services.

Primary Activities of this Phase

The activities to this phase include:

- Contacting the client
- Contacting the service providers
- Reassuring and revising the ISP as appropriate
- Required documentation

Client Contact

The case manager is responsible for verifying that the client is receiving the expected services and that these services are necessary and meeting the needs of the client. The monitoring of the client's progress in completing the goals identified in the initial plan of care/ISP and documentation is extremely important during this phase. Progress notes should be incorporated into the client's record.

The number and type of client contacts will vary according to need, but the following provides a minimum of visits unless documentation in the record indicates less required.

There should, be at a minimum, one face-to-face contact per client every four months and one telephone contact per month. Home visits should be conducted as needed.

There may be circumstances beyond the case manager's control which could impact compliance with the minimal telephone and face-to-face contact. For example, case manager's illness, staff shortages and emergency situations may necessitate the case management agency shifting workload and prioritizing case manager's time. Documentation must reflect the specific reason, if the minimal contacts have not been completed.

Service Provider Contact

The case manager will have the opportunity to evaluate and monitor the services provided either with direct contact with the service provider or through conversation with the client. A determination of the client's satisfaction with the services is necessary to ensure that the quality and service delivery is appropriate.

Reassessing and Revising The Individualized Service Plan

The ISP is revised as often as necessary but at least once every six (6) months. The plan is reassessed to ensure that service provisions are adequate to the current stage of HIV infection and client needs.

Required Documentation

There must be appropriate documentation in the records to verify the monitoring activities and the revisions to the ISP. Some of the topics addressed may include:

- Appointments, status and referrals
- Coordination and follow-up of medical treatment and treatment adherence
- Crisis intervention activities and client advocacy
- Special needs

Table 7. Monitoring/Plan of Care	
Standard	Measure
Contact is made with a client, at a minimum, one face-to-face contact per client every four (4) months and one telephone contact per month. Home visits should be conducted as needed.	Documentation in the client's record of contact made.
Determination of client's satisfaction with services to ensure that the quality and service delivery is appropriate.	Documentation of client's satisfaction via client satisfaction surveys or verbal report.
Revise the ISP every six (6) months.	Documented in client record Revision should include: Appointments, status, and referrals; Coordination and follow-up of medical treatment and treatment adherence; Crisis intervention activities and client advocacy; and Special needs.
Discharge a client from case management services if any of the following conditions apply: <ul style="list-style-type: none"> ■ Client is deceased ■ Client requests discharge ■ Client's needs change and s/he would be better served through primary case management at another provider agency ■ If a client's actions put the agency, case manager, or other client's at risk (i.e., terrorist threats, threaten or violent behavior, obscenities, harassment or stalking behavior). ■ If client moves/re-locates out of service area ■ If after repeated and documented attempts, a case manager is unable to reach a client for twelve (12) months. 	Documentation exists in client's record of reason for discharge.

Documentation

The sixth phase in the case management process is documentation. This phase runs concurrent throughout the entire case management process.

Primary Activities of This Phase

The primary activities of this phase include:

- Organization of client records
- Required documentation of all pertinent client interactions

Organization of Client Records

Case management agencies should have guidelines for the organization of all case records. The procedures should include organization by sections for easier references by the case manager, supervisors and if new case managers take over caseload. There is no standardization for client case record organization, but the following provides some guidelines.

Required Documentation

The strength of good case management depends on good documentation of the client's records. Memory recall is not reliable, especially when months have elapsed since the date a contact was made. Field notebooks or other methods of note taking are necessary and should be incorporated in the client's record, especially when notes are determined to be important to future activities relating to the client. Charts should include:

- Important enrollment forms and information such as intake forms, consent for enrollment forms, and release of information forms
- Client information used to develop the initial assessment and the initial plan of care (individualized service plan [ISP]), monitoring activities, and revisions to the ISP
- Medical information and service provider information such as authorization forms and confirmation of diagnosis
- Financial aid and ADAP applications
- The name of the provider agency (if relevant) and person chosen by the client to provide the case management services
- The nature, content, units of case management services received and whether the goals specified in the care plan have been achieved should be documented
- Whether the client has declined services at anytime while being an active client in case management
- Timelines for providing services and reassessments
- Clearly document the need for, occurrences of, and coordination with case managers of other programs

General Documentation Principles

Follow general documentation principles including:

- Document in ink only
- Record the client’s name and identifier (e.g., date of birth or clinic ID number) on every page
- Record date on all entries
- Personnel must sign all entries with full name and professional title
- Ensure that entries are legible
- All entries should be made in a timely manner (i.e., the same day). Late entries should be clearly indicated as such
- If an error is made, then make one strike through and put initials beside, do not use white out
- Thoroughly complete all forms, applications, and other documents with the most accurate information available
- Do not alter forms, applications, or other documents
- Do not forge signatures (e.g., do not sign for the physician or client)

Note: Submission of incomplete/inaccurate/altered forms/applications may result in delays in services for clients (e.g., submission of incomplete ADAP applications will result in the delay of medications to the client).

Table 8. Documentation	
Standard	Measure
Each agency must have a documentation policy.	Written policy on file at provider agency.
Case managers must participate in documentation training.	Training records in personnel file.
Case manager must ensure that appropriate signatures are on all applicable documents.	Documents maintained in the clients chart.
Case Managers must document all interactions or collaborations which occurred on clients behalf.	Documents maintained in the clients chart.
Each client’s case management record must be complete and include all relevant forms and documentation.	Client chart contains all relevant forms, proof of eligibility, ISP, progress notes, and other pertinent documents.

Appendix 1.
Case Management Intake Form

HEALTH INSURANCE (Check all that apply)

- Medicaid/OHP # _____
- Date of Medicaid Eligibility _____
- Medicare A & B # _____
- Veterans Benefits# _____
- ADAP _____

- Private Ins. _____
- ID # _____
- Medicare D Provider _____
- Dental Insurance _____
- Not Insured _____

EMPLOYMENT

Aware of HIV/AIDS Status YES NO

EMPLOYER

ADDRESS

CITY/STATE/ZIP CODE

EDUCATION

Highest grade you completed in school? _____

Do you have difficulty reading? YES NO

Do you have difficulty writing? YES NO

HIV STATUS

HIV-positive not AIDS HIV-positive, AIDS status unknown CDC-defined AIDS

Date tested positive _____ Date of AIDS diagnosis _____

Transmission Category (Check One)

- MSM MSM/IDU Heterosexual Unknown Occupational Exposure
- IDU Maternal/Child Undisclosed Blood Products Other

MEDICATIONS - Including all current medication, prescriptions, over-the-counter & experimental

MEDICATION	PURPOSE	DOSE	FREQUENCY	BEGAN/REFILLED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you need help obtaining medications? YES NO

Place Client Label Here

Case Managers Initials: _____

Date: _____

ADHERENCE

On the average, how many appointments have you missed within the past 6 months?

- None 1-3 3-5 5-7 7 or more

What keeps you from attending your appointments and how can we help you to keep your appointments? _____

Are you presently taking or have you ever taken medications for HIV (antiretrovirals)? YES NO

What do you do when you have side effects? _____

On average how many days per week would you say that you missed at least one dose of your HIV medications? Every day 4-6 days/week 2-3 days/week Once a week

- Less than once a week Never

What keeps you from taking your medications? _____

What is the hardest thing about taking your medications? _____

Would you like more information about medications for HIV? YES NO _____

LIVING SITUATION

- Apartment Own House Rental House HUD/Section 8 Adult Foster Care
 With Friends With Family Transitional Housing Hospice
 Emergency/Shelter Homeless Skilled Nursing Facility
 Personal Care Home Other

Describe current situation (Stability, safety, affordability) _____

HOUSEHOLD MEMBERS

<u>MARITAL STATUS:</u>	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> WIDOWER	<input type="checkbox"/> PARTNER
NAME	RELATIONSHIP TO CLIENT			PHONE #	AWARE OF HIV STATUS
_____	_____			_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____			_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____			_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

FAMILY MEMBERS WHO ASSIST WITH YOUR CARE

_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOUSEHOLD MEMBERS LIVING WITH HIV YES NO WHO? _____

FAMILY DEPENDENT CHILDREN

Do you have dependent children? YES NO

Names/Ages _____

If yes, do they live with you? YES NO

Do you have any issues related to child custody? YES NO

If yes please explain: _____

Place Client Label Here

Case Managers Initials: _____

Date: _____

TRANSPORTATION

Is transportation available to you? YES NO

Own car? YES NO Public Transportation YES NO _____

What problems have you encountered with transportation?

Does the client need help obtaining any of the following?

Clothing Food Food Stamps Housing Income

Access to Food Programs? YES NO

If yes, which ones? _____

Other Household/Personal Items (Toiletries, cleaning supplies, etc.)

LEGAL ISSUES

Do you have the following? (Check all that apply)

Trust Will Advance Directives of Health Care

Financial Power of Attorney

Guardian/Conservator for: Self and/or Dependents

If you have a Power of Attorney, who is Power of Attorney?

Do they know your HIV status? YES NO

Name Phone Number

Address City/State/Zip

Have you ever been arrested? YES NO _____

Have you ever been convicted of a felony? YES NO

Do you have/ever had any restraining orders against you? YES NO

Have you ever been incarcerated? YES NO

Are you currently on probation/parole? YES NO

If yes, name of probation or parole officer/phone:

Place Client Label Here

Case Managers Initials: _____

Date _____

PREVENTION SCREENING TOOL

1) Are you in a relationship now? YES NO
Are you sexually active at this time? YES NO
If yes, tell me about the relationship?

2) What do you do/use to protect yourself from getting an STD, a resistant strain of HIV or infecting others?

3) Have you ever been infected with a STD or Hepatitis? YES NO
If yes, please explain (i.e. type of STD or Hepatitis, treatment date and/or date of completion)?

4) When was your last TB skin test (PPD) and what were the results?

5) Are you currently or have you ever used drugs or alcohol? YES NO
If, yes when did you last use and what was your drug of choice?

6) Have you ever attended a drug and/or alcohol treatment/recovery program? YES NO
If yes, tell me about the program?

7) Do you feel that there are other factors or issues in your life that put you at risk for transmitting HIV/AIDS? YES NO
If yes, what are they?

Place Client Label Here

Case Managers Initials: _____

Date _____

8) Have you ever had or are you currently having thoughts of hurting yourself or someone else within the past 12 months? YES NO
If yes, please explain?

9) Have you ever been hurt physically by anyone within the past 12 months? YES NO
Have you ever been hurt by a partner, or been afraid you might be hurt within the past 12 months? YES NO
If yes, to either question tell me about incident?

INTAKE CHECK LIST

- Client Rights and Responsibilities
- Authorization to Release Information
- Grievance Policy
- HIPAA Form
- ISP Complete/Care Plan

DOCUMENTATION PROVIDED FOR:

- Proof of residence
- HIV Status
- Primary Care Provider
- Insurance
- Photo ID
- Income

DOCUMENTATION ATTACHED: (Check List)

- Bank statements showing deposits
- Copy of SS Check
- Year end 1099 form
- W-2 tax form from employer
- Income/Expense form

Federal Poverty Level: _____% of poverty

- Social Security award letter
- Pay Stubs
- Accounting Paperwork
- Federal income tax return

Case Managers Initials: _____
_____ (CM Signature)

(Date)

Place Client Label Here

***Appendix 2.
Income/Expenses Form***

INCOME/EXPENSES – Do you feel that your income is adequate to meet you needs? YES NO

INCOME		EXPENSES	
SOURCE	AMOUNT	ITEMIZATION	AMOUNT
Salary		Rent/Mortgage	
Spouse's Salary		Property Tax	
Short-Term Disability		Insurance (renters/house)	
Long-Term Disability		Phone (cell/home)	
SSI		Utilities (electric)	
SSDI		Utilities (gas)	
TANF		Utilities (water)	
VA Pension		Cable/Internet	
Child Support		Garbage Collection	
Alimony		Car Payment	
General Assistance		Car insurance	
Food Stamps		Car maintenance	
Rental Income		Gasoline	
Unemployment		Transportation (taxi/public transportation/ other)	
Retirement Benefits		CARE Assist Cost Share	
Family Support		Food (grocery, lunch, eating out)	
Savings/Investments		Day Care	
		Child Support	
		Alimony	
		Medical Insurance	
		Medical Expense/Co-Pay	
		Medical Equipment	
		Prescription Meds/ Co-Pays	
		Over The Counter Meds	
		Life insurance	
		Personal Hygiene	
		Toiletries	
		Household Supplies	
		Laundry Supplies	
		Recreation/ Leisure (movies, books, activities)	
		Substance Use (tobacco products, alcohol, drugs)	
		Pet expenses (vet, food, maintenance)	
		Monthly Dues (tithes, probation, memberships)	
		Credit Card	
TOTAL	\$0.00	TOTAL	\$0.00

Date _____

Clients Name _____

Case Managers Name _____

Place Client Label Here

New Intake
 Reactivation
 Update

References

- Atlanta EMA, Quality Management Standards and Measures: Case Management, March 4, 2005.
- Boston Public Health Commission/AIDS Program Massachusetts Department of Public Health/AIDS Bureau; HIV Case Management Standards of Care, March 2001.
- Comprehensive AIDS Program of Palm, Beach County, Inc., Client Registration, 1994.
- Florida Department of Health Bureau of HIV/AIDS, HIV Patient Care Resources, Community Programs; 2001 HIV/AIDS Case Management Standards & Guidelines, 2001.
- Florida State Health Office HIV/STD/TB Program Patient Care Resource Unit, Florida's HIV/AIDS Case Management Handbook, December 1994.
- Florida State Health Office HIV/STD/TB Program Patient Care Resource Unit, Northeast Florida AIDS Network Needs Assessment, September 2, 1994.
- Florida State Health Office HIV/STD/TB Program Patient Care Resource Unit, Northeast Florida AIDS Network Authorization for Release of Information, September 2, 1994.
- Georgia Ryan White Parts A, B, D CAREWare Sub-Service and Definitions, April 1, 2008.
- HIV/AIDS Prevention and Intervention Section Continuum of Care, Suggested Guidelines for HIV Case Management for Pregnant Women in Michigan, December 2007.
- Michigan Department of Community Health. Division of Wellness and Disease Control HIV/AIDS Prevention and Intervention Section, Standards of Service for HIV Case Management in Michigan, April 2005.
- New York State Department of Health AIDS Institute, US Department of Health and Human Services, and HRSA/HAB/Division of Community Based Programs; HIVQUAL Project, Case Management Indicator Definitions, 2006.
- New York City Title I Case Management Indicators, <http://www.hivguidelines.org/Content.aspx?PageID=42> (May 29, 2007).
- Ohio Department of Health HIV CARE Services Section, Standards of Care, September 2005.

Oregon Department of Human Services, Client Intake/Update, April 2005.

Oregon Department of Human Services, Oregon's Title II HIV Case Management Program 1999/2000.

Oregon Department of Human Services, Psychosocial Assessment/Reassessment, April 2005.

Oregon Department of Human Services, Ryan White Title II HIV Case Management Standards of Service, July 2005.