

Supportive Case Management Services 2009-2010

Definition of Service: Case management is a cost effective program that includes a series of interactions between the case manager and client, ultimately resulting in the client reaching his or her optimum level of health and being able to manage his or her own care.

Definition of Supportive Case Management: A moderate to long term task oriented service that meets the immediate health and psychosocial needs of the client, at his/her level of readiness, in order to restore or sustain client stability. Supportive Case Management will also establish a supportive relationship between the case manager and the client that, if needed, can lead to enrollment in more comprehensive case management services. While the majority of Supportive Case Management interventions will be related to medical and health outcomes and therefore be considered “medical case management”, some activities may be more appropriate defined as “non-medical case management”.

Objectives for Service:

- Client Centered Case Management will promote independence among clients living with HIV infection.
- Clients will be matched to the levels of services of their needs.
- An Issues List will be developed by the CM and the client to assist the client in identifying issues/areas in which he/she needs assistance and the medical outcome for each.
- The client will continue to learn structured and accountable approaches that will ultimately result in the client reaching his /her optimal level of health.

STANDARD	MEASURE
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Service Standards:	
The client’s eligibility for Ryan White Part B services is determined or is in process of determination before services are initiated.	Documentation of the client’s eligibility or that the eligibility process has been initiated and is present in the client’s record.
Supportive case management caseload is 50-100	Documentation that supportive case manager’s caseload is limited to 50-100 is available for review.
Supportive case management is not time limited but if no longer eligible or in need of services, client will be discharged.	Documentation of the client’s status in supportive case manager is reflected in the client’s record.

<p>Screening:</p> <p>A screening is done at the time an individual makes an initial contact with the agency for the purpose of seeking services. It must be completed within 3 working days of initial contact with the agency. This does not need to be done by case manager.</p>	<p>Documentation that a completed screening occurred within 3 working days of initial contact is present in the client's record.</p>
<p>Intake:</p> <p>An intake is developed following the initial screening at the time that the prospective client has made an appointment with the appropriate agency staff. The intake occurs within 10 working days of the initial screening. This does not need to be done by a case manager.</p>	<p>Documentation that an intake occurred within 10 working days of the initial screening is present in the client's record, signed and dated.</p>
<p>Assessment:</p> <p>An assessment is developed when the intake has been completed and the client has been assigned to a case manager. Documentation of a completed assessment including those areas listed on pg 11 in the VDH HIV/AIDS Case Management must be present on the client's record, using provider specific forms, and must remain on the client's permanent record. The assessment must be completed within 30 days of the intake. Documentation in the client's record must be made why the time frame is no met.</p>	<p>Documentation of a completed assessment within 30 days of intake is present in the client's record, signed and dated. Documentation is present in the client's record with rationale if the time frame is not met.</p>
<p>Issues List (IL) Development:</p> <p>The client and the case manager work in collaboration to create an Issues List (IL), following the completion of the assessment. The Issues must be completed within 15 calendar days of assessment. Documentation must be made if time frame is not met. The IL is signed and dated by case manager and the client. A copy of the IL is offered to client in the client's record.</p>	<p>Documentation of the completed IL within 15 calendar days of assessment is present in the client's record, signed and dated by both the client and the case manager. Documentation that a copy of the IL was offered to client is present in the client's record.</p>
<p>If a separate IL is not maintained in the record, the client must initial and date the first entry for each issue.</p>	<p>Documentation of the first entry of each issue with the client's initial is present in the client's record.</p>
<p>The case manager will contact the client at least once each 6 month period. (The six months reassessment visit will NOT substitute for this requirement).</p>	<p>Documentation that the case manager has contacted the client at least once every six months is present in the client's record, signed and dated.</p>

Reassessment:	
The IL will be reassessed at least every 180 days . The reassessment process is a collaborative effort between the client and the case manager.	Documentation that the IL was reassessed at least every 180 days is present on the client's record, signed and dated by the client and the case manager.
Reassessment will focus on previously identified issues/needs.	Documentation of the reassessment showing previously identified issues and revisions of the IL is present in the client's record, signed and dated.
Progress will be measured using the Outcome Measurement Scale (pg. 21) in the VDH HIV/ AIDS Case Management Standards. Documentation will reflect the baseline Outcome Measure and the new measure, if any.	Documentation of progress using the Outcome Measurement Scale will be present in the client's record, signed and dated.
After reassessment, the client must meet at least 1 criterion for supportive case manager.	Documentation that the client continues to meet the criteria for supportive case manager is present in the client's record, signed and dated.
Discharge:	
The discharge process is implemented when a client no longer requires supportive case management services (or other circumstances as noted in the VDH HIV/AIDS Case Management Standards).	Documentation must be present in the client's record to note that steps were taken in accordance with the VDH HIV/AIDS Case Management Standards.
If client is found to no longer meet the criteria for supportive case management, client will be allowed to remain in supportive case management for a maximum of 90 days , to ensure client is stable. If client remains stable, he/she will be closed to services.	Documentation must be present in the client's record to note the client being offered supportive case management an additional 90 days . If client is stable his/her case will be closed at the end of the 90 day period.
Discharge from supportive case management will occur if the case manager is unable to contact or locate the client within designated time frames The case manager will make two documented attempts to contact the client over the next 90 days before discharging the client from services.	Documentation that the client has not contacted the case manager in the previous six months and that there were two documented attempts to contact the client over the next 90 days before discharge is present in the client's record, signed and dated.
A client also may be discharged for the following: A. client is lost to follow-up B. client fails to provide updated documentation of eligibility status after three (3) documented attempts to support counselor/designated staff C. client whose action put the agency, staff or other clients at risk D. client fails to maintain contact with the support counselor for a period of three months despite three (3) documented attempts to contact client. E. client request	Documentation of rationale for discharge plus supporting documentation of attempts to contact client are present in the client's record, signed and dated.

F. client death	
Referrals:	
The case manager assists the client in referrals and collateral services to support coordination and delivery of high quality care. 1) Clients request referral Documentation must be made if time frame is not met. 2) When the IL indicates a need for referral or collateral services	Documentation of all referrals and follow up is present in the client record, signed and dated
All client visits and/or consultation on behalf of the client will be documented.	Documentation of all client visits and/or consultations on their behalf is present in the client's record, signed and dated.
The supportive case manager must maintain contact with client collateral case managers at least once every six months.	Documentation of contact at least once every six months with other case managers is present in the client's record, signed and dated.
Qualifications:	
Newly Hire as of 01/01/08	
All new hires must meet the VDH HIV/AIDS Case Management Case Manager Standards for qualifications of a Supportive CM: High School Diploma OR GED and one year of experience working with clients infected with HIV OR High School Diploma OR GED and additional health care training.	Documentation of the supportive case manager's work experience and completion of high school or a GED is maintained in the staff's personnel file and available for review.
Training:	
New Hires	
All newly hired supportive case managers must complete a minimum training requirement within 1 year of hire the following: 1) Case Management Standards 2) Cultural Competency 3) HIV Disease 4) HIV Treatment 5) HIV Testing 6) Legal ramifications to include Confidentiality 7) Counseling and Referral 8) Prevention	Documentation of the completion of the training will be maintained in the must be kept in the supportive case manager's personnel file and available for review.
Annual Training Requirement	
All supportive case managers must complete 12 hours of continuing education in case management and/or HIV/AIDS annually.	Documentation of completion of the continuing education must be kept in the comprehensive case manager's personnel file.

Administrative Supervision:	
Each Supportive Case Manager will receive appropriate supervision by a supervisor meeting the minimal requirements of a Comprehensive Case Manager and additionally 2 years of clinical HIV practice or 2 years of supervisor experience. Documentation of the regular on-going meeting to include in date, people in attendance, agenda of the meeting, if any outcome measures are reached and the signature of the supervisor.	Documentation of the Supervisor's credentials is on file and available for review. Documentation of the administrative supervision is on file and available for review.