

**CITY OF NEWARK
RYAN WHITE UNIT**

**HIV/AIDS
CASE MANAGEMENT STANDARDS**

MARCH 1997

INTRODUCTION

The many issues associated with HIV disease require a comprehensive and coordinated approach to care. In order to serve people living with HIV/AIDS and their families, case management has had to evolve into a system capable of dealing with the varied, complex and changing needs of its consumers. Whether hospital-based or community based, case management plays a central role in working with consumers to pull together a fragmented system of service provision in order to ensure that consumers and their families receive the medical and human services that they require.

The City of Newark's Ryan White Unit is committed to providing the highest quality case management services possible to people with HIV/AIDS living in the NEMA. The City realized the need for Case Management Standards as a way of ensuring that there is consistency in the way case management services are developed, delivered and evaluated throughout NEMA.

In late 1996, the City of Newark, Ryan White Unit engaged consultants to assist in developing HIV/AIDS Case Management Standards. The consultants worked with the City and representative case managers in the development of the resulting HIV/AIDS Case Management Standards intended for use with all Title I Case Management providers in NEMA. The process of developing these standards included the following activities:

1. A literature search and review of Case Management from other EMA across the United States.
2. A review of suggestions developed by the Union County HIV Case Management Task Force.
3. Development and internal reviews and revisions of the proposed Standards by the consultant.
4. A review of the proposed Case Management Standards by a Focus Group comprised of 6 community-based and hospital based HIV/AIDS Case Managers and 3 consumers from Essex, Union, and Morris Counties, as well as a representative from the Case Management Training Program at the AIDS Education and Training Center (AETC.)
5. Revisions and finalization of the Case Management Standards based on the focus group feedback.

The City of Newark Ryan White Unit knows that these standards and guidelines will evolve and change as knowledge and experience are gained in the future. The Ryan White Unit invites observations and suggestions about these Case Management Standards.

**CITY OF NEWARK-RYAN WHITE UNIT
HIV/AIDS CASE MANAGEMENT STANDARDS**

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City of Newark—Ryan White Unit HIV/AIDS Case Management Standards

1. GENERAL CASE MANAGEMENT STANDARDS

1.1. Definition of Case Management

Case management is a process that coordinates access to a range of appropriate medical and human services for the consumer and family/significant others and ensures that the arranged services are provided. It involves active participation and partnership of the consumer and/or the consumer's representative in all aspects of identifying and meeting consumer/family needs. In attempting to deal with both the health and social aspects of HIV disease, case managers and consumers work together bringing gaps between health, social service, entitlements and other systems. In addition to coordinating services, other important roles that case managers assume include:

Consumer focused roles:

1. Consumer assessment-helping the consumer identify concerns or problems that he/she may not initially express or identify as difficulties.
2. Crisis intervention/management-helping the consumer and his/her family to deal with any crisis that may arise by providing assistance in identifying the problems and potential solutions, and then working with the consumer to resolve the situation.
3. Navigation and direction for consumers seeking access to services-providing encouragement, information and teaching the skills necessary for a consumer to get to and use a service.
4. Psychosocial support of affected individuals and family members-helping the consumer's family and/or significant others to cope with the effect of the consumer's illness on their lives.
5. Consumer skills training-assist consumers and their families with learning skills, which would assist them in managing resources, completing entitlement forms etc.

Community focused roles:

6. Education and consultation with consumers and professionals concerning HIV disease and the process of meeting consumer/family identified needs.
7. Negotiation and advocacy for the development and delivery of needed services-working on behalf of consumers in general to improve the system of care for people with HIV by identifying and creating services that are needed and ensuring that these services are provided in a "consumer friendly" way.

1.2. Goals and Philosophy of Case Management

Major goals of HIV case management include:

1. Making sure services are available in a broad range of service settings and working together to meet consumer needs.
2. Increasing access to needed services.
3. Providing continuity of care at various stages of need without interruption, and across different agencies.
4. Promoting and supporting the independent functioning of the individual and his/her family unit.
5. Increasing consumer knowledge about the impact of HIV disease of his/her own health and the importance of positive health behaviors.
6. Providing family centered services (when there are minor children of infected parents/guardians).
7. Ensuring that services provided are culturally appropriate for the consumer and his/her family.
8. Providing assessment and service planning that is comprehensive in nature and addresses all major life areas (psychosocial, medical, financial, etc.).
9. Decreasing duplication of services and monitoring quality of services being provided.

Case management should reflect a philosophy of service delivery which guarantees a consumer's rights to:

- Privacy
- Confidentiality
- Self-determination
- Non-discrimination
- Compassionate non-judgmental care
- Dignity and respect
- Quality case management services

1.3. Case Management is a Multi-Step Process

Case management is a formal and well-organized process which case managers follow to assess consumer needs and to help the consumer access those needed services. The steps of the case management process include the following:

- A. Intake- Prospective consumers who request or are referred for case management services are properly screened and evaluated for eligibility through a brief information gathering and decision-making process. Information is gathered on the consumer, family and/or partner/significant other and current problem(s) as well as other services the consumer may currently be using. At this stage the focus on gathering information is on the problem or need that the consumer presents (Data collection continues into the Needs Assessment phase.)
- B. Consumer Needs Assessment- The collection of data regarding the consumer's medical, mental, social, legal, housing and financial circumstances continues, as well as the evaluation of how these life areas impact the consumer's ability to function independently. Completion of the Consumer Needs Assessment will provide the case manager with information that will help in fully understanding the consumer's current situation, as well as those problems or concerns, which may arise in the future.
- C. Development of Individual/Family Service Plan- The translation of the assessment information into specific treatment goals, objectives and outcomes. Specific services and providers are identified who will be responsible for providing services, with accompanying time frames for the delivery of each service. It involves the development of an appropriate course of action to address problems identified in the assessment and to identify available resources to address those problems. Active participation of the consumer, medical and human service caregivers, and significant others is encouraged. At this stage the case manager should think proactively, using identified consumer needs to anticipate emerging needs as the illness progresses and identifying appropriate resources to meet needs and resolve problems.
- D. Implementation of Plan and Coordination of Services- Obtaining and coordinating services that occur through inter-agency referrals or provision of the services directly by appropriate persons within same agency. Provision of services may also include educating the consumer and providing support to enable the consumer to access services.
- E. Monitoring of Individual/Family Service Plan- Provide routine tracking of the referrals made and whether or not the services were successfully delivered to the consumer's satisfaction. When there has been a problem getting services, identify and start corrective actions as needed.
- F. Update/Revision of Individual/Family Service Plan- Review success in carrying out the Individual/Family Service Plan and determining whether consumer needs have significantly changed since previous Needs Assessment. The plan should be changed if needs have changed.

- G. Closure- Discharging the consumer from the case management process due to consumer request, agency termination or consumer death.

1.4. Development of a NEMA Comprehensive Case Manager

In order to maximize the number of consumers that can be served by NEMA case managers, each consumer should be assigned a Comprehensive Case Manager. This is the person, regardless of agency affiliation, who is responsible for the overall coordination of care for the consumer and his/her family. The comprehensive case management service provided is extensive in nature, addressing all the medical and human service needs of the consumer. The Comprehensive Case Manager is responsible for conducting case conferences with other providers, and for ensuring that services are delivered in a timely fashion, as well as the other functions described in the Section on “Definition of Case Management.” The Comprehensive Case Manager functions as the “gatekeeper” or “broker” for all services needed by the consumer. Case workers from other agencies continue to work with the consumer, but their coordination of services is only within their own agency. Ultimately the other agency case workers or case managers would report back to and coordinate their work with the Comprehensive Case Manager.

1.5. Staffing Requirements for Case Management

A Team approach to case management will be instituted to extend the availability of the case management process to consumers. Case Management Teams will include a Case Management Supervisor, Case Manager, Case Management Assistant and possibly Volunteers. Career ladders will be instituted in order to encourage qualified staff to remain in the case management field.

1.5.1. Case Management Supervisor:

Case Management Supervisors will have a BSN or MSW and, in addition to supervising the Case Management Teams, will perform limited case management services for consumers with special needs who require a very intensive level of intervention provided by a highly experienced person. MSW's must have LSW or LCSW licensure. Although the BSN or MSW is strongly recommended as a prerequisite for the position, the degrees can be waived for at least 4 years of HIV/AIDS case management and supervisory experience and appropriate training to complement that experience. Previous supervision and management experience is required.

Suggested ratio of 1 Case Management Supervisor:4 Case Management Teams

1.5.2. Case Manager:

Case Managers will have a minimum of a Bachelor's Degree in Social Science, or an RN, at least 6 months of experience, and appropriate training to complement that experience. Although the Bachelor's Degree or RN is strongly recommended, previous case management experience, in combination with Case Manager certificate training and a CSW licensure may be substituted on a year-for-year basis for applicants who have not completed the required education.

Suggested ratio of 1 Case Manager per Team

1.5.3. Case Management Assistants:

Case Management Assistants are para-professionals with at least a high school diploma or GED and specific AIDS related training provided by the Center for Continuing and Outreach Education (CCOE)-Division of AIDS Education at the University of Medicine and Dentistry of New Jersey (UMDNJ) or a NEMA approved contractor. The Case Management Assistants will assist consumers in such tasks as filling out assistance and insurance forms, coordinating transportation, helping to locate homeless consumers, escorting consumers to appointments and other time-intensive tasks that do not require professional skills but are essential. They will also do case finding in particular communities for hard-to-reach and treatment-resistant populations.

Suggested ratio of 1 Case Manager:3 Case Management Assistants

1.5.4. Volunteers:

If used, they will be provided with appropriate training to assist case managers or assistants by accompanying consumers to appointments, arranging for child care, verifying appointments, etc. They must have professional supervision and on-going in-service training at least twice a year. Individuals interested in becoming Case Management Assistants can start in this capacity to gain experience needed for that service position.

Suggested ratio of 1 Case Manager:3 Volunteers

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1.6. Case Management Education and Training

1.6.1. Certificate Programs:

To enhance consumer quality of care, special competency-based certificate programs for case management staff at all levels (Case Management Supervisor, Case Manager, Case Management Assistant, and Volunteer) will be instituted. This will also help to create a career ladder for case management staff by requiring that the appropriate certificate level be obtained which can replace a required degree along with the experience requirements. However, all case management staff, regardless of academic training, are required to complete the certificate program appropriate for their level. These certificate programs will be developed by identifying the knowledge and skills needed to perform the job functions for each particular level. Staff members completing the programs are required to take a practicum and written or oral examination in order to judge their level of competency and to become certified. Completion of the program itself is not enough to guarantee a certain level of skill.

1.6.1. Certificate Programs will include such issues as:

For staff and volunteers at all levels:

- Working as part of a Case Management Team
- Developing a partnership with consumers (Client Involvement in Decision Making)
- Review of Case Management Standards
- Crisis Intervention
- Eligibility criteria for federal, state and locally funded services
- Review of NEMA Case Management Standards
- Basic and advanced information on HIV disease
- Confidentiality
- Death and Dying
- Dealing with Burnout
- Family Issues (affected children, caregivers, etc.)
- Engagement and Retention Skills (finding, serving and retaining consumers)
- How to Locate and Engage Traditionally “Hard to Reach” Populations
- AIDS 101 (basic HIV/AIDS information)

For Case Management Assistants:

- Case finding in different communities
- How to encourage consumer independence
- Working with angry/resistant consumers

For Case Managers:

- Conducting a Case Management Conference with multiple providers
- Developing case management goals and objectives
- Introduction to referral resources in the Community (HIV related services/resources and generic resources such as housing, entitlements etc.)
- Case Management reporting requirements

How to Conduct a Psycho-Social Assessment

For Case Management Supervisors:
Supervisory Techniques for groups and individuals
Conflict Resolution

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1.6.2. Ongoing Training:

Special training and experiences are required to develop a successful HIV/AIDS case manager. All case management staff will be required to complete a minimum number of training programs annually that are appropriate to their level of experience and job title. Case management staff need to be kept updated on changes in services, the increasing complexity of consumer needs, and the range of resources available to meet those needs. In addition, they may need additional training to work with consumer populations who are new to them, have specific needs, or to sharpen particular case management skills. An annual assessment of training needs identified by NEMA case management staff and by consumer satisfaction surveys should be conducted in order to identify areas in which additional training is needed.

1.6.3. Case Management Staff Support:

HIV/AIDS case management staff at all levels experience a range of stressors in providing services to consumers with major disabilities, significant and often complicated service needs, and life-threatening illnesses. The discrimination and stigma associated with AIDS creates additional and unique consumer needs. These issues are sometimes compounded by the HIV status of the individual case management staff or the amount of loss and grieving in the community in which the staff member lives. The impact of these stressors may contribute to a high degree of “burn-out” among case management staff, and a high degree of staff turnover.

Given the investment in time, money and energy that is required to train case management staff, it is important to provide support services in order to retain the more experienced staff members. These would include stress reduction activities and support groups as well as limiting caseload size based on consumers’ severity of need. Case management staff should have adequate time built into their work hours to attend monthly case management meetings sponsored by NEMA and network with other service providers. Other strategies would include routine supervision, adequate work space and work environment, a system to backup staff to cover cases when members of the case management staff are out, occasional changes in types of cases or caseloads, protected work time for necessary paperwork, ready access and referral to an employee assistance program (EAP) when needed, adequate monetary compensation and employee benefits (health insurance, vacation/personal time, sick leave, etc.).

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1.7. Consumer to Case Manager Ratios Consistent with Consumer Need

1.7.1 Measuring Consumer Need:

Consumers require different levels of assistance and support often based on the stage of HIV disease they are in, their pre-existing problems, and their ability to negotiate the system of care. In order to identify an appropriate caseload for Case Managers, the amount of time and effort needed (per week/per month) to assist any individual consumer must be considered, as well as the number of actual consumers to be worked with. Therefore, the following level system has been developed to identify those consumers who would need minimal assistance, and those who would need more. The number of consumers with which the case manager works decreases as the intensity of the involvement with the consumer increases.

Ratios recommended for each sub-level are based on an average of a 40-hour work week (160 hours per month). Ratios of consumers per case manager would provide case managers with 40 hours per month (or 25% of their time) for paperwork and administrative functions.

Case management hours directly related to consumer activity would include:

1. face-to-face contact with consumer or his/her representative, and other “direct service” encounters defined as phone contacts with consumer or his/her representative, contacts with other providers or representatives on behalf of the consumer, referral activities (setting up appointments, arranging transportation, etc.) or interdisciplinary intra-or-inter-agency treatment/service planning meetings held on behalf of the consumer.

1.7.2. Units of Service:

Units of Service (face-to-face and other encounters) are measured in quarter-hour segments (15 minutes).

1.7.3. Levels of Case Management/Consumer Needs:

Level 1

Consumers with few needs, either in early stage of HIV infection or those who have strong support systems and resources which are readily available, require minimal monitoring, averaging about 1 hour (4 Units of Service) per month of case management time. (Ratio: 120 consumers: 1 case manager)

Level 2

Consumers who are basically stable but have some needs such as support group or occasional child care can be monitored within 2 hours (8 Units of Service) per month of case management time. (Ratio: 50 consumers: 1 case manager)

Level 3

Consumers who have most needs addressed but still require an average of 3 hours (12 Units of Service) per month to manage changing health status or multiple health and social needs. (Ratio 40 consumers: 1 case manager)

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Level 4

Consumers who have CD4 cell count <200 and have mild to moderate symptoms requiring an average of at least 4 hours (16 Units of Service) per month. This category also includes families with intensive needs for intervention. (Ratio 30 consumers: 1 case manager)

Level 5

Consumers with end-stage HIV disease who are highly symptomatic and require the most intensive management and staffing with an average of at least 6 hours (20 Units of Service) per month. (Ratio 20 consumer: 1 case manager)

The following chart depicts the Levels of the Case Management Level System:

Consumer Level	Degree of Need	Average Monitoring Time	Consumer/Case Manager Ratio
Level 1	few needs	1 hr. per month	120: 1
Level 2	some needs	2 hr. per month	50: 1
Level 3	changing needs	3 hr. per month	40: 1
Level 4	some symptoms	4 hr. per month	30: 1
Level 5	many symptoms	6 hr. per month	20: 1

Consumer Milestones

Certain events in the progression of a consumer's HIV disease may cause the need for higher amounts of psycho-social support and case management such as:

- Identification of HIV positive status
- Decision to and actual disclosure of HIV positive status
- Beginning early intervention treatment
- Experiencing the first significant symptoms of illness
- Birth of and HIV positive child
- Loss of a child with AIDS
- Experiencing bereavement (loss of significant other or friends)
- Diagnosis with full-blown AIDS
- Recognizing that management of the disease consumes more time than living
- Entering the final stages where death and dying issues and sometimes pain are the major issues

As consumers experience these issues, they may need a higher level of case management for a short period of time. Caseloads must be flexible enough to allow the case manager to adjust his/her workload. Case Managers must also have the ability, with the assistance of the other members of the case management team, to respond to consumer emergencies when they happen. This may mean shifting responsibilities to other members of the team until the crisis is dealt with.

1.7.4. Mixed Caseloads or Caseloads with one Level of Consumer Need:

The decision to have case managers deal with consumers at varying levels of need versus having them deal with consumers at one particular level can be made on an agency-by-agency basis. This decision will be based on the type of consumers the agency serves and their needs, as well as the structure of the agency. For example, if Agency A works with consumers beginning at the point when they are given an HIV positive diagnosis and follows them through the disease process, a mixed case load, where case managers have some consumers at all levels, might have advantages. If Agency B works with consumers only after they have been given an AIDS diagnosis, they may have too many high need consumers for case managers to have a mixed caseload.

For a discussion of the advantages and disadvantages of a mixed consumer caseload versus one where all the consumers are at the same level, see [Appendix A](#).

1.8. Case Management Staff Performance Evaluation

All case management staff will have a yearly performance review that evaluates their performance in comparison to duties and responsibilities outlined in their specific job description and agency work plans. The review should include a chance for the staff member and his/her supervisor to jointly identify resources (training, materials, psychosocial support, etc.) needed for the staff member to carry out identified duties and responsibilities. The review should also include an evaluation of past performance as well as the identification of future goals, objectives, and outcomes that are quantified and time-specific. Any consumer complaints regarding the case manager should be reviewed, and plans to receive additional training (if necessary) agreed upon. The number of training sessions that the case manager will be expected to attend during the coming year should be established. All reviews should be in writing, signed by both parties, and copy given to the employee evaluated.

New employees should receive a performance review after no more than 3 months of employment in order to identify strengths and weaknesses that need to be addressed at that time.

2. CASE MANAGEMENT PROCESS AND RECORDS STANDARDS

2.1. Maintaining Consumers Information

2.1.1. Confidentiality:

All written and verbal communications regarding individual consumers will be maintained with strict confidentiality according to the policy of the agency. Agency policy for confidentiality must meet all NEMA standards identified. All staff members with access to consumer information will receive routine training on confidentiality, proper exchange of information and required informed consent. All case management staff will be required to sign a written “Confidentiality Pledge” (see [Appendix B](#) for same form) that outlines the responsibilities and penalties associated with maintaining consumer confidentiality.

2.1.2. Obtaining Consumer Consent:

Before any information, which may be involved in the care of the consumer, is provided to or received from other agencies, the case manager must obtain written informed consent from the consumer. (See [Appendix C](#) for sample Consumer Consent). This means that the consumer must agree to the sharing of the information. In order for the consent to be informed, the case manager must be sure that the consumer understands that the consent means that information will be shared with or received from other agencies, and the impact of sharing that information. The consent will always include information regarding:

1. The situations during which information must be shared without consumer consent, such as the records are required by a court of law, or in cases where the consumer poses a threat to him/herself or others.
2. The name of the actual agencies to release or receive the information.
3. The type of the information to be shared (Psychosocial, Medical, Financial, etc.)
4. The purpose or need for the information.
5. A statement regarding the restriction of the receiving agency sharing the information with anyone else without consumer consent.
6. The length of time during which the consent is valid.
7. Information regarding how to withdraw consent.

Written consent should be available in the consumer’s primary language, written at no higher than a 5th grade reading level, and signed by a minimum of the consumer and witness. If the consumer is minor, or has a guardian due to mental or developmental impairment, consent should also be signed by the parent or guardian. If the written consent is not available in the consumer’s primary language, the form should be verbally translated by a staff member or volunteer who speaks the consumer’s primary language, and a written statement added to the form indicating that translation was provided, by whom it was provided and that the material was understood to satisfaction of the translator.

2.1.3. Consumer Records:

All case management agencies will provide appropriate storage for hard or paper copies of consumer records. At minimum, the system should include folders or charts that hold and organize materials that are maintained in locked filing cabinets that are in turn, located in a locked room or facility, away from public access.

Consumer information that is stored in computers should be protected by the use of passwords or security codes and by limiting the number of case management staff that have access to the material. Use of unique identifier numbers for each consumer should also be used within the system to further ensure confidentiality.

Records must be maintained for a minimum of 7 years after the consumer's case has been closed. The records may be maintained off-site, but must be retrievable if needed for any reason.

2.1.4. Transporting consumer records and information:

Consumer records that are transported outside the agency should never be left unattended. They should be carried in an envelope, file, or briefcase which does not identify consumer specific information on the outside, and handled only by a limited number of authorized personnel.

Copies of consumer records which are carried through US mail or commercial carrier will be carefully packaged, marked "confidential" on the outside of the package, and shipped at a rate equal to "first class" mail or one which ensures faster delivery.

Transmittal of consumer information through a facsimile (FAX) machine will only be done under emergency situation, with the consent of the consumer, and under circumstances which ensure that strict confidentiality is assured by the agency/person receiving the consumer information. All cover sheets for fax transmittal will contain a confidentiality waiver, and the individual who faxed the material will follow up to ensure that it was received by the person to whom it was sent.

2.2. Cultural/Language/Reading Level Accessibility

2.2.1 Verbal Information:

All consumers have the right to receive case management information and services in a language with which they are comfortable. Agencies funded for Case Management shall have the ability to provide adequately trained native language speakers for direct service when 20% or more of their consumers prefer another language. When the consumer's primary language is other than English, one of the following steps will be taken:

1. The consumer will be assigned to a bi-lingual Case Management team on which at least one member speaks the consumer's primary language. If this is not available, then:
2. A staff member or agency volunteer who speaks the consumer's primary language and who has been trained to provide adequate translation will be assigned to translate information between the consumer and case manager. If this is not available, then:
3. The case manager requests that the consumer bring a person with whom they are comfortable to translate information between the consumer and case manager. If this is not available, then:
4. The consumer should be referred to a case management agency that can serve the consumer in his/her primary language.

In cases where a staff member, volunteer or consumer is chosen as a translator, that person will sign an agency Confidentiality Pledge to ensure that he/she takes the consumer's confidentiality seriously.

In addition to providing services to consumers in a language that is comfortable, it is important that staff be familiar with the culture of the consumers they are serving. When 20% or more of an agency's consumer base are from a particular culture, staff must receive adequate training and education about the culture to ensure that they will be sensitive to consumer differences. Training will include such issues as: family dynamics, beliefs about health care, styles of communication, etc.

2.2.2 Written Information:

All written material should be presented in a language that is understandable to the consumer, and should be written at no higher than a 5th grade reading level. If the material is not available in the consumer's primary language, then it should be verbally translated, and a note recorded and signed by the translator stating that the consumer understood the information to his/her satisfaction. It will be noted in the consumer record that translation services are being used.

2.3. Engagement and Retention of Consumers

Efforts will be made to engage and retain consumers in case management. This is a particularly important effort when providing services to traditionally underserved and/or resistant consumers such as drug users. Before determining that a consumer should be discharged or terminated from case management services, the following steps will be taken:

If the consumer misses an appointment:

1. A member of the case management team will call the consumer within 2 days of the missed appointment to determine if there was a reason why the consumer did not show up. Staff will attempt to reach the consumer no less than 2 times during a one-week work period.
2. If unable to reach the consumer by phone, the staff member will attempt to contact the emergency contact listed on the consumer's intake form no less than 3 times and attempt to find out why the consumer did not show up.
3. If unable to reach the emergency contact the staff member will send a letter (preferably certified) to the consumer stating that an appointment was missed and requesting that the consumer contact the agency to set up another appointment.
4. If there is no response to the letter and if possible, the case management agency will send a worker out to the consumer's last known address to attempt to locate and speak with the consumer.
5. All verbal and written efforts to contact the consumer will be documented in the client record, including copies of any written correspondence sent.

The case manager may choose to terminate/discharge the consumer after all stated attempts to contact the consumer have been made with no response from the consumer within a 3-month period.

2.4. Case Transfer and Discharge

All consumer requests for a transfer to a different case manager should be reviewed by the Case Manager Supervisor, and attempts should be made to resolve any existing conflict between the consumer and case manager before transfer is considered. A consumer should be assigned to a different case manager under the following circumstances:

1. A consumer requests a different worker, one is available, and the case management supervisor agrees with the request;
2. A case manager requests that the consumer be transferred to another case manager, one is available, and the case management supervisor agrees with the request;
 - Examples of reasons for requesting that the consumer be transferred to another case manager include: feeling that he/she cannot be helpful to consumer due to personality conflicts, language or cultural barriers, or concerns about his/her own safety.
3. A case management supervisor determines that the transfer is appropriate through routine supervision.
 - Example of reasons for transferring a consumer may include: determination that the consumer needs a case manager at a higher skill level, a case manager of a different gender, or one who is of the same culture; or a case manager is having difficulty remaining within professional boundaries.
4. A consumer moves out of the service area (a formal referral to case management services in new service area will be made.)
5. A case manager leaves agency employment.

Prior to transfer, the case management supervisor should ensure that:

1. The decision to transfer is discussed by the case management supervisor and the consumer, the consumer is notified of the change and name of the new contact person as far in advance as possible, but no later than 2 weeks before the change occurs;
2. The supervisor and case manager have met and discussed the consumer's status;
3. A thorough transfer summary note is completed by the case manager, signed by the supervisor, and placed in the consumer record;
4. The case manager is informed of agency policy regarding ending of contact with consumers following case transfer; and

5. The case manager does not remove confidential consumer or agency materials upon termination of employment.

When a case management supervisory position is vacant or a supervisor is on annual leave (vacation, extended personal or sick leave, etc.) an interim case management supervisor will be appointed by agency administrative staff.

Agencies providing case management services should have policies and procedures that outline the specifics of consumer discharge, including the criteria and circumstances under which consumers are discharged, procedures to follow in discharging a consumer, and a description of the consumer appeal process.

2.5. Documentation

The Primary Case Manager will be named in the consumer's record. The record should also show evidence of coordination with case workers or service providers from other agencies involved in providing care to the consumer. In these instances, the service plan must document how coordination efforts will be achieved, and identify each provider's responsibilities and tasks to address each need identified by the consumer and Primary Case Manager. This documentation must include the consumer needs assessment, the initial and multi-agency coordination and crisis intervention.

In addition to documentation requirements noted throughout these guidelines, adequate documentation for case management services delivered must be maintained in the record. Required documentation includes a minimum of the following:

- the date of service
- name of the person providing the service
- description of the case management service
- signature of the provider

All case management record entries that are hand-written must be legible.

2.6. The Case Management Process

The responsibilities and tasks identified in each step in the case management process will sometimes overlap, occur simultaneously with one another, or occur in a different order. It is noted that the health status of the consumers range from asymptomatic to symptomatic, and that emergency needs will differ on a case-by-case basis. In certain cases, the order in which case management activities occur will have to be modified to meet immediate consumer need.

2.6.1. Intake:

The following minimal standards will be met by all agencies funded by NEMA to provide Case Management Services under Title I of the Ryan White CARE Act:

Process:

This step in the process must be completed during a face-to-face visit. During this step:

1. A case management staff person or case management volunteer, with appropriate training, screens the service request/referral for basic admission criteria and assesses the need for immediate intervention.
2. Critical demographic and case specific information is collected directly from the prospective consumer or referral source and the prospective consumer is informed of agency services and limitations (i.e. what the case management services of the agency can and cannot provide).
3. A decision is made by the prospective consumer and case management staff member performing the intake to enroll the consumer, not to enroll, and/or refer to an appropriate agency or service. If the consumer is not eligible for the case management services or chooses not to use them, but there is a need identified, the worker completing the intake must make an appropriate referral to an agency that can be of assistance.
4. If the consumer is enrolled with the case management agency, the worker completing the intake will provide the following information to the consumer at that time:
 - a. All the health and support services available, the regular and emergency hours of operation, and other case management procedures.
 - b. How to access case management services in case of emergencies on weekends and holidays.
 - c. The case management agency's grievance procedure.
 - d. The role of the Ryan White Title I Planning Council to plan, develop and deliver comprehensive health and support services to meet the identified needs of individuals with HIV/AIDS. This material may be

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presented in writing in a language that the consumer can read, and at no more than a 5th grade reading level.

- e. His/her rights to confidentiality. A consent form will then be presented and explained and signed by the consumer in order to release/receive confidential information.
 - f. A copy of the Consumers Rights Statement that is reviewed signed and dated by the consumer. Another signed copy will remain in the record.
5. Document the result of the intake on the form and if the consumer is enrolled, start a consumer file/record to be maintained throughout the time that the consumer is receiving case management services at the agency.

Criteria:

1. Within 48 hours of the referral or consumer initiated contact, the consumer will receive written or phone confirmation of the appointment for intake. During this confirmation, prospective consumers will be provided with information that they will need to bring with them in order to determine eligibility for services (i.e. rent receipts, proof of HIV status, financial information, etc.)
2. Intake will be initiated within 7 working days of the consumer referral or self-referral. If a scheduled appointment for intake must be canceled by the agency, the consumer will be notified the day before whenever possible, but minimally at least 4 hours in advance, and an alternative intake date will be established within 2 days of the original intake date.
3. The consumer intake must include documentation of the following:
 - date of intake
 - consumer name
 - name of the Primary Case Manager and the worker completing the intake
 - county of residence
 - gender/date of birth/race/ethnic origin
 - documentation of HIV status (and/if possible, source of test, when and where performed)
 - communication method to be used for follow-up
 - preferred language of communication source of referral
 - presenting problems identified by the consumer
 - employment status
 - living arrangements
 - current insurance status
 - gross annual income from all sources
 - financial situation
 - information about significant others/partners/minor children
 - individuals who are aware of consumer's HIV status
 - consumer's choice concerning management of confidential and personal information

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- a representative, if any, that they would like involved in Consumer Case Conferences and Case Management Meetings with them.

2.6.2. Individual/Family Comprehensive Needs Assessment:

This is an information-gathering step of the case management process that includes at least one face-to-face interview between the consumer, his/her family or significant other(s) if the consumer wishes, and the case manager, as well as getting additional information from health and human service professionals. It may also include the review of other assessments and evaluations that may have been completed by other agencies if available. Assessment completed to identify consumer's needs, strengths and weaknesses, and individual community support systems already being accessed. It is a cooperative and interactive process during which information is collected, reviewed, and integrated. This information is used to identify consumer needs, resources, and strengths for the purposes of developing an Individual/Family Service Plan.

Assessment identifies:

- the amount and nature of consumer needs
- the capability of the consumer to meet personal needs
- the capability of the consumer's social network to address the consumer's needs
- the capability of available human services to address consumer needs
- the consumer's knowledge of HIV disease and primary and secondary prevention techniques.

Assessment is focused on reaching mutual agreement between the case manager and the consumer concerning priority needs and the consumer's strengths and limitations.

Process:

1. Assessment is conducted by Primary Case Managers and is performed in accordance with written policies and procedures established by each case management agency, consistent with the City of Newark's Case Management Standards and Guidelines.
2. The face-to-face interview is conducted at a site that is mutually acceptable to the consumer and the case manager. At least part of the assessment will be conducted at the consumer's home environment in order to assess the consumer's residence and living situation and to facilitate the involvement of family members. Home visits may be conducted by Case Management Assistants or Case Management Volunteers with appropriate assessment training.
3. The process of identifying consumer needs and strengths should be a participatory activity that involves consumer self-assessment and encourages the consumer's ability to make choices and decisions. Also important is ongoing collaboration between the case manager and other health and human service providers and other individuals actively involved with the consumer. Collaboration with other professionals occurs through worker-to-worker contacts, inter-agency case conferences and record reviews.

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Criteria:

1. After a consumer's case is officially opened, assessment is conducted by the identified primary case manager with the assistance of case management team if applicable.

Time Frames Required:

Within 48 hours following intake and the determination of eligibility for case management services, the consumer is notified of a scheduled appointment for assessment. Consumer assessment is usually conducted in one to two face-to-face meetings between the consumer and case manager, starting no later than seven (7) days following intake.

2. The consumer's needs, strengths and resources are assessed, documented and summarized. This involves the active participation of the consumer, health and human service providers, and other individuals, such as family members, the consumer support network and/or significant others in identifying consumer needs and supports in the following areas:
 - a. income
 - b. financial resources (identification of and coordination with insurance, veterans' benefits, and other sources of financial assistance, entitlements)
 - c. housing/shelter (residential support, adaptive equipment, HOPWA or Section 8 funding, appropriateness of current housing).
 - d. employment (current and past employment, interest in returning to work)
 - e. educational status (prognosis for employment; educational/vocational needs; appropriateness and/or availability of educational, rehabilitation and vocational programs)
 - f. physical and dental health assessments, health status, diagnosis, possible treatments, consideration of potential for rehabilitation, consumer's needs regarding treatment and consumer's right to refuse care or insist upon a different approach.
 - g. nutritional status and access to food
 - h. mental health and emotional status, level of coping and functioning and past coping strategies that were tried, assessment of consumer's emotional strengths and weaknesses
 - i. cultural, ethnic, racial, religious/spiritual considerations, self-care knowledge, strengths and weaknesses, sexual orientation/issues, sexual behaviors
 - j. communication skills, literacy, and/or translation requirements
 - k. social skills

- l. social relationships and support (informal care givers; formal service providers; significant issues in relationships, social environments)
- m. family issues and parenting/children's needs
- n. consumer's physical environment, especially regarding mobility in home and accessibility
- o. recreation and leisure
- p. activities of daily living
- q. transportation
- r. legal status, if appropriate (guardian relationships, health care proxy, involvement with the legal system, citizenship status)
- s. spirituality/religion
- t. accessibility to community resources which the consumer wants or needs
- u. assessment of drug and/or alcohol use and misuse
- v. knowledge of available community resources

3. Documentation

- The consumer record must include documentation of the assessment information on an approved Comprehensive Assessment Form
- Information received by other sources.
- Completed assessments will be revised and co-signed by the Case Management Supervisor.

2.6.3. Individual/Family Service Plan:

This is the third step of the case management process. It is a “plan of action” which includes responses (services, resources, and staff responsibility) to all the individual and family needs that were identified in the Assessment phase and acts as a “bridge” from the assessment phase to the actual delivery of services. The major components of the Individual/Family Service Plan include the identification of priority consumer needs and those of the consumer's family. It also includes the development of service goals, and measurable time-specific objectives and action steps and expected outcomes. The purpose of the service plan is to ease the consumer's access to services, to improve coordination of care, and to ensure case management accountability.

The case manager and the consumer work together to develop the service plan. It is a process that supports consumer choice and decision-making and encourages the consumer to participate actively in the planning and delivery of services. The case manager has primary responsibility for the development of the service plan with assistance from team members and in conjunction with the consumer, family members, and other provider agencies. In certain circumstances (e.g. consumer neurological impairment, crisis situation, etc.) decision-making may be deferred to a consumer representative designated by the consumer, along with the case manager serving as advisor if requested. It is the professional responsibility of the case manager to analyze

consumer needs and to discuss service plan alternatives with the consumer. This should include a discussion of anticipated outcomes or consequences in choosing alternatives and options for the service plan.

The role of the case manager is mainly one of resource coordination and follow-through. Case managers must try to reduce service, agency, and administrative barriers to ensure that consumers obtain services as quickly as needed and in a manner satisfactory to them. The function of case management is a process of contacting both formal and informal providers to arrange for services outlined in the Individual/Family Service Plan. Actions to be taken by the consumer, case manager, and others, including family members should be clearly defined.

It is important that the case manager have extensive knowledge of the community resources to address the needs of the consumer during the development of the Individual/Family Service Plan. If, during the service plan development, specific knowledge or skills are needed beyond those of the case manager, the case manager will consult with other professionals and document this in the consumer record.

The Individual/Family Service Plan is a “living document” in that it is ongoing, structured, documented, time-specific and ongoing. It specifies how the success of the intervention will be measured and provides the basis for determining the effectiveness of case management and the rationale for the purchase of/or referral for services.

Process:

1. Service plan development is conducted by primary case managers and is performed in accordance with written policies and procedures established by their respective agencies, using a standardized Individual/Family Service Plan form. After completion of the assessment, the case manager develops a problem list of the most urgent consumer needs.

2. The service plan is developed by the assigned primary case manager who:
 - works with the consumer to prioritize the needs of the consumer and his/her family to be met through case management
 - establishes measurable goals, objectives and outcomes expected to address those needs
 - establishes action steps to meet the service plan goals and objectives
 - describes how successes (outcomes) will be measured
 - identifies formal and informal resources to accomplish goals, including agencies to which the consumer will be referred and, if possible, specific individuals within those agencies
 - realistic time frames for completing activities
 - identifies gaps in services
 - identifies individual staff members within and outside the case management agency who are responsible for completing the identified activities

- identifies potential barriers to receiving services (admission criteria, consumer attitudes or resistance etc) and proposes solutions to these problems
3. The case manager and consumer review, adjust as needed, authorize and implement the individual/Family Service Plan.
 4. The consumer or consumer-identified representative is informed about, and agrees to notify the case manager about changes in the consumer's status or significant problems encountered in receiving needed services.

Criteria:

Time Frames Required

1. Within 7 working days following the completion of the Assessment, an Individual/Family Service Plan is established by the case manager and recorded in the consumer record. The case manager and the consumer review the Assessment, adjust as needed, authorize and implement the service plan within a reasonable period of time. Thereafter, all service plans are to be reviewed and renewed at a minimum of once every 6 months and documented by the responsible case manager.
2. The service plan will identify who is responsible for contacting the referral sources and follow-up upon the initiation of service.
3. Documentation:

The consumer records include documentation of the following:

- a. A service plan, signed and dated by the case manager and consumer or his/her representative which includes:
 - description of problem(s)
 - description of what is to be done, i.e. the solution
 - a list of all formal and informal services to meet the need of identified problems.
 - the quantity, frequency, time frame, desired outcomes and provider of service
 - payment sources for services
 - any anticipated problems and proposed solutions
- b. Case Management Supervisor's signature on the Individual/Family Service Plan indicating supervisory input and review
- c. Notations of service plan changes, signed and dated by the case manager and consumer.

2.6.4. Implementation of Plan and Coordination of Services:

Service plan implementation and coordination is the ongoing responsibility of the primary case manager and begins immediately after the Individual/Family Service Plan has been put into effect. The case manager and other team members will assist the consumer and family or significant others as needed, in contacting support persons and agency providers to negotiate the delivery of planned services. The service plan may be modified to accommodate the consumer, family members, significant others, and service providers. If the plan is modified to accommodate a service provider, the consumer must agree to the accommodation, and it should be noted in the record. Any changes from the original plan should be noted in the record.

As much as possible, consumers should be provided with a selection of available, qualified providers. Therefore, the case manager should develop relationships with multiple providers for each type of service. Case managers should discuss with consumers the pros and cons of each option for service delivery and, if needed, assist the consumer in choosing a provider.

Agencies that do provide the type of service a client needs and prefers should be directly involved in the development of a service plan, to the extent possible. If not available for a face-to-face inter-agency meeting, there should still be an individual noted within that agency as being responsible for the type and units of service to be delivered, and time frames in the service plan.

There may be instances in which a consumer must wait a period of time for the service, such as for housing. A waiting list should be maintained for consumers who are requesting and are eligible to receive services. The process by which a consumer is placed on the waiting list and the average length of time for the service should be explained to the consumer.

Process:

1. Consumers, consistent with the responsibilities identified in the Individual/Family Service Plan, should be encouraged to carry out the tasks to which they agreed. Case management staff should take into consideration consumer strengths and encourage active consumer participation to promote empowerment.
2. To the extent they are capable, family members and other involved individuals, as identified in the service plan, also take part in acquiring services by contacting providers, completing applications etc.
3. It is the responsibility of the case management staff to ensure and/or perform the following activities:
 - explain to the consumer the referral process for linking the consumer with the needed service;
 - contact providers by phone, in writing or in person;
 - assist the consumer, family members and/or significant others in making applications for services and entitlements, including basic needs such as transportation, child care, housing, food stamps etc.;
 - confirm service delivery dates with providers and note them in the record;

- schedule multiple visits for services for family members on the same day if such scheduling better accommodates the needs of the family and children;
 - document services that are not available or cannot be accessed by the consumer and the reasons why;
 - obtain assurance from other care providers that services will be initiated, and confirm the delivery of these services by regularly monitoring the plan;
 - in conjunction with the consumer and other providers, determine and define the ongoing responsibilities of each provider; and
 - give other service providers accurate and complete information about the service(s) they are expected to provide and the services provided by others (i.e. a copy of the plan if the client consents, or a written note which states the terms of the service to be provided)
4. Coordination of service delivery involves frequent contact between the case manager, provider agencies and the consumer and his/her support system to ensure that the services have been arranged and received. Guidelines for such contact include:
- upon determination of service need, assist the consumer with any necessary applications, or forms that need to be completed;
 - confirm approval of services to be provided and if possible set a date for the start date of service delivery, and
 - 24-48 hours prior to the arranged service delivery date confirm service delivery arrangements, including supports needed for consumer to receive the service, such as child care or transportation, or
 - if an appointment for delivery of service has not been set, continue contacts with service provider to confirm a service delivery date.

Criteria:

1. Upon completion of the plan and agreement by the consumer and the case manager, the Individual/Family Service Plan will be implemented within two weeks.
2. Applications for routine services and entitlements will be completed and submitted to the appropriate agency no more than 2 weeks after the completion of the Individual/Family Service Plan.
 - a. contact and follow-up within 2 hours is required for services that are necessary to assure the immediate safety and health of the consumer, and
 - b. for life-sustaining services that have been arranged through nursing or other home care referral, case management staff should coordinate with hospital or health center case workers to confirm the receipt of services within 24 hours after the agreed upon service delivery date.
3. For routine services that are immediately available upon referral and are not related to life safety, the case management staff will continue to contact the requested service provider every other week (2x monthly) in an attempt to secure

services. Services which have an acknowledged long-term waiting list (longer than 3 months) will be contacted every other month to determine the progress of the list.

4. Documentation:

The consumer record includes documentation of the following:

- Name of the person at each service provider agency noted as responsible to provide each service identified in the plan and the date by which that service is to be started. It will also include the time frame for service continuation (i.e. how often the service will be delivered), and the number of units per week/month, etc.
- Notation of the persons responsible for implementing contact with each needed service.
- Dates contacted, method of contact and signature of person making contact for each service needed.
- Copies of any applications or referral forms completed.
- Record of all appointments confirmed for consumer, including date and person making confirmation.
- Record of all continued contacts made in an attempt to secure services not immediately available.
- Documentation of all needed services that are not available to the consumer.

2.6.5. Monitoring of Individual/Family Service Plan:

Monitoring is an ongoing data collection process that ensures that services provided are consistent with the Individual/Family Service Plan. It begins after the development of the Individual/Family Service Plan and the implementation and coordination of services. How often monitoring takes place depends on the level and intensity of consumer need as outlined under “Time frames required” in this Section. Monitoring involves collection and analysis of data and information, and it results in the following:

- an evaluation of the appropriateness and effectiveness of the service plan
- evaluation of the level of consumer satisfaction
- measurement of consumer progress
- judgment of the need for service plan revision

Process:

1. Monitoring is conducted through:
 - a. direct contact (i.e. face-to-face meetings and telephone conversations) with the consumer and/or their representative.
 - b. indirect contact with the consumer, consumer’s family and/or significant others, the primary care physician, service providers and other professionals, through meetings, telephone communications, written reports and letters,

review of consumer records and related material and through consumer or agency staffing.

- c. for cases where there is a high degree of need, or a history of difficulty in carrying out the Individual/Family Service Plan, case conferences should be planned minimally every 2 months. This would involve the face-to-face meeting of the case management team, the consumer and family/significant other, and all involved service providers.
2. The case manager obtains information on an ongoing and periodic basis concerning:
 - a. status of the consumer and family
 - b. satisfaction of consumer and/or consumer representative
 - c. quality and appropriateness of services provided
3. The consumer or consumer representative is counseled about and agrees to assume responsibility for notifying the case manager about changes in the consumer's status or significant problems encountered in receiving needed services.
4. Any problems noted during monitoring contacts will be followed up immediately with the consumer, support person or providers as needed to address the problem.

Criteria:

Required Time Frames:

1. Within 1 month following the completion and signing of the Individual/Family Service Plan and, at least every three months thereafter, face-to-face consumer contact is made by the case manager for the purpose of monitoring the consumer's progress and evaluating the effectiveness of the plan. Consumer requests and reasons for less frequent contact are documented in the consumer record.
2. No less than one contact with the consumer or his/her representative must occur monthly by telephone. Consumer requests and reasons for less frequent contact are documented in the consumer record.
3. Required contact frequencies may be met by face-to-face meetings, telephone calls or contacts from the case management team member (i.e. the case manager, the case management assistant, case management supervisor). However, the case manager must personally have 2 contacts with the consumer every 3 months.
4. There may be circumstances beyond the case manager's control which could impact the ability to comply with the minimum required telephone and face-to-face contact requirements. For example, case manager illness, staff shortages and emergency situations may make it necessary for the case management agency to shift workloads and prioritize case manager time. Documentation must reflect the specific reason, if the minimal contacts have not been completed.
5. At least annually each case managed consumer is formally and objectively surveyed to assess consumer satisfaction with case management services and services coordinated under case management. Case managers should be routinely

asking clients if the services are helping them and are being provided in a satisfactory manner and ongoing basis.

Documentation:

6. The consumer record includes ongoing documentation, signed and dated by the case management team regarding the following:
 - all consumer contacts and consumer requests for less than standard amount of contact
 - contacts with consumer's support system, providers and other participants in the Individual/Family Service Plan which must be monitored
 - reasons why the minimum number of required consumer contacts were not completed
 - provision of service at intervals reflecting the outcome goals of the Individual/Family Service Plan.
 - Changes in service delivery
 - Follow-up actions taken when problems with service delivery exists
 - Any inter-agency case conferences that are conducted
 - Supervisory signature on Individual/Family Service Plan, indicating quarterly supervisory input and review.

2.6.6. Re-Evaluation of Individual/Family Plan:

Consumers are re-evaluated through a comprehensive assessment process that determines the consumer's current case management status and the need for revisions in the Individual/Family Service Plan. Revision of the Individual/Family Service Plan is conducted on a scheduled basis once every six months or when unanticipated events or changes in the consumer's life demand it.

Updating the Individual/Family Service Plan means modifying or revising the plan based on the reassessment. Update of the service plan may also occur as a result of changes in the consumer's needs, or information from monitoring contacts when changes are not significant as to require a formal reassessment.

Update of the Individual/Family Service Plan includes all activities of the initial plan relative to new or changed needs and services. At a minimum, the Individual/Family Service Plan should be completed every six months, or at every reassessment (whichever is sooner), or when a change in consumer status occurs which affects the delivery of the service plan.

Process:

Reassessment is conducted by the case manager with assistance from all members of the case management team who have worked with the client/family, and is performed in accordance with established standards and criteria. The process of reassessment will involve the collaboration between the case management team and other involved service providers, or individuals actively involved with the consumer and through consumer record review.

Criteria:

Time Frames:

1. Active case managed consumers will be reassessed at a minimum once every 6 months and more frequently as needed.
2. Reassessment will include but not be limited to the original assessment areas and include Individual/Family Service Plan status/progress, changes and mutually agreed upon goals. New goals, objectives, and desired outcomes will be added as appropriate.
3. Documentation:
The consumer record must include documentation of the following:
 - an update summary of key personal data reflecting any changes in consumer status
 - a revised Individual/Family Service Plan
 - an updated list of current problems/concerns, strengths, personal and community support network.
 - updated psychosocial and health assessments conducted face-to-face with the case manager
 - updated secondary assessment data obtained from other service providers, such as current medical status.
 - Supervisory signature on the service plan indicating input and review.

2.6.7. Case Transfer and Discharge:

Consumers are discharged from case management services through a systematic process that includes documentation in the consumer record of the following:

- the reason(s) for discharge
- formal notification of the consumer of case termination or record closure and the appeal process; and
- a discharge summary.

Exit planning for case closure is the responsibility of the case manager with assistance from the members of the case management team. A case closure summary, noting case outcome, consumer satisfaction and the progress toward the goals identified in the Individual/Family Service Plan, (See [Appendix E](#) for sample of Discharge/Termination Summary) should be completed on a standard form developed by the case management agency.

Process:

1. In the case of consumer death:
 - a. The case manager will be notified of the consumer's death by the consumer's family, significant other, direct care provider, legal guardian or other designated person approved by the consumer.
 - b. Appropriate referrals are made for the family and significant others, (i.e. grief counseling, housing needs, support services, etc.)

- c. Case manager will notify and verify termination of all arranged services.
 - d. Case manager completes the case closure summary and it is reviewed and signed by the case management supervisor.
2. In situations where the case is closed at the consumer's or consumer representative's request:
 - a. Appropriate referrals will be made on the consumer's behalf, if the consumer so desires. With the consumer's consent, a case summary should be prepared for referral to the new provider.
 - b. Case manager will notify and verify termination of all arranged services.
 - c. Case manager completes the case closure summary and it is reviewed and signed by the case manager supervisor.
 3. In situation where the case is closed due to consumer becoming ineligible for services (i.e. moves out of the NEMA, has not maintained contact), etc.:
 - a. Case manager will report to the case management supervisor the consumer's situation, actions, behavior (verbal and/or non-verbal) that makes the consumer ineligible for case management services.
 - b. Case manager notifies the case management supervisor of intent to discharge the consumer. (Supervisory involvement on final determination of discharge takes place only when discharge is initiated by the agency.)
 - c. Case manager notifies the consumer (through face-to-face meeting, telephone conversation or letter) of plan to discharge him/her from case management services.
 - d. Consumer receives written documentation explaining the reason(s) for discharge and the process to be followed if the consumer elects to appeal the reasons for discharge.
 - e. Case manager completes the case closure summary and it is reviewed and signed by the case management supervisor.

Criteria:

1. Reasons for consumer discharge include:
 - consumer relocation outside of agency service area
 - service needs met; problems completely resolved
 - HIV sero-negative status
 - noncompliance with service plan
 - lack of contact
 - consumer choice to terminate services
 - abuse of/danger to agency staff, property or services as determined by agency policies and review of situation by case management supervisor and administrative staff if appropriate.
 - death

2. Date of discharge is established by:

- date that case management agency and consumer or consumer representative agree on termination of services
 - date that case management agency determines and documents the consumer's ineligibility for case management services
 - date of consumer death
3. Within 3 weeks of the final decision to discontinue services, a consumer discharge/termination summary is completed and signed by the case manager, reviewed and co-signed by the case management supervisor and placed in the consumer's record.
 4. Consumer records are stored by the case management agency for a minimum of 7 years following closure.
 5. Documentation

The consumer record must include documentation of the following:

- a. progress notes reflecting action taken to close the case, including:
 - reason(s) for discharge
 - formal consumer notification of case discharge/termination and the appeal process when the consumer become ineligible for service.
- b. a completed case closure summary

APPENDIX A

Advantages and Disadvantages of Mixed Caseloads or Caseloads with One Level of Consumer Need:

Advantages/Disadvantages of “mixed caseload”

A mixed caseload would mean that all case managers have a variety of consumers at all 5 levels of need. Their total caseload is determined by counting the number of hours that each case manager potentially has to spend on the consumers at each level. For example, based on working 160 hours per month, a case manager has:

20 Level 1 consumer	=	20 hrs. (80 Units of Service) of case management time per month
15 Level 2 Consumers	=	30 hrs. (120 Units of Service) of case management time per month
10 Level 3 Consumers	=	30 hrs. (120 Units of Service) of case management time per month
5 Level 4 Consumers	=	20 hrs. (80 Units of Service) of case management time per month
4 level 5 Consumer	=	20 hrs. (80 Units of Service) of case management time per month

This mixed caseload would total 120 hours per month, leaving 40 hours per month for paperwork and administration.

Advantages:

1. Would probably lessen case manager burn out by varying the intensity of the case manager’s involvement with consumers, and not having the same case manager dealing with terminally ill persons as their only consumers.
2. Would allow consumer to remain with the same case manager throughout his/her need for case management services. This allows the consumer and case manager to develop a working relationship, and eliminates the need for the consumer to adjust to a new case manager when their status changes.

Disadvantages:

1. Difficult to regulate the number of consumers at each level so that there would always be more consumers at the lower levels of involvement.
2. Does not allow for assigning the higher-level need consumers to the most experienced/trained case managers.

Advantages/Disadvantages of a Caseload with only one Level of Consumer Need

This type of caseload means that each case manager “specializes” in a particular level of consumers, so that one case manager has only Level 1 consumers, another has only Level 2 consumers etc.

Advantages:

1. Easier to keep track of numbers of consumers per Case manager.
2. Allows agency to use more experience/trained Case managers for consumers with more complicated needs and issues.

Disadvantages:

1. May mean higher “burnout” rate among those case managers dealing with Level 4 and 5 consumers.
2. As a consumer’s level status changed, he/she will be required to change case managers, and continuity would not be maintained.

APPENDIX B

SAMPLE OF STAFF CONFIDENTIALITY PLEDGE

Agency A: Case Management Team

CONFIDENTIALITY PLEDGE

Assurance of Confidentiality

“Agency A” is funded by the Newark EMA to provide case management services through funding available from the Ryan White CARE Act. Before beginning work as part of the Case Management Team, all “Agency A” staff are asked to agree to comply with this guarantee of confidentiality. Through this Confidentiality Pledge, each person receiving case management services is assured the confidentiality of his/her answers will be kept by “Agency A” staff.

Agreement

I have carefully read the materials given to me and I understand the private nature of all information gathered during the case management process. I understand that I am forbidden by law from sharing any confidential information gathered under the terms of this agreement with anyone other than approved Agency A staff, or other service providers to whom the consumer is being referred. I will not share any information with other service providers without a signed Consent Form from the consumer, and I will share only that information which the consumer agrees to have shared.

I also understand and agree to comply with the following:

1. As an “Agency A” staff person, I accept all duties and responsibilities of performing the specified case management tasks, and will personally perform the tasks in a way that is consistent with the training, guidelines, and exact method provided to me.
2. This agreement to maintain confidentiality includes information from or about any person eligible for case management, their families, and anyone else I may contact as part of my duties. I agree not to discuss any aspect of any individual consumer’s case with anyone other than other Case Management Team members, and those agencies that the consumer agrees to in the written Consent Form. I also agree that I will maintain consumer confidentiality after they no longer receive case management services from this agency.
3. I agree to act in a manner that will ensure the respect and confidence of all consumers, families, and other persons I may contact while working on the Case Management Team.
4. I agree to report any breach of confidentiality or privacy to the Case Management Supervisor immediately.

5. By signing below, I agree that I have read and understand these guarantees. I understand that I am forbidden by the law and this agreement from sharing any confidential information which has been gathered during the case management process with anyone other than an approved employee of Agency A or another provider as specified in written consumer consent. I understand that any purposeful and knowing sharing of information in violation of the Privacy Act of 1974 (5 U.S.C. 552a) is a crime and is punishable by a fine of up to \$5,000. I agree to live by the terms of this pledge of confidentiality.

Name (Print)

Signature

Date

Witness

APPENDIX C

SAMPLE OF CONSUMER CONSENT FORM
--

**“AGENCY A”
CONSENT TO RELEASE/RECEIVE INFORMATION**

CONSUMER NAME: _____ DATE OF BIRTH: _____
SOCIAL SECURITY #: _____

“Agency A”, as funded by the Ryan White CARE Act, is bound by all State and Federal guidelines, as well as those of the NEMA, for receiving or providing confidential consumer information. Your records will not be shared with any individual or agency except those which you authorize on this form. The only exceptions to this statement are under the following situations: a life-threatening emergency, under a court order, or other request which may be governed by other New Jersey laws.

I, _____, give my permission to “Agency A” to help me obtain services through the process of case management. I understand that sharing personal information about my situation with other agencies/individuals is necessary in the process of helping me get those services.

I give my permission to “Agency A” to release _____ receive _____ information to the following agencies:

1.		5.
2.		6.
3.		7.
4.		8.

The information to be received/released is limited to (check all those that apply):

- Psycho-social information
- Medical Information
- Financial information
- Drug/Alcohol Treatment information
- Other Specify: _____.

This information is needed in order to: _____.

I give my consent to release/receive this information freely, without being pressured to do so. I further understand that “Agency A” not share any information that they receive under this consent, with another individual or agency without my permission, and that any agency/individual that receives information from “Agency A” under this consent is bound by the same rule.

This consent is valid until there is no longer a need to receive/release information, or for 90 days (which ever comes first) from the time that I sign this consent. This consent will expire no later than _____(date).

I have the right to end this consent at any time, by notifying my case manager in writing, however, this action will have no effect on any action to receive or release information taken before I decided to discontinue consent.

Consumer/Guardian Signature

Consumer Name (print)

Date

Case Manager Signature

Case Manager Name (print)

Date

SIGNATURE OF READER/TRANSLATOR IF THE SUBJECT DOES NOT READ ENGLISH WELL.

The consumer who has signed above, _____, does not read English well, I read English well and am fluent in (name of language) _____, a language the subject (his/her parent/legal guardian) understands well. I have translated for the subject (his/her parent/legal guardian) the entire contents of this consent form. To the best of my knowledge, the consumer (his/her parent/legal guardian) understands the content of this consent form and has had an opportunity to ask questions regarding the consent form. These questions have been answered to the complete satisfaction of the consumer (his/her parent/legal guardian.)

Reader/Translator:

Name: _____

Signature: _____

Date:

Notes how to reach consumer (through whom) if

- Place of residence changes, no phone, etc. yes no
8. Evidence of information-sharing or collaboration in service planning or delivery from other agencies, when consumer is being served by other agencies. yes no
9. Evidence of Case Manager regularly convening other agencies /family/significant other(s) to review/update the plan. yes no
10. Services to affected spouse, partner, children, caregiver
• If yes, what services are provided to whom? yes no
11. Statement of rights and responsibilities:
• Signed by client yes no
• Signed by staff yes no
12. Updates:
• Regular updates are noted yes no
• What is the interval for regular review and updating:

CLOSED RECORDS:

1. Reason for termination yes no
2. Referrals to other programs yes no
3. Follow up after termination yes no
4. Outcome measures noted yes no
5. Consumer's progress toward outcomes noted yes no
6. From Case Manager's opinion yes no
7. From Consumer's opinion yes no
8. Is a Consumer Satisfaction Survey included yes no
9. If yes, was consumer basically satisfied? yes no
10. Is there evidence that consumer was informed that he/she could return for services? yes no

RECORD POLICY:

1. Did consumer have access to his/her own record? yes no
2. Is there evidence that access was discussed? yes no
3. How is confidentiality of records protected?

4. What is the agency's record retention and storage policy and practice after records are closed?

5. Other Comments:

APPENDIX E

SAMPLE OF CASE DISCHARGE/TERMINATION SUMMARY

CONSUMER NAME: _____	DATE OF BIRTH: / ____ / ____
SOCIAL SECURITY #: ____ / ____ / ____	

A. Date of Termination/Discharge: _____ / ____ / ____

B. Reason for Termination/Discharge of Consumer (check those which apply):

- service needs met; problems completely resolved
 - request of consumer/consumer's representative
 - consumer became ineligible for service
 - consumer relocated outside agency's geographic area
 - consumer abuse of staff, property and/or services
 - non-compliance with service plan
 - consumer deceased. Notified by _____
 - other (specify) _____
-

C. Date consumer/family was notified of termination/discharge: _____ / ____ / ____

D. Method of notification: face-to-face meeting telephone call letter
 other (specify) _____

E. Date that written notification of termination/discharge, appeal process, and ability to reapply for services was sent to consumer: _____ / ____ / ____

F. Is copy of notification in consumer record: yes no

G. Date of most recently completed Consumer Satisfaction Survey: _____ / ____ / ____

H. If applicable, to which services was the consumer/family referred at termination/discharge:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I. List the services that have been notified of the case termination/discharge:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

K. At the time of case termination/discharge, what was the consumer/family progress toward meeting the goals as stated in the Individual/Family Service Plan: _____

L. Was the consumer/family basically satisfied with the case management services provided:

yes no uncertain

Case Manager Name (Print)

Case Management Supervisor Name (Print)

Case Manager Signature

Case Management Supervisor Signature

____ / ____ / ____
Date

____ / ____ / ____
Date

APPENDIX F

SAMPLE OF JOB DESCRIPTION FOR CASE MANAGER

Duties of the Case Manager:

- Performs the various steps of the case management process including Intake, Assessment of Needs, Development of Service Plan, Implementation, Monitoring and Re-evaluation of Service Plan, Discharge/Termination of Cases.
- Provides intervention with service providers on behalf of consumers
- Provides crisis intervention with consumers on an as-needed basis.
- Provides encouragement, information and teaches skills necessary to consumers in order for them to get and use service.
- Works with the consumers' families/significant others in order to engage them in the case management process and assist them with problems associated with the consumers' illness. Uses a family centered approach to case management.
- Provides direction to the Case Management Assistants and Volunteers on the Case Management Team in carrying out tasks identified order to assist consumers.
- Maintains documentation in consumer records as specified in the Case Management Standards.
- Educates and consults with service providers and consumers concerning HIV disease and the process of meeting consumers' identified needs.
- Negotiates and advocates for the development and delivery of needed services to improve the system of care for people with HIV.
- Reports to the Case Management Supervisor.

Educational Requirements:

- Minimum of a Bachelor's Degree in Social Science or a related field; or an RN.
- At least 6 months of experience with the appropriate training to complement that experience.
- Although Bachelor's Degree or RN is strongly recommended, previous case management experience, in combination with Case Manager Certificate training and a CSW licensure may be substituted on a year-for-year basis for required minimum education.

[APPENDIX G](#)

CITY OF NEWARK-RYAN WHITE UNIT MONITORING AND EVALUATION CASE MANAGEMENT INTERVIEW

AGENCY: _____

DATE: _____ / _____ / _____

NAME: _____ /

TITLE: _____

1. Does the agency have a mission/goals for its Case Management program? yes no

If yes, what are they?

2. Does the staffing pattern, everyday practices and policies reflect those goals and missions? (e.g.: if intake is to be done within 24 hours, does the staffing pattern allow that to be accomplished?) yes no

3. How are clients assigned to workers? By caseload size, by geographic area or by another method(s)? Describe.

4. What is the average number of “active” consumers each case manager currently has on his/her caseload (as of the date of this site visit)?

5. How is “active” defined?

6. Does the agency define “caseload” and actual “workload” differently? yes no

7. Are there agency standards for staff to client ratios? yes no

8. Are there recommended standards (breakdowns) for workers’ time – a minimum %, #, or range of hours in any given day, week, or month during which each staff person should spend in the following activities:

- Face-to-face time with consumers: yes no
- Telephone contact with consumers: yes no
- Telephone contact/letters sent to other agencies on behalf of consumers: yes no
- Administrative Paperwork: yes no
- Team (internal agency staff) meetings: yes no
-

- Meetings with other agencies: yes no
- Supervision: yes no
- Others: yes no

9. How are staff's hours monitored within the agency? By whom?

10. When actual time spent is not what the standards call for, what happens?

11. Are there policies and procedures for:

- Maximum waiting time between a referral and first contact with a new consumer: yes no
Please specify: _____
- Transporting consumers in personal and agency vehicles: yes no
- Vehicle breakdowns: yes no
- Medical Emergencies with consumers, occurring in their homes or on the street? yes no
- Minimum number and type of contacts per week/per month for each consumer on your caseload? yes no
Please specify: _____
- Follow-up or outreach efforts to be made when there is a no-show or cancellation of appointment/visit? yes no
Please specify: _____

12. Are there policies for the following? If yes, please describe:

- How a consumer is to be referred to the program: yes no
Describe:
- Minimum frequency of contact/services to remain active: yes no
Describe:
- Service termination/discharge: yes no
Describe:
- Relationships/meetings with other providers regarding shared consumer: yes no
Describe:

13. If a consumer does not show up for an appointment, what outreach/engagement strategies are used? Have they been successful?

14. What are this Case Management program's primary 2-3 goals? Are they being met? How or why not?

29. Are special efforts made to serve people who have been considered “hard to reach” (i.e. undocumented immigrants, addicts, homeless, and adolescents)?
30. What consumer needs are consistently not being met being by the program because resources (funding/services) are not available and/or because necessary linkages are not made?
31. How does the program help to increase access to alternative modes of treatment for consumers who are interested in them?
32. How does the agency follow-up on referrals made to other agencies?
33. How are consumers involved in completing their own assessments, developing their own services plans and evaluating their own “success”?
34. Do you have any recommendations on how the case management services of this agency could better meet the needs of its consumers?
35. What gaps exist in the larger services system which hurt this agency’s abilities to meet consumer needs?
36. Do you have any suggestions as to how those gaps might be filled?
37. What is the best thing this case management service does for consumers?

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