

**NORTHEASTERN ILLINOIS HIV/AIDS CASE MANAGEMENT
COOPERATIVE
Pediatric AIDS Chicago Prevention Initiative**

STANDARD OPERATING PROCEDURES

The Northeastern Illinois HIV/AIDS Case Management Cooperative is an unincorporated collective of service providers formed and affiliated through the Service Providers Council of the AIDS Foundation of Chicago. Cooperative member agencies have united in an effort to share responsibility for the management of HIV-related client services throughout the Chicago EMA. The Cooperative works to establish a consistent process of intake, assessment, planning, service coordination, referral, follow-up, and advocacy through which the needs of persons affected by HIV can be met.

This document describes a set of minimum standards for operational procedures that member agencies helping HIV+ pregnant or post-partum clients agree to perform. These standards are not meant to replace or override existing standards in place at individual agencies, nor to provide comprehensive standards for agencies initiating HIV case management services. Instead they are an attempt to revise current standards of practice for the specific needs of HIV+ pregnant individuals. These standards will be used by the Cooperative Governance and AFC staff in conducting utilization review. This document will serve as a ready reference to Pediatric AIDS Chicago Prevention Initiative (PACPI) member agencies in establishing services and be used in the orientation of new members to clarify Cooperative expectations.

These Pediatric AIDS Chicago Prevention Initiative Standard Operating Procedures were adapted by the PACPI originating partners- University of Chicago Wyler's Children's Hospital and Mount Sinai Hospital in 2002.

Reviewed by Governance Committee –pending.

SOP 1 **INITIAL CONTACT AND SCREENING**

An individual needing case management services may contact or be referred to either the Information and Referral Service at the AIDS Foundation or one of the member agencies of the Case Management Cooperative.

All initial contacts will be handled promptly and will not be completed until a clear plan for intervention is made.

A client will be screened according to the eligibility criteria for services established by the Cooperative. This screening will be facilitated and documented through the use of the agency's own screening form or the Coop's Client Eligibility Screening Form. (If client is requesting a transfer from another agency, please refer to SOP 8)

Demographic information will help determine the appropriate agency for a client in light of his or her culture and geographic location. A client's expressed preference for a service site will be considered if possible. If no preference is expressed, the client should be assigned to an agency that most closely matches his or her cultural and geographic community.

The response time for a face-to-face intake appointment will be determined by the level of client need. Client need is defined in five levels. These levels should not be confused with HIV/AIDS diagnostic levels. Criteria for determining level of care and the timeframes for response to clients in each level are presented below.

A clear disposition based on client level of care must be documented on the agency's form or on the Client Eligibility Screening form. Possible dispositions include the following:

- Client not eligible for case management services.
- Client scheduled for case management intake at this agency.
- Client referred to another agency for case management intake.
- Client referred to AFC for agency assignment for case management intake.
- Client does not want case management but is referred to another agency for another service.
- Client does not want case management services, and only requests emergency financial assistance.

The Cooperative and its member agencies will ensure that needed referrals for services are facilitated whether or not an individual is eligible for Cooperative services. Completed Client Eligibility Screening forms and any other related documentation will be kept as part of case management records and be made available for utilization review.

Agency staff performing screening of new clients will receive training and supervision in

the use of the agency's screening tool and in becoming sensitive to issues of urgency and confidentiality regarding HIV-affected individuals.

Level IV (Crisis Intervention)

Crisis Criteria: A crisis is a psychosocial or medical problem expressed by the client or determined by the case manager that requires an immediate response. This need may result from a medical or psychosocial situation that threatens the well-being of the client or the client's family. Possible crisis situations include:

- ! Suicidal thoughts or actions
- ! Medical crisis requiring emergency intervention including labor and delivery or emergency pregnancy terminations.
- ! Recent discovery or change in HIV status and request for immediate supportive counseling
- ! Threatened loss of housing, food or other vital resources.
- ! Death of a family member or loved one and request for immediate supportive counseling
- ! Domestic violence
- ! Hospital admission required and no child care is in place
- ! Child abuse or neglect, unattended young child, threats of harm against a child
- ! Primary care provider suspects child abuse/medical neglect
- ! Client at risk for prison or psychiatric admission
- ! Client faces immediate disruption of HIV-related medications.

This list is provided for guidance in determining the need for crisis intervention. It is not meant to fully describe crisis situations or to limit interventions. A crisis is decisive and a crucial event often determined by a client's reaction to a situation and a case manager's evaluation of the need for intervention. It is important that the case manager be able to identify a crisis when it surfaces, attempt to mitigate or resolve the immediate problem, and use the negative event to enhance services.

Crisis Response: A case manager will maintain telephone contact until a plan for intervention satisfactory to the client can be arranged. The case manager will attempt to schedule a face-to-face contact within 24 hours.

Level III

Level III Criteria: The client or family is not in crisis, but present need requires a priority response. In this category are people with HIV/AIDS in the following circumstances:

- ! Frequent and severe illness requiring hospitalization or multiple ambulatory care visits
- ! Caregiver unable to care for self
- ! Unstable or unsafe living situation
- ! Progressive deterioration, physical or mental, requiring in-home services
- ! Acute resource needs (housing, finance, food, mental health, or addiction services)
- ! Possible child neglect or dependency, unsafe environment for children, minimal or no child care
- ! Client request for Emergency Client Assistance only
- ! Recent pregnancy/delivery with no stable prenatal care in place

Level III Response: The case manager will arrange a plan for intervention with a face-to-face contact within 3 working days if client is at a PACPI partner hospital. The case manager will attempt contact within one day of referral if client is at a non-PACPI Partner hospital.

Level II

Level II Criteria: The client or family has intermediate needs. In this category are people with HIV/AIDS in the following circumstances:

- ! Client is symptomatic with no primary care services in place
- ! Symptoms and/or coping skills are interfering with client's ability to parent children or perform job
- ! Inadequate or dysfunctional family or support system
- ! Emotional difficulty because of HIV status
- ! Requires assessment of ability to perform activities of daily living (ADL)
- ! Requires assistance/advocacy for entitlements
- ! Multiple needs for any combination of health, mental health, and substance abuse screening/services
- ! Intermediate or long-range resource needs (housing, food, etc.)
- ! Educational needs for HIV/AIDS self care, in-home care, HIV transmission risk/harm reduction
- ! Children in household are receiving minimal or no counseling/support services; school attendance irregular; behavior problems reported
- ! HIV+ client who requires reproductive counseling, expresses a desire to become pregnant
- ! HIV+ client in early stages of pregnancy, receiving prenatal care or has a recent appointment scheduled, and is medically stable.

Level II Response: The case manager will arrange a plan for intervention with a face-to-face contact within 10 working days.

Level I

Level I Criteria: The client, family, or caregiver has clearly identified needs but is able to postpone or wait for intervention. In this category are people with HIV/AIDS or family members and caretakers in the following circumstances:

- ! Seeking education, support, and future planning assistance while maintaining health, employment, and daily living tasks
- ! Asymptomatic, with no expressed stress or anxiety, seeking a primary care provider
- ! Caregiver or family member seeking information, education, or other assistance

Level I Response: The case manager will arrange a plan for intervention including face to face contact within 20 working days.

In general, Level I cases should be closed after the intervention has resolved the clients identified needs. The client is encouraged to contact the AFC or the cases management agency directly if additional information or services are needed.

Level 0

Level 0 Criteria: One of the following criteria must be met in order to assign a client to Level 0:

- ! Client, caregiver, or family member expresses a desire for one-time information and referral only
- ! No response to repeated attempts to contact the person for services.

Level 0 Response: The client is encouraged to contact the AIDS Foundation or the case management agency in the future if additional information or services are needed. The client record is closed.

SOP 2 **INTAKE**

Intake is the process by which a case manager forms a relationship with the client and gathers information necessary to formulate an initial assessment of need and preliminary service plan.

Intake is conducted by a case manager of a Cooperative agency in a face-to-face interview with a client eligible for services.

Intakes may be conducted in an agency office, a client's home, or a hospital or other health or social service institution.

During intake the case manager will

- ! verify screening information and need for case management services
- ! explain and obtain clients consent to enroll in registry (clients without consent to enroll cannot receive case management and related services)
- ! collect further demographic data and information about the client's presenting problem
- ! interview the client about his or her family, financial situation, relationships, education, and employment, previous medical and psychosocial treatment (including a signed release of information to obtain confirmation of diagnosis)
- ! maintain confidentiality regarding the information shared and describe policy on confidentiality to client
- ! review the rights and responsibilities document with the client, obtain clients signature and ensure that the client receives a signed copy for themselves

With this information, the case manager will formulate and share with the client an assessment of service needs and a treatment plan.

Cooperative case managers and AFC staff have developed and field tested the Case Intake Form . This form provides an easy-to-use checklist for gathering intake information and recording assessment and service plan information. To bring consistency to the intake process and to facilitate service delivery, Cooperative member agencies will use this form to record client intakes.

The top portion of this form produces a duplication of client demographic information. The duplicate will be sent into the AIDS Foundation and entered into a computer

database, which will provide a confidential and easily accessible record of client enrollment across the Cooperative. The development of this record will promote interagency cooperation and facilitate the process of statistical reporting.

SOP 3 **ASSESSMENT**

Assessment is an ongoing process of gathering information to define client needs and develop a service plan. The goals are to understand the client's strengths and weaknesses and evaluate his or her medical and psychosocial situation. Case management agencies will complete an assessment of all clients enrolled in care.

Case managers will involve clients in the process of assessment and ensure and clarify confidentiality regarding the information shared.

The client will be the primary source of information, but assessments will include information gathered from family members, medical and psychosocial providers, and other sources of information. The client will be informed about the process and sources of information and must give permission for this exchange through a clearly stated and signed release.

The Case Intake Form summarizes key HIV information issues in an easy-to-use checklist format. Cooperative case managers will use this form to formulate and record an initial assessment.

Assessment will continue throughout the process of care. Further information regarding client need and functioning and changes in service will be documented in the case record.

SOP 4 **SERVICE PLAN DEVELOPMENT AND REVISION**

DEVELOPMENT

An initial service plan will be formulated on all clients enrolled in care.

Case managers will engage clients in the formulation of a service plan that meets the needs defined during the assessment process. This will be an interactive process, and every effort will be made to solicit client input and consensus. During this process, the case manager and client will

- ! identify and rank problems needing resolution
- ! identify resources available to the client
- ! identify the roles the client and case manager will take in accessing services

The service plan will address client needs along a continuum of care, including documentation of referrals needed for services on the Case Intake Form.

Working together, the case manager and client will determine the schedule and location of contacts and identify other service providers to be involved in care. This plan will be recorded in a standardized format developed by each agency that includes: problem statement, intervention or action, role of client and case manager in addressing the problem, time frame, and desired outcome. Changes in the service plan and its actual implementation will be recorded in the agency record.

REVISION

Service plans should be revised whenever a major shift(s) occur in the client needs. Most importantly, when the current service plan no longer identifies service needs because the needs have been met or changes have occurred. This is the time the case manager revisits the service plan to identify new client needs and reassess acuity level.

Each time the service plan is revised, the case manager should complete a Change of Status and Case Reassessment Form and submit a copy to the AFC. At minimum, if client service plans do not change within a six month period of time, the AIDS Foundation requires that a formal reassessment (Case Status Change and Reassessment Form) be conducted at least every six(6) months.

SOP 5 **CLIENT CARE MONITORING**

Case managers will make periodic contact with clients to monitor changing needs and the appropriateness of the service plan. Frequency and type of contact should be based on clients acuity score.

Case managers will act as liaisons between clients and service providers to facilitate implementation of the service plan.

Case managers will provide supportive counseling and encouragement to clients for whom appropriate services cannot be found or have yet to be implemented.

Due to the differences among Cooperative agencies in type of setting and size of caseload, it has been difficult to set a minimum standard regarding the frequency and duration of client contact. However, the following levels of care criteria, formulated from the experience of case managers and service providers, can be used to determine the frequency of contact and to monitor a caseload. These levels are not to be confused with the CDC HIV/AIDS diagnostic levels.

Clients with an acuity rating between 25 – 30: Clients with severe and acute medical or psychosocial crisis will be responded to within 24 hours with ongoing contact intense: weekly face-to-face contacts and intensive service coordination with other agencies/providers.

Clients with an acuity rating between 20 – 24: HIV-positive and AIDS clients with complex and acute psychosocial needs will need contact least monthly with significant amount of collateral contacts.

Clients with an acuity rating between 15 – 19: HIV-positive symptomatic individuals with aggravating but not acute psychosocial needs will need regular face-to-face contact less than every month, but more than once every three months.

Clients with an acuity rating between 10 – 14: HIV-positive individuals without acute or complex medical or psychosocial needs will need contact intermittently with a minimum of a face-to-face contact every three months.

If someone present with no linkage/referral need for a six-month period and continually scores a 10 for acuity, that case should be closed from that case managers case load at the AIDS Foundation.

SOP 6
SUPERVISION

Individual agencies will provide a minimum of four hours of case management supervision per month. Supervision may be provided in individual or group settings. Supervision will address client care and case manager job performance and skill development. Supervision must also include a review of client files that will be available for review at the Administrative Review. The description of the supervision session must be documented in either separate files or the client record and be made available at utilization review.

In addition, case managers will attend a minimum of six (6) regularly scheduled case management meetings at the AIDS Foundation or other locations and six (6) regional meetings, within each contract period. These meetings will provide opportunities for skill development and case coordination through case presentation and in-service training. Agency supervisors will ensure the attendance of the case managers at these meetings. Case managers will receive two hours of supervision per month.

SOP 7

REASSESSMENT AND REVISION OF THE SERVICE PLAN

Assessment will be an ongoing part of case management and will be recorded in the clients' record.

A formal client reassessment and service plan revision will be conducted at least every six months and recorded on the Case Reassessment and Change of Status Form.

The reassessment will include a summary of progress in the case and indicate changes in client need, as well as update the client acuity rating.

The service plan revision will indicate continuing and additional services and providers.

A copy of the Case Reassessment and Change of Status form will be sent to the AFC and the original will be maintained in the agency record.

Accurate and timely submission of the forms will facilitate the reporting process for both the agency and the AIDS Foundation. This form has been printed in a pressure sensitive duplicate format to facilitate filing at the AIDS Foundation. Forms will be filled completely and legibly and mailed to the AIDS Foundation for provider data and reporting needs.

SOP 8
CHANGE IN STATUS/ TRANSFER

To record changes in the status of a case and to register them in the database maintained at the AIDS Foundation, case managers will complete the Case Reassessment and Change of Status form.

This form records the following changes: personal demographics, serostatus, public assistance received, annual income, primary care source, insurance status, living arrangements, transfer of case manager or case management agency, discharge information, *and acuity rating*.

Accurate and timely completion and filing of these forms will facilitate the reporting process for both the AIDS Foundation and the case management agency. This form has been printed in a pressure-sensitive duplicate format to facilitate filing with AFC. This information will be entered in the database and provide data for the quarterly reports.

TRANSFER OF CASES

When a client contacts/presents at an agency requesting a transfer, the client should be directed back to their assigned case manager. If the client is unhappy with their assigned provider, the receiving case manager should encourage the client to follow the assigned agency's grievance procedure.

The receiving case manager cannot enroll the client on their case load until the assigned agency has completed a case status change/reassessment form closing the client.

SOP 9

CONFIDENTIALITY AND RELEASE OF INFORMATION

Confidentiality ensures that information regarding a client's HIV status, behavioral risk factors, or use of services cannot be released without his or her documented consent.

The Cooperative has established written policies and procedures that are in conformance with the AIDS Confidentiality Act. Member agencies will take the necessary steps to ensure that their practice conforms with these policies and procedures.

A documented release of information must be obtained under the following circumstances:

- ! At intake to enroll clients in the AFC database
- ! To permit the case manager to verify previous enrollment in database
- ! When communicating or gathering case information from other case management agencies and service providers
- ! When sharing or gathering case information from family members, significant others, or other sources
- ! When sending for or releasing medical or case management records to service providers, legal authorities, insurance companies, or other sources

Release of information forms must include a description of agencies sharing the information, the nature of the information shared, and the duration of the consent agreed upon by the client. Forms must be signed by client and witnessed by the case manager or another person. The Cooperative will provide a model release form that an agency may choose to adapt for its purposes.

Case managers may release information without client approval under the following circumstances:

- When records are subpoenaed and legal counsel confirms that information must be shared. In such cases, clients will be informed of the information shared.
- In the event of a medical emergency when the client, guardian, or caretaker is unable to provide consent.

SOP 10 **RECORD KEEPING**

Client records will be maintained by each case management agency. Cooperative record keeping requirements are not meant to supplant or supersede existing agency requirements but to determine a minimum standard across cooperative agencies. Agency records will include the following:

- ! Client Eligibility and Screening Form. This form will be maintained as part of the individual client record if initial contact was made through an agency and if a client was enrolled in service. Forms for clients referred to other agencies or clients who did not choose to enroll will be kept in a separate file to document screening and referral activity.
- ! Case Intake Form. This form will serve as a face sheet recording demographic information, assessment of need, and a service plan. The service plan will determine the frequency and location of contact between the case manager and client and identify other service providers involved in client care. Changes in the service plan and its actual implementation will be recorded in the agency record.
- ! Service Plan: This form is devised by the agency and documents ongoing client assessment and service linkage. It is to be revised at least every six months along with the Case Status Change and Reassessment Form. The service plan must include the presenting problem, service need, intervention/goal, timeline for addressing needs, and the client's signature.
- ! Progress Notes. These will record case manager/client contacts and collateral activity documenting progress, obstacles, and changes in the service plan. Notes will also document and describe case manager supervision.
- ! Case Reassessment and Change of Status Form. This form documents the six-month review and revision of the service plan as well as transfer, discharge or, changes in client information.
- ! Consent to Enroll Form: This form will be maintained as part of the individual client record to enroll the client in the AFC database. If the client refuses to sign this form, intake form should not be submitted to the AFC, and client cannot be enrolled in the Case Management Cooperative.
- ! Release of Information Forms, conforming to standards described above.
- ! Client's Rights and Responsibilities: This form will serve as proof that clients are informed of their rights as consumers of services rendered by the agency as well as their responsibilities. This form should also list the agency's grievance

procedure. The form must be signed and witnessed by the client and the case manager, and the client receives a copy for themselves.

SOP 11
PROGRAM ADMINISTRATIVE AND PEER REVIEW

Cooperative agencies will conduct utilization review in compliance with their existing quality assurance procedures and conforming with the following standards.

The review and report will cover the following:

- ! Initial contact and screening activity. The number of cases referred during the period and the timeliness and quality of responses will be recorded.
- ! Case review of a random sample of 15% of open cases (a smaller percentage may be used when the number of cases exceeds 300, more than 15% of cases may also be required if determined by the AIDS Foundation). The case review will include examination of the accuracy of the intake assessment, client involvement in service planning and implementation, provider and collateral liaison, documentation of case progress and changes in progress notes, case manager response to crisis situations and other changes in client need, documentation of changes in case status, documentation of six-month review of service plan, and documentation and description of case manager supervision. Clients will not be referred to by name, but a client record number or other identifier will be used for reference.
- ! Descriptions of actions planned or executed to address case manager or agency shortcomings.
- ! Documentation of utilization review in supervision sessions is acceptable, to be reviewed by AFC staff at annual administrative reviews is acceptable.