



Needs Assessment Training

February 25, 2025



Heart of Florida United Way

Agenda

Icebreaker

**Standards &
Guidelines**

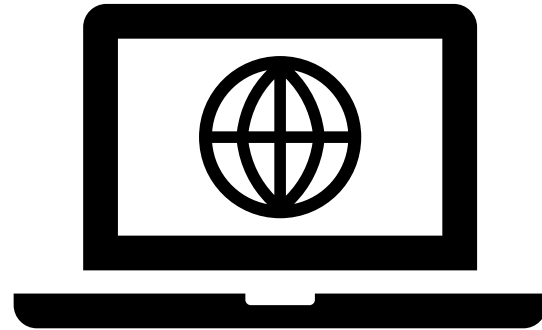
**Case Manager
Approach**

**Needs Assessment
Sections**

Role Play

Acuity & Care Plans

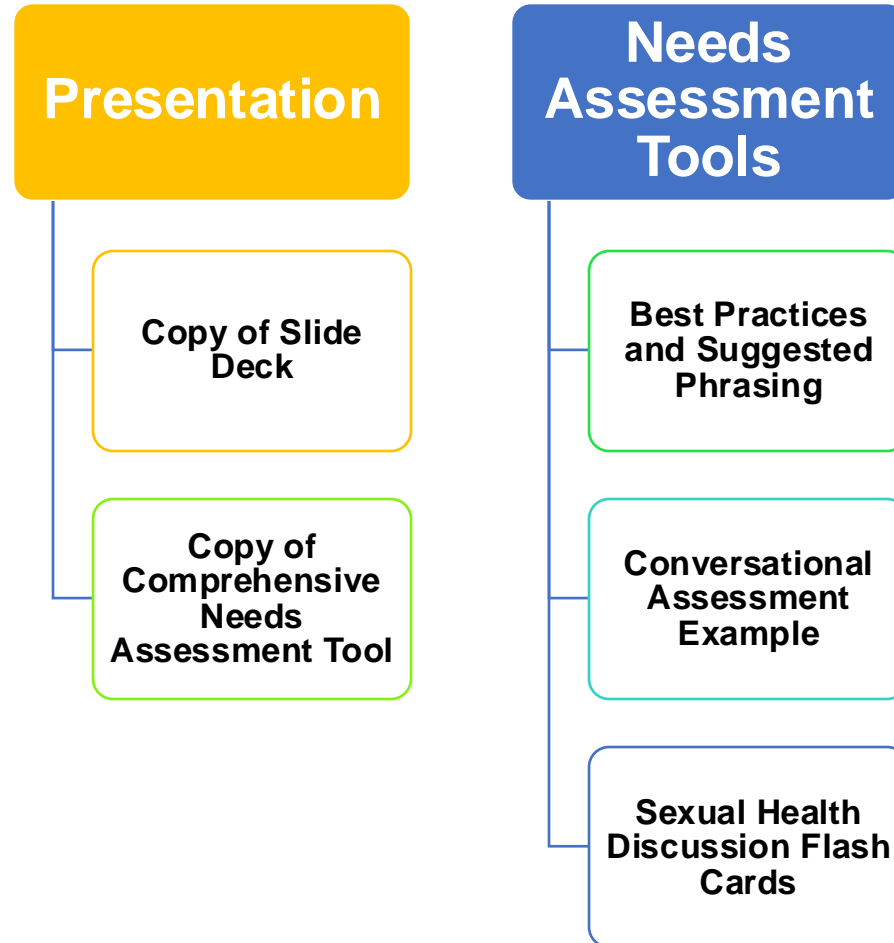
Training Evaluation



**Click the icon to check out resources
shared during today's training**

Handouts

Please make sure you have all 5 of the handouts in your training packet



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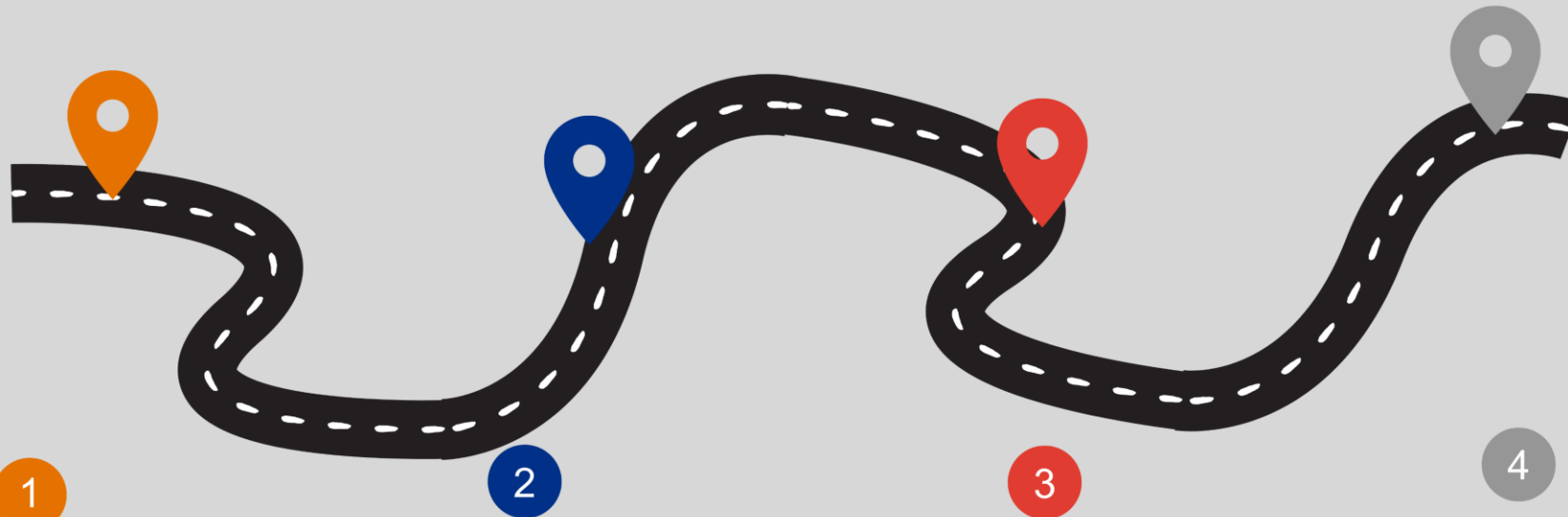
Standards & Guidelines

Medical Case Management Service Standards



Conversion Roadmap

AREA 7 RYAN WHITE PART B & GR CONVERSION TO MEDICAL CASE MANAGEMENT



1

TRAINING

HFUW will conduct in person training for all providers to review MCM Service Standards and all Case Management Forms & Documents associated with Medical Case Management

February 25, 2025

2

RECLASSIFY CASE LOADS

Case Managers will utilize the new Acuity Scale to reclasssify their case loads into the new acuity levels. Clients will fall into one of three different MCM categories each with different care plan and contact frequency requirements.

3

CARE PLAN CREATION

Case Managers will need to schedule appointments with their clients either Face to Face or via Telephone to create care plans with their clients based on greatest service need identified by acuity assessment

4

COMPLETION

All clients in the Area 7 system of care should be medically reclassified with all the required documentation outlined in the MCM Service Standards uploaded to client profiles

What is the Needs Assessment

Attachment 6 Comprehensive Needs Assessment

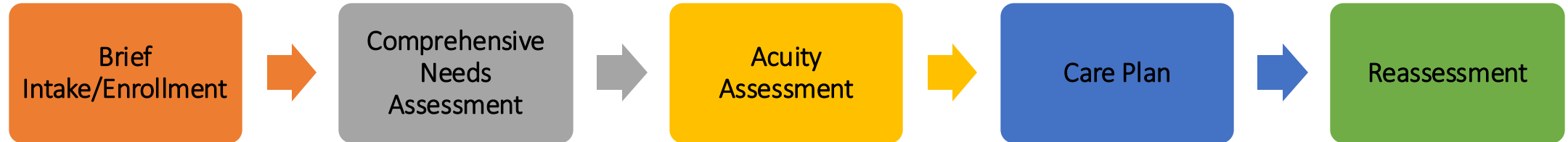
The Comprehensive Needs Assessment (CNA) is introduced in the 2019 edition of the Florida Department of Health HIV Case Management Guidelines as a requirement for all medically managed clients.

Description from Case Management Guidelines

“A [CNA] describes in detail the client’s medical, physical, and psychosocial condition and needs. It identifies services need that are addressed and by whom they are provided, service needs not provided, barriers to care, and services not adequately coordinated. It evaluates the client’s resources and strengths, including their social support network, which can be used during care planning.” (Case Management Guidelines, Section 4C. p. 16)

Client:	Last Name	First Name	MI	Client ID	
Assessment Date	MCM Name				
Medical Care				No Change? <input type="checkbox"/>	
New to Care <input type="checkbox"/>	Returning to Care <input type="checkbox"/>	Established in Care <input type="checkbox"/>			
None <input type="checkbox"/>	Publicly funded clinic <input type="checkbox"/>	Private Practice <input type="checkbox"/>	Veterans Affairs <input type="checkbox"/>		
	Hospital Outpatient <input type="checkbox"/>	ER <input type="checkbox"/>	Other <input type="checkbox"/>		
Medical Care Providers				No Change? <input type="checkbox"/>	
Primary Physician	Address	Phone	Specialty	Last Seen	Next Appt.

Guidelines



1. Florida Department of Health HIV Case Management Guidelines
2. Medical Case Management Service Standards

When in doubt, always refer to the FDOH HIV Case Management Guidelines.

The Comprehensive Needs Assessment:

1. Must be completed within 30 days of the brief intake/enrollment screening
2. Should be completed face-to-face, through telehealth or by phone
3. Must be scanned and uploaded to CAREWare Unique IDs > Attachments
4. Must be completed at least annually or when changes occur (Reassessment)

Information Cycle

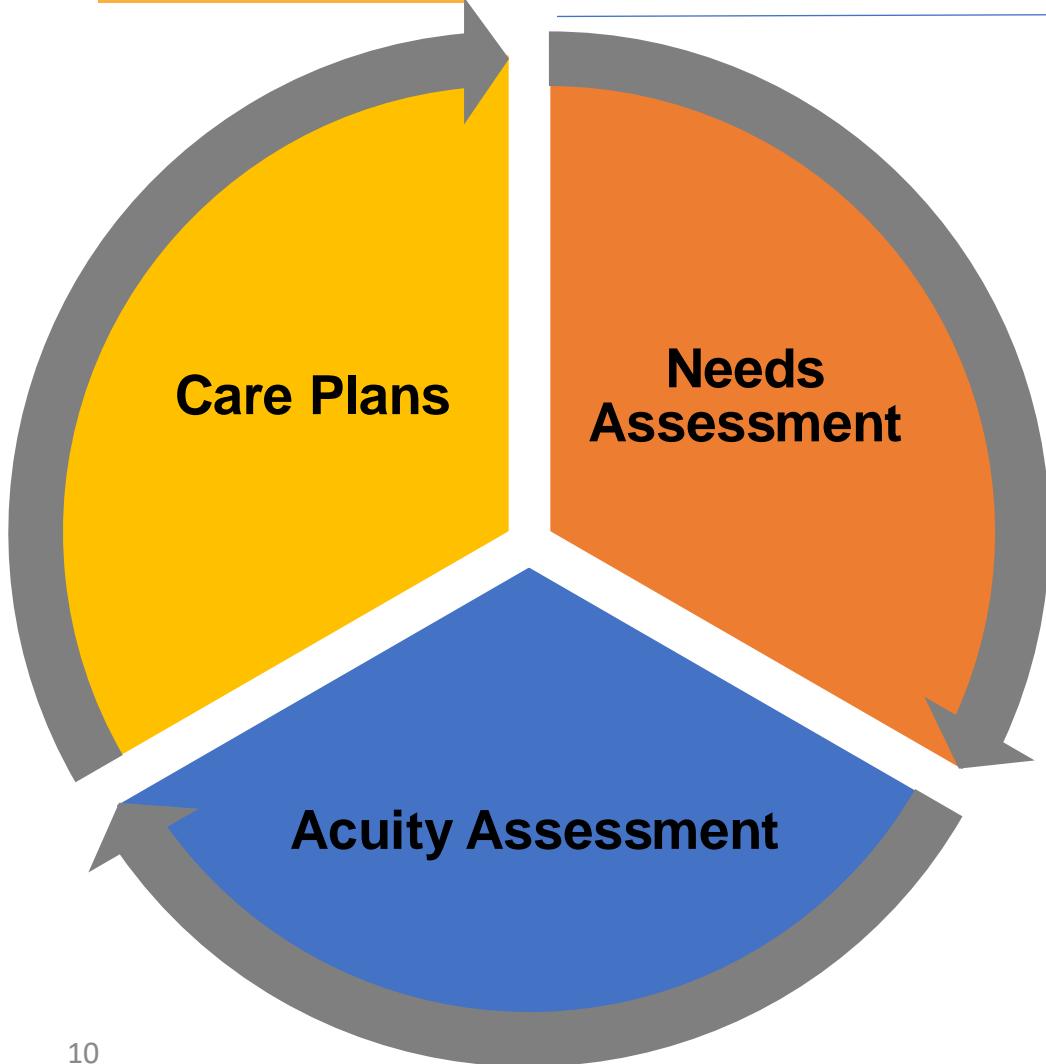


Comprehensive Needs Assessment

Ensuring client needs are identified

- This is the first step in the information funnel
- Expands on information gathered during intake
- Provides broader base of knowledge to address complex health care needs
- Many sections in the needs assessment correlate with sections in the Acuity Assessment
- Investing time during this initial step of the managed care process will ultimately save time in the long run

Information Cycle



Acuity Assessment

Identifying client barriers to care

- Helps develop priority areas to be addressed in the care plan
- Serves as a tool for the case manager to use that complements the comprehensive needs assessment to determine the level of case management needed
- Serves as a tool for the case management supervisor to use to assess caseload sizes among staff and make changes accordingly
- Information collected in the Needs Assessment should help inform scoring for the acuity assessment

Information Cycle



Care Plans

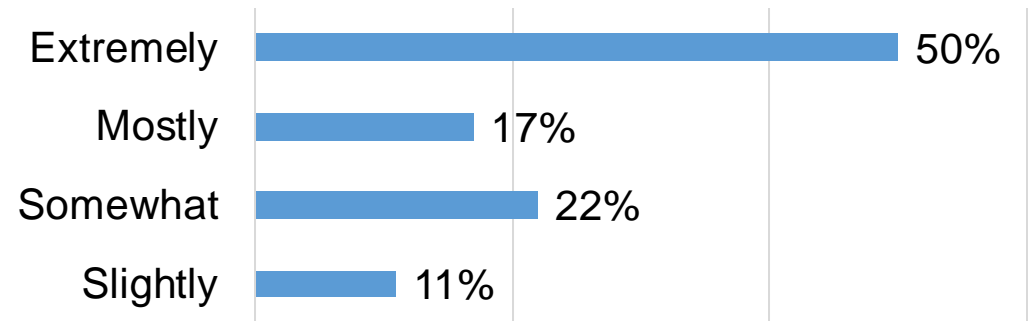
Addressing client barriers to care

- Guides the client and case manager with a systematic approach to address client needs
- Serves as a review tool at reassessment to evaluate accomplishments and barriers
- The highest scoring categories on an acuity assessment should be reviewed with clients as service priorities which care plan goals can help address
- All goals on a care plan should be drafted with the client and clients should feel that goals are attainable

Survey Results Overview



Level of comfort ranged from 2 - Slightly Comfortable to 5 - Extremely Comfortable.



Thank you all for your comments and suggestions in the Survey.

SURVEY PARTICIPATION
18 Respondents (90%)

AVERAGE COMFORT LEVEL
4.05 (out of 5)

MOST CHALLENGING SECTION IDENTIFIED
#1 – Sexual History & Risk Assessment

Types of Bias in Healthcare

Bias

- (n) – prejudice in favor or against one thing, person, or group compared with another, usually considered to be unfair

Implicit Bias

Explicit Bias

Racial & Ethnic Bias

Gender Bias

Socioeconomic Status Bias (SES)

Ageism

Weight

Disability

Mental Health

Cultural

LGBTQIA+

Communication



Biases

Implicit Bias

- Unconscious attitudes or stereotypes that affect understanding, actions, and decisions
- What's an Example of Implicit Bias?

Explicit Bias

- Conscious beliefs or attitudes that can lead to intentional discriminatory behavior
- What would be an example of explicit bias?

Discrimination

- The unequitable treatment and/or impact of general policies, practices, and norms on individuals and communities based on social group membership
- What would be an example of discrimination?

Combating Stigma with People First Language

Stigmatizing Language	Preferred Language
HIV Infected; HIV or AIDS Patient; HIVers	Person Living with HIV
Full Blown AIDS	There's no medical definition for this phrase, simply use the term AIDS, or Stage 3 HIV
Zero new infections	Zero new transmissions, Zero new HIV cases
Number of Infections	Number diagnosed with HIV; number of HIV acquisitions
Serodiscordant Couple	Sero-different, magnetic, mixed-status couple
Mother to Child HIV transmission	Vertical HIV transmission or perinatal HIV transmission
Compliant	Adherent
HIV risk, at risk for HIV	HIV relevance' reasons for HIV prevention; vulnerable to HIV
Prostitute or prostitution	Sex-worker; sale of sexual services; transactional sex



Inclusive Language – Gender/Sexuality

Phrases to Avoid	Alternatives
Gay Man	Male to Male sexual contact (MMSC)
Transsexual	Transgender
Born a boy / Born a girl	Assigned Male at birth / Assigned Female at Birth
Sexual Preference	Sexual Orientation
Hermaphrodite, she-male, tranny, transvestite	Intersex, genderqueer, queer



Inclusive Language – Status & Ability

Remaining conscious about the language we use includes topics such as Race, Ethnicity, Socioeconomic Status, and Housing Status. Case Managers are encouraged to familiarize themselves with the complexities and intersectionality of championing inclusivity in our practice.

	Terms to Avoid	Suggested Alternative
Socioeconomic Status (SES)	The poor; poor people	People whose incomes are below the federal poverty threshold
	Low-class people; lower class people	People of low SES
	Homeless people	People experiencing housing or food insecurity
	Ghetto/ the ghetto	Under-resourced area; low socioeconomic area
Abilities (Physical, Cognitive, and Intellectual)	Wheelchair-bound person	Person who uses a wheelchair
	Brain damaged	Person with a traumatic brain injury (TBI)
	Midget	Person of small stature, having dwarfism
	Crazy or nuts	Person living with mental illness



Stages of HIV Infection

Acute HIV Infection

When: 2 to 4 weeks after transmission

What: The virus is multiplying rapidly and is a stage where transmission to others is easier

Symptoms: Flu-like symptoms – fever, sore throat, tiredness, swollen glands, muscle aches, rash, and headaches

Chronic HIV Infection

When: This stage can last for several years without treatment

What: The virus is still active but reproduces at a slow rate and hiding in body's immune cells quietly causing damage

Symptoms: Most people don't feel sick during this time which is why most people don't know they have HIV until getting tested

AIDS (Acquired Immunodeficiency Syndrome)

When: If HIV is not treated it can lead to AIDS. This usually takes several years after an initial exposure to the virus

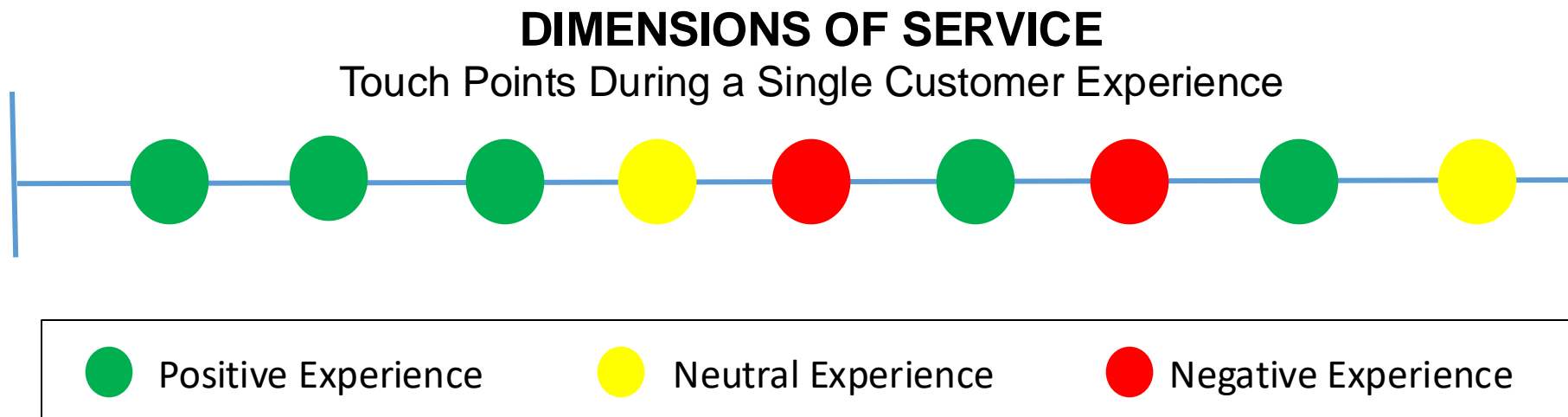
What: The immune system is badly damaged due to there not being enough CD4 cells to fight off infections. The body can no longer protect itself

Symptoms: Severe weight loss, extreme tiredness, frequent fevers, night sweats, infections, skin rashes, memory problems, and illnesses like pneumonia or certain cancers

Quality Service is about Systems, Not Events

Customer Touch Points: Any medium that engages with the customer.

- 1. Service is experienced in a number of small events over time.**
- 2. The initial impact of service on the customer is critical because the initial experience is the customer's full service context.**



Service is about Systems, Not Events

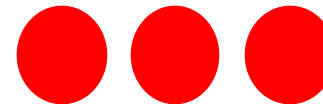
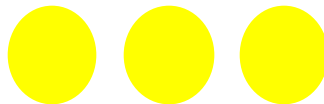
DIMENSIONS OF SERVICE

Touch Points During a Single Customer Experience

SINGLE DINING EXPERIENCE

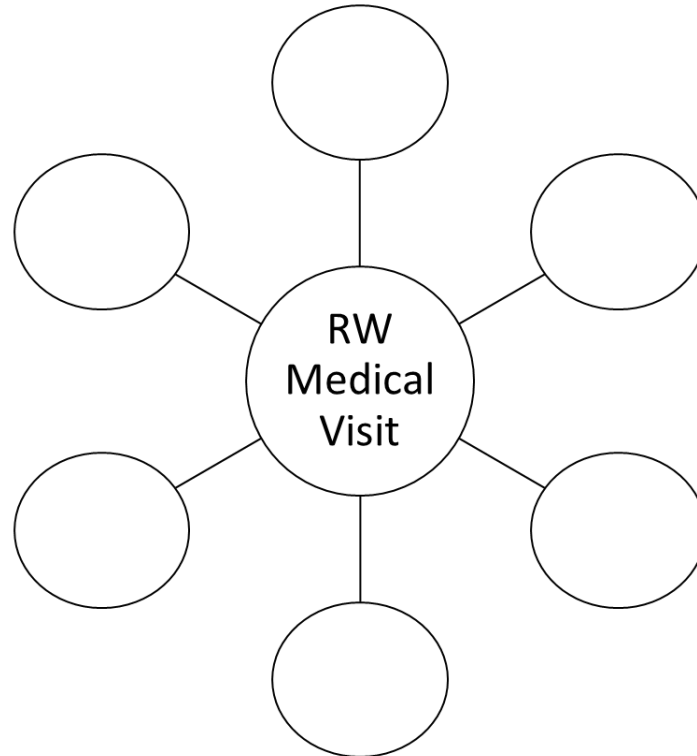


● Positive Experience ● Neutral Experience ● Negative Experience

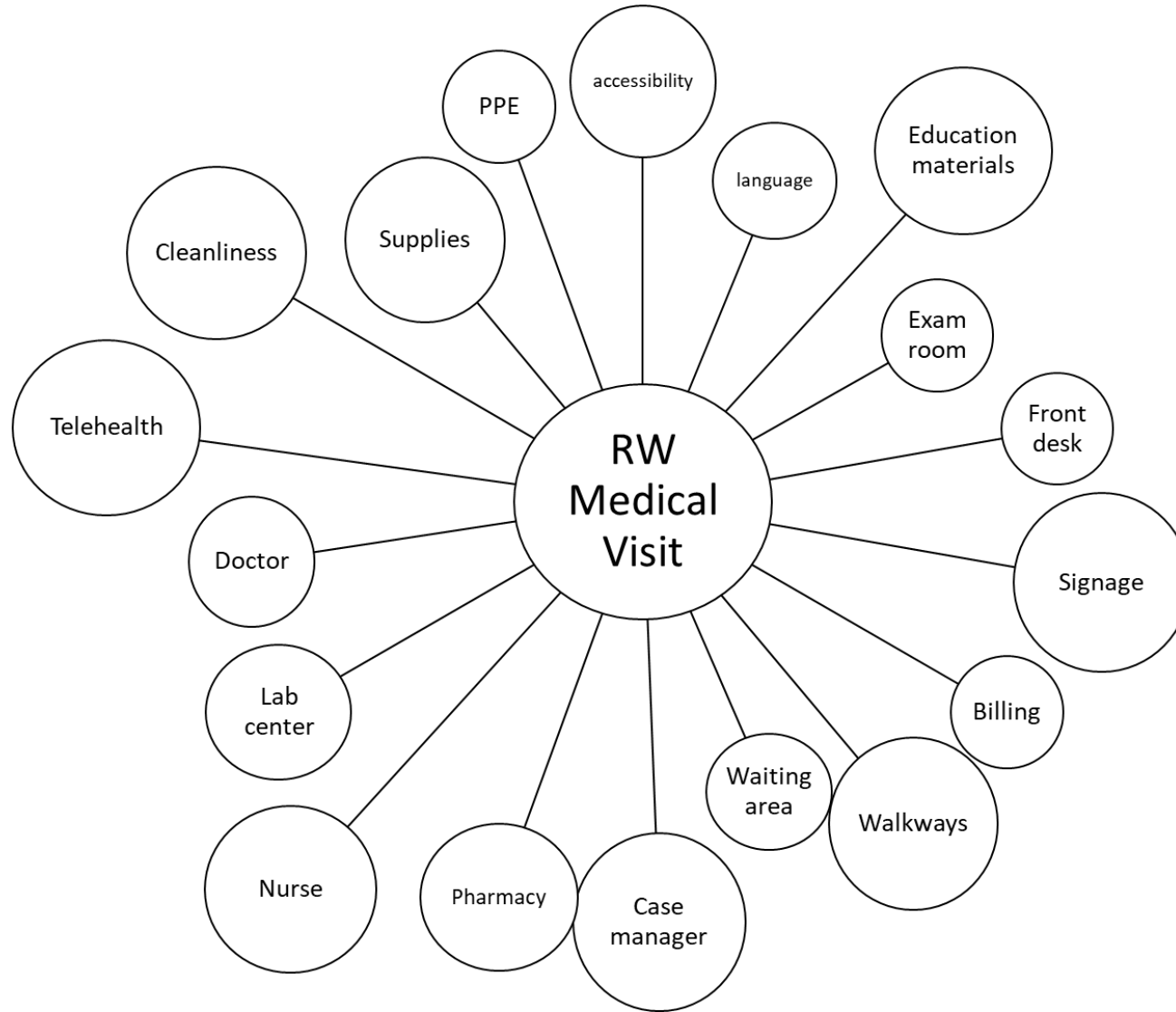


DIMENSIONS OF SERVICE

Touch Points During Multiple Customer Experiences



● Positive Experience ● Neutral Experience ● Negative Experience



● Positive Experience ● Neutral Experience ● Negative Experience

Determinants of Client Satisfaction

- **Staff attitudes relating to empathy and compassion**
- **Staff interpersonal communication skills**
- **Coordination of care between providers**
- **Level of explanation provided to clients**
- **Appropriate amount of staff (e.g., manageable caseloads)**
- **Accessibility of services**
 - **In-office wait time**
 - **Wait time to receive services or appointments**
 - **Ability to reach provider by phone or online**
 - **Eligibility requirements**
- **Demographic factors such as gender, age, race/ethnicity, health status, or education level**

Operationalize Service Recovery

- **Remember:**
 - **Exceptional service is achievable for every organization because it is created from systems and processes you control.**
- **Aim for reconciliation of the relationship, not just resolution of the issue.**
- **Treat people with respect and dignity.**
- **What would service recovery look like if every employee believed the following statement?**

"It's not our fault, but it is our problem."

Operationalize Service Recovery

- 1. Common Purpose**
- 2. Intentional listening**
- 3. Empathize**
 - 1. Express a willingness to help the customer.**
 - 2. Express an ability to help the customer.**
 - 3. Express a commitment to fulfill the customer's needs.**
- 4. Apologize**
- 5. Take Action**

When you cannot give the clients what they want

- 1. You must explain the reason for the decision or policy.**
 - Ryan White is a Payor of Last Resort
 - This is how we can help as many people as we can.
 - This is to ensure the safety and well-being of our clients.
- 2. You must look for some offsetting consideration for the customer's disappointment.**
 - Genuine care softens the disappointment.
 - Offer a recommendation or referral to another resource.
 - Give client priority for an upcoming appointment or priority for next month's food card.
 - Invite client to CAB to share feedback.

The Tower of Terror



The Tower of Terror Bellhop might:

1. Provide an empathetic apology and recommendation for another attraction.
2. Give a certificate from Mickey Mouse for priority entrance when tall enough.
3. Designate Junior Bellhop status.

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Needs Assessment Sections

Sections of Needs Assessment

- Client Name & ID
- Medical Care Information
- Medical Care Providers
- Hx. of Hospitalizations
- Other Illness & Opportunistic Infections
- Current Health Status
- Current Medications including OTC
- Pharmacy Providers
- Medication Adherence
- Oral Health
- Mental Health Screening
- Substance Use and Addiction Hx.
- Nutrition
- Housing
- Household
- Literacy
- Education
- Insurance & Other Coverage
- Eligibility Period
- Daily Living Activities
- Social Support
- Legal Issues
- Sexual Hx. / Risk Assessment
- Information Services

Sections 1, 2 & 3

Section 1
Client Name

Client:	Last Name	First Name	MI	Client ID
Assessment Date		MCM Name		

Section 2
Medical Care

Medical Care				No Change?	<input type="checkbox"/>
New to Care <input type="checkbox"/>	Returning to Care <input type="checkbox"/>	Established in Care <input type="checkbox"/>			
None <input type="checkbox"/>	Publicly funded clinic <input type="checkbox"/>	Private Practice <input type="checkbox"/>	Veterans Affairs <input type="checkbox"/>		
	Hospital Outpatient <input type="checkbox"/>	ER <input type="checkbox"/>	Other <input type="checkbox"/>		

Section 3
Medical Care Providers

Medical Care Providers				No Change?	<input type="checkbox"/>
Primary Physician	Address	Phone	Specialty	Last Seen	Next Appt.

Considerations & Best Practices

Section 1 Client Name

- Verify the client information and date of the assessment

Section 2 Medical Care

- There should be 2 check marks in this section
 - One indicates New/Returning/Established
 - One indicates the type of clinic or care

Section 3 Medical Care Providers

- Current providers should be listed here to include but not limited to PCP, ID, Specialists, Mental Health, etc.

Sections 4 & 5

Section 4
Hx. of Hospitalizations

History of Hospitalizations (Include Psychiatric and Substance Abuse)			No Change?
Illness	Date	Where	<input type="checkbox"/>

Section 5
Other Illness & Opportunistic Infections

Other Illnesses and Opportunistic Infections					No Change?
Have you been diagnosed with an Opportunistic Infection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
Have you been diagnosed with an STD?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
Have you been tested for TB? Please provide date/results.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
Have you been tested for Hepatitis A, B, C, and if yes, when?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
If female, are you pregnant? If yes, when is your due date?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
If female, when was your last pap smear (gynecological exam)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Describe <input type="checkbox"/>
Other medical issues, such as high blood pressure, diabetes, etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown <input type="checkbox"/>
If so, describe	<input type="checkbox"/>				

Considerations & Best Practices

Section 4
History of Hospitalizations

- Any history of hospitalizations including psychiatric

Section 5
Other Illness & Opportunistic Infections

- If client is unfamiliar with what Opportunistic Infections are, there should be a brief client education on the intersection of OI and HIV infection
- Southeast AETC and National HIV Curriculum provides extensive training on Opportunistic Infections
- TOPWA referrals are required for all pregnant Ryan White clients



Sections 6 & 7

Section 6
Current Health Status

Current Health Status		No Change?	<input type="checkbox"/>
What is your latest Viral Load?	Date		
What is your latest CD4 count?	Date		

Section 7
Current Medications including over the counter (OTC).

Current Medications including over the counter (OTC)			No Change?	<input type="checkbox"/>
Medication	Dosage	Frequency	Prescribed for	
Any known drug allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe	

Considerations & Best Practices

Section 6
Current Health Status

- **Most current Viral Load and CD4 cell count**
- **If most recent lab values are >6 months then clients should be referred for recent lab values**

Section 7
Current Medication including OTC

- **Some clients are taking a multitude of prescription medications**
- **At a minimum, the client's ARV, chronic STI treatment, and any prophylactic medication should be listed.**
- **Holistic supplements should also be disclosed and listed.**
- **MCM's should be familiar with holistic supplements that may interact with ARVs and decrease effectiveness**

Sections 8 & 9

Section 8 Pharmaceutical Providers

Pharmaceutical Providers		No Change? <input type="checkbox"/>	
Name/Address		Phone	Fax

Section 9 Medication Adherence

Medication Adherence				No Change? <input type="checkbox"/>	
Do you take medications (including antiretroviral) as directed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Do you require assistance taking your medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Do you have any problems with provider appointments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Describe any problems or assistance you need with medications					

Considerations & Best Practices

Section 8 Pharmaceutical Providers

- Include primary pharmacy where ARV medication is filled
- Any local pharmacy the client also uses should be listed
- Uninsured clients without current pharmacy must be referred to ADAP for enrollment in direct dispense or ACA Marketplace

Section 9 Medication Adherence

- Any disclosed adherence issues should generate a referral and be documented for the care plan development process

Sections 10 & 11

Section 10 Oral Health

Oral Health		No Change? <input type="checkbox"/>
When was your last dental exam?	Your Provider?	
Dental concerns or issues?		

Section 11 Mental Health Screening

Mental Health Screening					No Change? <input type="checkbox"/>		
Do you have a history of mental health diagnosis?		If yes, describe					
Have you ever been prescribed medication for a mental health condition?		If so, what condition					
Diagnosis	Treatment	Date	Provider	Phone			
Are you taking medication for a mental health condition now?		If so, what medication(s)					
Have you ever been hospitalized for a mental health condition?		If so, explain					
Have you had any of the following in the past year?		Depression	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>
		Forgetfulness	<input type="checkbox"/>	Delusions	<input type="checkbox"/>	Dementia	<input type="checkbox"/>
		Withdrawal/ isolation	<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Other	<input type="checkbox"/>
Who is your current mental health provider, if you have one?							
Would you like to be connected with a counsellor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Suicide Assessment</i>							
Have you ever attempted to hurt yourself or others?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Do you currently have thoughts of hurting yourself or others?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, do you have a specific plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Do you have the means to carry out the plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>If there is a "yes" answer to any of last 3 questions, case manager must follow the agency emergency crisis protocol for appropriate response.</i>							

Considerations & Best Practices

Section 10
Oral Health

- **Clients should be screened for Oral Health referral**
- **Referral should be initiated and sent within all previously communicated Area 7 expectations for routine or emergent referrals**

Section 11
Mental Health Screening

- **Case managers should be familiar with their agency's emergency crisis protocol for clients who answer YES to questions 2, 3 and 4 of the Suicide Assessment**
- **Clients who have a desire, and/or a means, and/or a plan should be taken seriously and require immediate emergency psychological intervention**

Sections 12 & 13

Section 12 Substance Use History and Screening

Substance Abuse/Addiction History and Screening		No Change?	<input type="checkbox"/>
Are you currently using any substances?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If you have used substances within the past 6 months, please explain.			

Do you need assistance with any substance abuse issues now?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Section 13 Nutrition

Nutrition		No Change?	<input type="checkbox"/>
Do you have a good appetite?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you lost or gained weight in the last 6 months? (>/<10lbs) lost	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you currently seeing or do you need to see a nutritionist?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Considerations & Best Practices

Section 12 Substance Use History and Screening

- MCM response to this section is based on client answers.
- Materials on Harm Reduction and available resources within the area should be provided to client
- See Yellow Cards produced by Brevard Prevention Coalition

Section 13 Nutrition

- Just because there is not an in-house nutrition referral doesn't mean client shouldn't be referred out of the clinic to receive necessary nutritional services
- Dietary nutritional supplements such as Ensure, Boost, and Glucerna are currently covered by LPAP service category
- Consult with Infectious Disease Provider about whether any concerns can be managed at clinic level or require external referral

Sections 14 & 15

Section 14 Housing

Housing				No Change?				
What are your current living arrangements?	<input type="checkbox"/>	Rent home/apartment	<input type="checkbox"/>	Transitional living facility/half-way house	<input type="checkbox"/>	Homeless, on street/in car		
	<input type="checkbox"/>	Living with family	<input type="checkbox"/>	Nursing Home/medical facility, etc.	<input type="checkbox"/>	Homeless, in shelter		
	<input type="checkbox"/>	Own home	<input type="checkbox"/>	Other	<input type="checkbox"/>	Homeless, living with others		
Are you receiving housing assistance (HOPWA, public housing, Section 8)?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need help finding affordable housing or shelter?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any concerns about current housing? If so, explain.								

Section 15 Household

Household				No Change?		
How long have you been living at your current residence?				Comment		
How many adults live with you?				Comment		
How many children live with you?				Comment		
Is your name on the lease/mortgage?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comment
Are there any household pets? Describe.						
Are all other household members aware of your status?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comment
Do you have a living will and/or other advanced directives?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comment
If you become unable to care for yourself, is there someone to help you?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comment

Considerations & Best Practices

Section 14
Housing

- **Clients who indicate a need for affordable housing should be referred to HOPWA**
- **An eligible client can receive HOPWA from any agency which is funded to provide HOPWA services**
- **Clients receiving Section 8 or other HUD funded housing assistance do not qualify for HOPWA**

Section 15
Household

- **If a client states they have a living will or advanced directives, the client's ID Provider and clinic should request a copy to include in the clinical EMR**
- **MCM should be aware of what the client's advanced directives are and who has a copy**

Sections 16 & 17

Section 16 Literacy

Literacy			No Change? <input type="checkbox"/>		
Primary Language:	English	<input type="checkbox"/>	Need an interpreter? <input type="checkbox"/>	Difficulty speaking primary language? <input type="checkbox"/>	Difficulty writing primary language? <input type="checkbox"/>
	Spanish	<input type="checkbox"/>			
	Other	<input type="checkbox"/>			
Have you been told you have a Developmental/Disability/Cognitive Impairment?		<input type="checkbox"/>	If yes, specify:		
			If Services are in place, specify:		

Section 17 Education

Education		No Change? <input type="checkbox"/>
Your highest level of education achieved		
Do you have other training? Describe.		

Considerations & Best Practices

Section 16
Literacy

- Cognitive and Learning disabilities can include processing differences, attention deficits. This can be equated to being on an IEP or 504 plan in the public school system
- Clients whose primary language is other than English should be staffed with case managers who are fluent in their primary language, or supported with a language line
- Interpretation services should always be utilized for clients who are less than comfortable communicating in English

Section 17
Education

- This section may inform an assessment of client's health literacy level and provide more information about potential barriers to care
- Other training & certificates can relate to professional certification

Sections 18 & 19

Insurance and Other Coverage				No Change?	<input type="checkbox"/>	
Have any type of insurance:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
If yes, check all types that you currently have	Medicaid	<input type="checkbox"/>	Medicare A/B	<input type="checkbox"/>	Medicare D	<input type="checkbox"/>

Section 18 Insurance and Other Coverage

	Private Ins	<input type="checkbox"/>	Veterans Affairs/TriCare, Champa	<input type="checkbox"/>
Other coverage				
Issues with understanding, navigating and using insurance benefits				
Needs help with health insurance enrollment				

Section 19 Eligibility Period

Eligibility Period (See NOE for details)				No Change?	<input type="checkbox"/>	
From	<input type="text"/>	to	<input type="text"/>	Redetermination due by	<input type="text"/>	
Client is eligible and enrolled in	Ryan White	<input type="checkbox"/>	ADAP	<input type="checkbox"/>	HOPWA	<input type="checkbox"/>

Considerations & Best Practices

Section 18
**Health Insurance &
Other Coverage**

- If a client does not have insurance coverage at the time of enrollment, an ADAP referral is required for the client to be evaluated by AIDS Drug Assistance Program
- If a client has several types of insurance coverage (Medical, Dental, Vision, etc) they should be listed in this section

Section 19
Eligibility Period

- This information should come from the valid Notice of Eligibility (NOE)

Section 20

Section 20 Daily Living Activities

Daily Living Activities				No Change? <input type="checkbox"/>	
Do you need help with:	Yes	No	Comments (How much, how often, who helps)	Referral Needed	
				Yes	No
Personal care: Dressing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Bathing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Eating	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Toileting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Light housekeeping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heavy chores	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Managing personal finances	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Keeping track of appointments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Considerations & Best Practices

Section 20
Activities of Daily Living (ADLs)

- **All items contained in this section should be reviewed with clients**
- **Case Managers can group the different sections together such as**
 - **Personal Care, Mobility & Transportation, Household tasks**
- **It is important for case managers to be able to identify any potential barriers to keeping a client engaged in the HIV care continuum. This section allows for a case manager to be able to provide the best care possible for their clients.**

Sections 21 & 22

Section 21 Legal Issues

Legal Issues					No Change? <input type="checkbox"/>	
Do you have	Trust	<input type="checkbox"/>	Will	<input type="checkbox"/>	Physicians Directive	<input type="checkbox"/>
					Durable Power of Attorney	<input type="checkbox"/>

Health Care Power of Attorney	<input type="checkbox"/>	Living Will	<input type="checkbox"/>	Guardian/Conservator for self/dependents	<input type="checkbox"/>
Power of Attorney	Name				Phone
	Arrest	<input type="checkbox"/>	Conviction(s)	<input type="checkbox"/>	Restraining Order
Legal Status	Name Change	<input type="checkbox"/>	Immigration	<input type="checkbox"/>	
	Change in legal status of relationship like marriage, separation or divorce			<input type="checkbox"/>	Describe

Section 22 Social Support

Social Support				No Change? <input type="checkbox"/>	
Relationship (Spouse, partner, parent, child, sibling, friend, relative, pet, other)	Aware of HIV Status		Type of Support (ex. emotional/moral, financial, transportation, shelter, medical/adherence)	Signed release?	
	Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	Select	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Select	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Select	<input type="checkbox"/>	<input type="checkbox"/>
Are you getting services from any other agencies?					

Considerations & Best Practices

Section 21
Legal Issues

- This section provides useful information to the Case Manager to ensure clients remain engaged in the care continuum
- Clients with justice involvement may have more difficulty remaining connected to their case manager
- Care plan goals can prioritize clients meeting their legal needs to help promote the client staying in care

Section 22
Social Support

- The fillable form allows the selection of one type of support per row
 - If one individual serves more than one support function for a client, use an additional row to indicate the additional support category
- Ensure there is a signed DH 3203 Authorization to Disclose Confidential Information in CAREWare listing support individuals, as needed

Sections 23 & 24

Section 23 Sexual History/Risk Assessment

Sexual History/Risk Assessment			No Change?
Are you sexually active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Is/are your partner(s) aware of your status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is/are any of your sex partner(s) HIV positive? (Discuss test/treatment PrEP as needed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you using safe sex practices? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you having sex under the influence of drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you disclose HIV status to sexual partners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have past or current experiences with sexually transmitted infections in addition to HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, have you been treated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, date of your last test			
Do you use needles for drugs, tattoos, piercings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you share needles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have all your needle sharing partners been informed about your HIV status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How do you protect yourself and drug using partners?			

Section 24 Information Services

Information Services				No Change?
Service Need	Date Identified	Referral Needed		Referral Details
		Yes	No	
General HIV/AIDS Education Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Specific OI/Treatment Modalities Information		<input type="checkbox"/>	<input type="checkbox"/>	
Safer Sex Practices		<input type="checkbox"/>	<input type="checkbox"/>	
Living with HIV/AIDS Education Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Social Security and other Public Assistance		<input type="checkbox"/>	<input type="checkbox"/>	
Family Planning/Women's Health		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	

Considerations & Best Practices

Section 23
**Sexual History/Risk
Assessment**

- This section is important for understanding current or past concerns about sexual health
- Avoiding a conversation about potential high transmission risk activities does a disservice to the client and may promote stigma, shame, or medical mistrust
- How this section is approached has a significant impact on how clients respond to questions
- Please refer to the Handout 'Sexual History Risk Assessment Best Practices and Suggested Approach'

Section 24
Information Services

- If a client needs to receive additional information on any of the categories in the section, case managers should be issuing referrals for clients to be seen by area partner agencies

Completing the Assessment

Assessment	<input type="checkbox"/>	Case Manager Signature	Date
Reassessment	<input type="checkbox"/>		

Case Manager must sign Assessment prior to uploading to CAREWare

CM Signature

- The Case Manager must sign and date the document prior to uploading to state CAREWare
- "Assessment" is checked when it is the initial comprehensive needs assessment
- "Reassessment" is checked for every annual reassessment of needs thereafter

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Role Play

Sexual History & Risk Assessment (x2)

Substance Use and Dependence (x1)

Handouts

Sexual History and Risk Assessment Best Practices and Suggested Approach

- Breaks down each of the questions in this section providing the ‘Why’ behind each question as well as suggested phrasing when eliciting the questions

Converting Needs Assessment into Conversational Dialogue Example

- Provides an example of how the Needs Assessment can be turned into a conversation with a hypothetical client. This is not an exhaustive depiction of each question from every section but each section is represented.

Example Sexual History Risk Assessment Approach

- Example 1 – Generalized Resistance
- Example 2 – Cultural Resistance

Roleplay Volunteers

Volunteers Needed!



	CM Character	Client Character
Resistance to Sexual History & Risk Assessment	1	4
Cultural Resistance to Sexual History & Risk Assessment	2	5
Active Substance Dependence	3	6

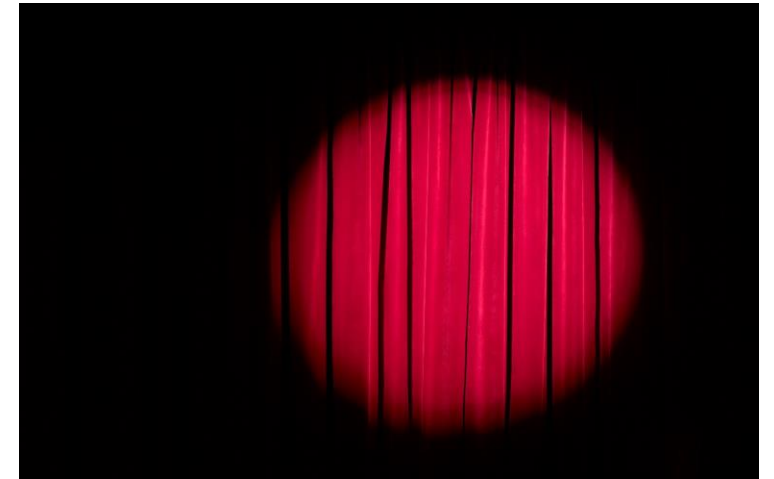
Time to Practice

We're going to work through 3 different Role Play Scenarios focusing on common challenges:

- Sexual History Resistance
- Cultural barriers to completing Sexual History
- Client with current Substance Use

We'd like to have volunteers to play either the Case Manager or Client

Preferably these roles would be played by cross-agency volunteers



Motivational Interviewing

Change Talk

- Present or Future tense statements made by the client in the direction of change

RULE

- Resist the 'righting' reflex
- Understand and explore the client's motivations
- Listen with empathy
- Empower the client

PACE

- Partnership, Acceptance, Compassion and Evocation

OARS

- Open-minded questions
- Affirmations
- Reflections
- Summaries

Benefit of MI

- Increased confidence and compliance in client
- Improvement in overall outcomes



First Role Play

Character – HIV Case Manager

Name: James B.

Age: 35

Background:

James has been an HIV Case Manager for eight years, working with a diverse range of clients in both urban and rural settings. He holds a B.S. degree in Human Services and has certifications in trauma-informed care. James is known for being extremely empathetic with clients being able to build trust and rapport in a nonjudgmental way. He often employs motivational interviewing techniques to encourage clients to open up about their needs and concerns. James is passionate about empowering his clients to take charge of their health.

Character – Newly Diagnosed Client

Name: Maria L.

Age: 29

Background:

Maria was recently diagnosed with HIV after being hospitalized for an opportunistic infection. She is a single mother of two and works as a cashier at a local grocery chain. Maria is still processing her diagnosis and feels overwhelmed, fearful, and ashamed. She has heard misinformation about HIV and is worried about being judged and discriminated against. Maria is hesitant to trust others, especially healthcare providers, as they feel they won't understand her situation.

Second Role Play

Character 1 – HIV Case Manager

Name: Ethan W.

Age: 26

Background:

Ethan is a recent college graduate with his B.S. in Public Health, with specialization in community health education. He joined the clinic/case management agency six months ago and is still gaining experience in HIV case management. While eager to help his clients, Ethan is still learning how to navigate approaching sensitive topics with tact and cultural awareness. Ethan has completed cultural competency training but feels slightly nervous when working with clients from different cultural backgrounds, as he wants to avoid unintentionally offending or alienating them.

Character 2 – Long-term Survivor Client

Name: Josie Dufrense

Age: 52

Background:

Josie has been living with HIV for over 20 years and has seen significant changes in the care and treatment of HIV over time. She was born in Haiti and moved to the US in her early twenties. Josie is deeply rooted in her cultural and religious traditions, which emphasize modesty and privacy, especially regarding discussions about sex. Her previous case managers have respected this boundary and has never been directly asked about her sexual practices. While she trusts the clinic's staff, she becomes defensive when questions make her feel disrespected or uncomfortable.

Third Role Play

Character – HIV Case Manager

Name: Dan R.

Age: 42

Background:

Dan is a seasoned HIV case manager with 12 years of experience working as a case manager in harm reduction and substance use treatment facilities. He is also in long-term recovery from substance misuse, celebrating 15 years of sobriety. Dan openly shares his story when appropriate to build rapport and help clients feel less alone. He has extensive training in trauma-informed care, motivational interviewing, and harm reduction strategies, which he uses to create a nonjudgemental and safe space for his clients. Dan is committed to addressing systemic stigma and works to empower clients by focusing on their strengths and resilience.

Character – Newly Diagnosed Client

Name: Megan C.

Age: 34

Background:

Megan was recently diagnosed with HIV after being hospitalized for an infection. She has struggled with opioid addiction for over a decade and is currently in active use. She acquired HIV through sharing needles with drug-using sexual partners. Meg is deeply wary of healthcare providers, having experienced stigma and judgment in the past. She feels ashamed of her diagnosis and substance use, leading her to deflect or avoid conversations that touch on these topics. Despite her resistance, Megan is open to help, especially when approached with compassion and understanding.

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Acuity & Care Plans



Acuity Assessments

All clients receiving medical case management will receive an acuity assessment. Each acuity assessment must include the following key areas:

- **Basic needs (e.g., financial, nutritional)**
- **Co-morbidities**
- **Dental needs**
- **Family planning**
- **Health insurance/medical care coverage**
- **HIV disease state**
- **Housing/living arrangements**
- **Mental health**
- **Risk behaviors**
- **Self-sufficiency (e.g., activities of daily living, literacy)**
- **Substance use**
- **Transportation needs**
- **Treatment adherence**

Complete the assessment at the time of initial needs assessment.

Completed forms must be included in the client's file and scanned into CAREWare > Unique IDs > Attachments. The acuity must be address in the case notes.

Care Plans

The care plan includes:

- **Clearly defined priority areas for needed services.**
- **Specific actions that must be taken to meet goals.**
- **Relevant agencies and service providers.**
- **Realistic time periods for completing activities.**
- **Potential barriers to service use and delivery, with proposed solutions to these problems.**

The initial and subsequent annual care plans must be completed face-to-face and signed by both the client and case manager. The six-month care plan can be updated face-to-face, through telehealth, or by phone and does not require client signature.

Frequency of Contact Based on Acuity Assessment

Level (Weighted)	Acuity Reassessment	Care Plan*	Case Conferencing	Frequency of Contact
Low (0-31)	Once annually	Every 6 months	Every 6 months	1 Face-to-face contact required every 6 months.
Moderate (32-62)	Every 6 months	Every 3 months	Every 3 months	1 Face-to-face contact required every 3 months.
High (63-93)	Every 6 months	Monthly	Monthly	1 Face-to-face contact required monthly.

Acuity to Care Plan

CATEGORY	RAW SCORE	WEIGHTED SCORE
Access & Retention in Med. Care	3	9
HIV Disease Progression	2	6
Other medical needs (non-HIV)	0	0
HIV/STI Risk Reduction	3	6
Medical Self-Management	2	4
Dental	0	0
Health Insurance	1	2
Mental Health	0	0
Substance Abuse	3	6
Housing	0	0
Cultural and/or Language	0	0
Food & Nutrition	0	0
Income	1	1
Transportation	1	1
Legal	0	0
Dependents	0	0
Support System	1	1
Activities of Daily Living (ADLs)	0	0
Interpersonal Violence	1	1
TOTAL SCORE	18	37

- The highest-scoring areas should be the first priority for inclusion in the Care Plan
- Client needs to agree to begin working on identified service needs
- Example shown indicates that primary focus of care plans should be areas scoring 3:
 - Access & Retention in Care
 - HIV/STI Risk Reduction
 - Substance Abuse
- Secondary Focus should be areas scoring 2:
 - HIV Disease Progression
 - Medical Self-Management

Care Plan

Section 2. Client Assessment				
#	Service Need	Problem	Goal	Tasks & Action Steps
1	Adherence	Cx is new dx and new to care continuum	>90% adherence rate for daily ARV	Download PLcare App Set Daily Reminders for Rx Adherence
2	Risk Reduction	Cx is new dx and new to living with dx.	Understand HIV stages and how to protect partners	Meet with Peer Navigator - Referral Needed Review the importance of barrier protection during active VL, Stage 1/Acute
3	Substance Abuse	Cx. Is actively using substances but expresses desire to reduce dependence	To reduce dependence on substance to function	Attend one NA/AA meeting per week Review online materials on Harm Reduction obtain Narcan from Community Partner

This is just an Example of how the identified service categories in the Acuity Assessment will translate to the Individualized Care Plan

Please use the most recently uploaded versions of all assessments that are available on the Resource Hub. During monthly QA monitoring we encounter versions of documents that are outdated, likely due to these copies being available on internal provider’s servers

Care Plan Tips

Section 1. Client Information		
Client Name: _____	Medical Case Manager: _____	Last Medical Appt: _____
Acuity (weighted): _____	Care Plan Timeframe: _____	Date of Last Labs: _____
NOE Expiration: _____	Months since VLS: _____	CD4 and Viral Load: _____

- Current Care Plans available on the Area 7 Part B Resource Hub will be used for this model change
- Acuity Level
 - Low
 - Medium
 - High
- Care Plan Timeframe at top of document will be where MCM's indicate Duration of Care Plan
 - 6 Month (Start Date – End Date)
 - 3 Month (Start Date – End Date)
 - 1 Month (Start Date – End Date)

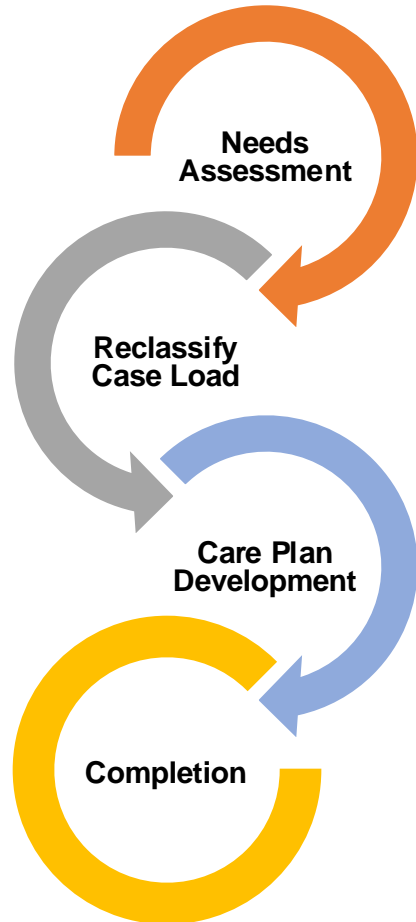
Care Plan Implementation and Follow Up

Most of case management work occurs in the implementation of the care plan. It involves doing

the tasks listed in the care plan, including:

- **Assisting the client with applications for services.**
- **Assisting the client with arranging services, making appointments, and confirming appointment attendance.**
- **Contacting the client in person, by phone, or in writing.**
- **Encouraging the client to complete tasks.**
- **Negotiating and advocating as needed.**
- **Performing other case management activities as needed by the client and as expected and permissible by program initiative.**
- **Providing education to the client.**
- **Supporting the client through overcoming barriers and accessing services.**

The Road From Here



Needs Assessment or Reassessment

- Contact clients to schedule interview for completion of Needs Assessments
- Beginning March 1

Reclassify Case Load

- Based Acuity, reclass as Low, Medium or High and establish plan for contact frequency
- April - May

Care Plan Development

- Phone contact required to review change in CM Model and review service needs
- Clients can verbally attest to service goals for new Care Plan
- Beginning June 1

Completion

- Implement care plans and service coordination
- HFUW resumes MCM Monitoring
- Through June 30

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Evaluation

Training Evaluation

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**Comments?
Questions?
Suggestions?**