WHAT IS CASE MANAGEMENT
AND
HOW CAN IT HELP YOU?

A Guide for Persons Living With HIV/AIDS

Spring 2005

Your key to better understanding HIV/AIDS Case Management

Prepared by: Binghamton Tri-County HIV Care Network

Serving Broome, Chenango and Tioga Counties
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CASE MANAGEMENT:
A GUIDE FOR CONSUMERS

What is the Purpose of this Guide?

This guide has been developed to assist people living with and affected by HIV and AIDS to better understand case management and to be able to get positive results from their case management services.

In the fall of 2004, focus groups were held with case management providers and consumers living in Broome, Chenango, and Tioga Counties, and surveys were completed by consumers receiving medical care in Binghamton. The Case Management Committee of the HIV Care Network, the Broome County Health Department, and the New York State Department of Health, Bureau of Community Support Services provided input and guidance into the development of this Guide.

Case management can be confusing for everyone. Individuals living with HIV/AIDS have identified a need for information:

- to help explain different kinds of case management services,
- about why case management services may vary between agencies, and
- about how case management can be helpful.

The key to getting the most out of your case management service is by understanding it.
What is Case Management?
Case management is a process that helps consumers increase their ability to get necessary and appropriate health, mental health, social and support services. It facilitates the coordination of services between different providers. Case managers can assist persons to overcome difficulties in obtaining needed services.

Case management plays a meaningful role in ensuring that persons living with HIV/AIDS have access to needed services.

Who are Case Managers?
Case managers may be social workers, nurses or others trained in case management. Training, education, and experience will vary among case managers. Different agencies will have different requirements for their case management staff.

Case managers can have different backgrounds, work experience, education, and training.

Who can benefit from Case Management?
Life can be stressful for individuals living with HIV/AIDS and managing all your needs can be overwhelming at times. Case management is a partnership between you and your case manager. Your case manager will help you to get needed services for which you may be eligible. Those services can include, but are not limited to:

- health care
- mental health care
- housing
- advocacy
- applying for needed benefits (SSI, Medicaid or Temporary Assistance)
- legal assistance
- employment
- child or dependent care
- transportation
- education.

In addition to helping you obtain services, a case manager (with your permission) may work with other agencies on your behalf to coordinate services, or speak with your doctor or other medical provider. They also may serve as a listener and help you work through emotional and social concerns, offer supportive counseling (not therapy) and provide general information about what services are available to you.
Goals of Case Management

- Empower you to make informed decisions
- Promote your independence & self-sufficiency
- Plan for your future needs
- Help you get services you need
- Facilitate communication among your service providers
- AND most importantly, Improve your quality of life!

Case Management works best when a partnership is formed between you and your case manager.

Is it Possible to Have More Than One Case Manager?
Yes! This is quite common. You may have case managers from more than one agency addressing your different needs. People can receive supportive case management services from more than one provider. For example, a person can be receiving case management services from STAP, a home care agency and their medical provider at the same time.

You may need to ask questions to understand each case manager’s role.

What is My Role in Case Management?
You need to inform your case manager of your needs. When you have changes in your life or new needs or concerns arise, call your case manager. Examples of this could include: change in help you receive from family & friends; changes in your health; changes in the ability to do tasks you have been doing; new living arrangements; etc.

Communication is the key to developing a positive relationship with your case manager.
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**What is Intake?**

*The intake process is the collection of information about you and your family, caregivers and informal supports along with the current issues you are facing.*

Intake is a “snapshot” of you and your current situation. It provides the initial information that your case manager will use when talking with you to discuss your needs and develop a plan of action to meet your needs. You will also receive a copy of the Client’s Rights developed by the agency.

*The staff person who takes this information may vary by agency, as it may not always be a case manager.*

**What information will I be asked at intake?**

See the box on the next page for examples of information you may need to provide. If you are receiving services from more than one provider, you will probably have to give some of the same information you have already given to other providers. You will also find yourself perhaps signing more than one confidentiality release (see HIV Confidentiality for more information).
Information you may need to provide at intake includes:

- Residency, age, sex, etc.
- Emergency contact
- Housing
- Who lives with you
- Primary caregiver
- Children
- Medical information, including HIV diagnosis
- Financial status
- Employment
- Health insurance
- Transportation
- Language(s) spoken
- Issues requiring immediate action

The best way to make this process less frustrating is to understand from your providers why they are asking for the information they are requesting; what exactly are the documents that you are signing; and under what conditions and with whom they will share this information.

What if I have needs that can’t wait?
When you talk with the staff person during the intake process, share any needs that you may have, especially those that need immediate attention. A staff person may assist you or refer you to other providers for services to meet immediate needs, such as a need for food or medicine.

What is Assessment and Reassessment?
Assessment is your initial evaluation with your case manager. The assessment enables the case manager to collect information about you and other providers or agencies from which you get services. During the assessment, your case manager will assist you to identify your needs and discuss future plans and to decide upon and develop your service plan, sometimes called a treatment plan. Reassessment is an ongoing evaluation of your current and emerging needs and the updating of your service plan.

Keep your case manager informed of any life changes.

What is a Service Plan?
Your service plan is an agreement that you make with your case manager. It tells you what services your case manager can provide to assist you and what actions you have agreed to do. You will assist your case manager to create your service plan, both you and your case manager will sign the plan, and a copy will be given to you.
You are the best expert on what your needs are – be sure to tell your case manager so that your needs can be adequately addressed in your service plan.

Are There Different Types of Case Management Programs?

YES! Agencies may provide different types of case management services. There are different requirements that case management providers must follow depending on the services they offer. Some requirements state, for example, how often your case manager meets with you, and whether you meet at the agency or at your home. What type of service is provided may depend on what kind of funding the agency receives for case management services.

If you live in New York State and have HIV/AIDS, you may have a primary case manager who works within an AIDS Institute funded agency (for example, STAP). These community based case management services provide one or two case management service models. These types of case management are often referred to as Comprehensive Case Management or Supportive Case Management. Within either of these models, you may or may not be eligible for the Medicaid program sometimes called the Community Follow-up Program or COBRA Case Management.

More detailed information on these programs can be found on the following two pages.

Communication, Teamwork and Collaboration make for a successful partnership between you and your case manager!
The Community Follow-up Program, sometimes referred to as COBRA* Case Management, is a New York State Department of Health AIDS Institute Initiative, started in 1990. This program established family-centered, community based psychosocial case management services for Medicaid-eligible HIV-infected persons throughout New York State.

The Community Follow-up Program utilizes a team model of service delivery, including home visitation, provided by case managers and other providers who work together to provide comprehensive, intensive services.

The program is designed for HIV+ persons with a variety of service needs, who often require frequent contact with care providers and have had difficulty gaining access to care and retaining services.

The goals of the Community Follow-up Program are to increase universal access to HIV-related services, promote early intervention, prevent or delay institutionalization, and foster independence and self-sufficiency.

There are 48 approved Community Follow-up Program providers in New York State. In the Binghamton Tri-County HIV Care Network region, the Southern Tier AIDS Program (STAP) currently provides these services.

For more information about COBRA Case Management, visit: www.cobracm.org.

* Please be aware that:
  - the term COBRA is also used in service areas other than those relating to HIV/AIDS; and
  - a person can only be enrolled in one COBRA case management program at a time.
Supportive Case Management

Supportive case management is provided to meet your immediate needs and those needs that you may have in the near future. It may also be an appropriate service if you have completed comprehensive case management, but still require periodic support.

Case managers have fewer contacts with clients and home visits may not be required as they are in comprehensive case management.

Follow-up by your Case Manager is central to supportive case management to ensure that needed services have been received and to determine whether more services are needed.

Comprehensive Case Management

Comprehensive case management is a case management model intended to serve persons living with HIV/AIDS and their families/significant others with multiple or complex needs. Not all clients, regardless of their needs, want to participate in such an intensively structured model. In that case, you will be referred to a supportive case management program.

The needs of clients in comprehensive case management programs usually require more frequent contact with the case manager or clients may be in need of the service of the agency for an extended period of time.

You would receive this type of case management if you require an intensive level of case management services – requiring multiple contacts and home visits.
WHAT DO I NEED TO KNOW ABOUT MY CASE MANAGEMENT SERVICES?

✓ Be sure to understand your eligibility for case management services.

✓ Be sure to know the services your case manager can provide. If you have any questions, or are unclear on an issue, ASK!

✓ Some of your case managers may require periodic reviews — ask when your case manager needs to meet with you to talk about how things are going.

✓ Ask your case manager when you should call if your needs or situation changes.

✓ Ask for assistance in developing a plan for potential emergencies.

✓ Be sure to understand under what circumstances your case manager may close your case.

Remember, you may also be receiving what would be considered case management services from other providers (home care, mental health care, substance abuse providers, etc.), but their models and the case management services they provide to you may be less formal in nature. Never the less, it is important that you and your service providers work together to communicate and coordinate services.
How Confidential Is My Medical Information?

New York State HIV Confidentiality Law – Article 27-F
In 1988, New York State passed as part of Public Health Law (PHL), the HIV Confidentiality Law (Article 27-F).

The Legislature passed this law for two main reasons:
1. There is a public health need – strict confidentiality protections (and clear and certain rules about disclosing HIV-related information) are needed to encourage people at risk for HIV to voluntarily learn their status, get appropriate treatment and change behavior to avoid becoming infected or infecting others.

2. There is a need to protect people from HIV-based discrimination and stigma. The law is intended to keep the information within the health and social services system where it can be used for the appropriate care and treatment of the person and away from other areas where the information can be used to discriminate against those infected or at risk.

Information can be shared without a release to individuals within the health and social service setting who provide care, treatment and services and to those who must have access to an individual’s medical records (for example, billing clerks) in order to perform their job.

The Law defines “Confidential HIV-Related Information” as:
- Any information concerning whether a person has been tested for or diagnosed with HIV infection, HIV related illness or AIDS; and
- Any information that identifies or reasonably could identify a person as living with HIV infection, HIV related illness or AIDS, including
- Information pertaining to such a person’s contact(s) or partner(s).
ASK YOUR CASE MANAGER AND OTHER SERVICE PROVIDERS WHAT THEIR POLICIES ARE FOR SHARING OF INFORMATION

All HIV-related information must be included in a person’s medical record and providers must develop protocols for access to medical records.

For more information about Article 27-F, ask your case manager or call the NYS Department of Health Confidentiality Hotline toll free at: 1-800-962-5065
What is HIPAA?
The Health Insurance Portability and Accountability Act (HIPAA) is federal law that protects the privacy of a person’s medical and other personal health information. Health care providers, insurance companies, Medicaid, HIV uninsured programs and others are required to comply with the law. Those who are required to comply must develop agency safeguards that protect health information and notify all clients of their rights under the law.

HIPAA allows you:
- to have access to your medical records (with a few exceptions)
- to have the right to request that the information be changed if you believe information is not accurate
- to have the right to restrict how your information is used or disclosed.

HIPAA allows for the portability, or ease of transfer, when necessary, of medical information.

Has HIPAA affected the HIV Confidentiality Law and how case management services are provided?
No, the same laws still apply. HIPAA allowed for adoption of national (federal) standards for the automated transfer of certain health care data between payers, health insurance plans and health care providers. HIPAA should not change the way case management providers share information with other providers.

HIPAA has not affected the ability of health care providers to share medical and HIV information for the purposes of case management when the appropriate releases have been obtained.

Useful websites & phone numbers relating to HIV Case Management:

NYS Department of Health website:  www.health.state.ny.us
COBRA Case Management: www.cobracm.org
Southern Tier Aids Program (STAP):  www.stapinc.org  607-798-1706
Notes