



TRADITIONAL TO TRIAGE

Ryan White Part A Case Management

By the end of this presentation you will:



UNDERSTAND THE NEED
FOR THE SHIFT



UNDERSTAND THE
MODEL AND TOOLS



UNDERSTAND HOW TO
PREPARE TO IMPLEMENT

Food for thought!

Part A is shifting to a new paradigm of case management

- All sites will implement this model
- Tools will be used for all clients to assess the client acuity/need
- Clients can move up and down the continuum of the new case management model based on need and care plan goals
- This will no longer be just a function of AIDS-CT (ACT)
- This will allow for increased client services, decrease of non compliant clients/files

“THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW.”

– SOCRATES

How did we get here?

- Great work across the TGA providing Ryan White Services
- Some of our clients have increased stability, greater understanding of HIV care and compliance
- Great programs such as CADAP, CIPA, ACA increasing access to health care access
 - Decrease in funding
- Decrease in new cases (and this is what we have been aiming for)



UNDER THE CURRENT CM MODEL

- **18.5 CASE MANAGERS AT 8 SITES IN THE TGA**

- 4 AT ACT (INCLUDING EAST OF RIVER)
- 2 AT HARTFORD HOSPITAL/BROWNSTONE
- 1 THOCC
- 1 COHC
- 3 HRA
- 2 AT UCONN (Part B) (2 Med Adherence Nurse)
- 2.5 AT CCSG (.5 Part A)
- 3 AT LCS (Part B)

- **ADDITIONAL 2 MCM/ADHERENCE SUPPORT RNs**

- **ACT WAS THE TRAIAGE HUB MANAGING UP TO 100 CLIENTS- BUT UNABLE TO PLACE MANY CLIENTS IN SOME OF THE OTHER SITES**
- **SITE AUDITS DEMONSTRATED THE NEED FOR CHANGE- COMPLIANCE FOR LOW LEVEL CLIENTS**

CHANGE= QUALITY IMPROVEMENT

Triage Case Management

- CASE MANAGERS WILL HAVE A VARIETY OF CLIENTS BASED ON ACUITY AND MANAGE UP TO **75** AT A TIME
- CLIENTS WITH MINIMAL NEEDS CAN COME AND GO WITH LIMITED DOCUMENTATION AND UPDATE REQUIREMENTS
- LOW LEVEL CLIENTS CAN OPEN AND CLOSE AS NEEDED ALLOWING HIGHER NEED CLIENTS TO BE OPEN AND UPDATED

Traditional Case Management

- CASE MANAGERS REQUIRED MINIMUM CASE LOAD IS 35
- CLIENTS WITH MINIMAL NEEDS REQUIRED TO ADHERE TO RYAN WHITE SOC, DOCUMENTATION REQUIREMENTS AND UPDATES
- CASES OPEN FOR YEARS BUT NO MAJOR OR CONSISTENT NEEDS

The Tools



B-CAN: Brief Client
Assessment of Needs



Acuity Scale



Case Management
Flow Sheet

Hartford TGA Triage Medical Case Management

Brief Assessment of Client Needs

Client Name: _____

URN: _____

Worker Name: _____

Date of

Assessment: ____/____/____

Financial	√ =Need in place declines	Notes
SSI		
SSDI		
State Supplement		
Food Stamps		
Other (specify)		
Health Services		
Primary Care Doctor		
Infectious Disease Provider		
Dental Care		
Pharmacy		
Vision Care		
Other (specify)		

Mental Health/ Substance Abuse		
MH Services		
Support Group		
Psychosocial Support		
Substance Use Services		
Methadone/Suboxone		
Insurance/Entitlements		
CIPA		
CADAP		
Medicaid/ Husky		
Medicare		
VA		
ACA/Private (Access Health)		
Other (specify)		
Social Service		

B-CAN Brief Client Assessment of Needs

- 1 page checklist that quickly assesses financial, health services, mental health/substance use, health insurance and entitlements, social services
- Birds eye view of client needs
- Feeds the acuity scale

HIV/AIDS Medical Case Management Acuity Assessment
 City of Hartford Ryan White Part A Program
 Hartford Ct.

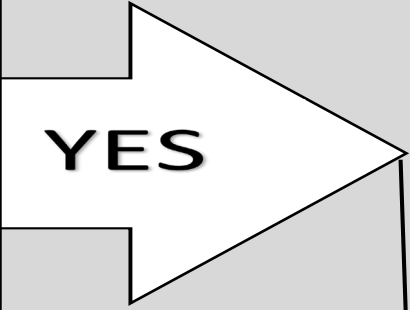
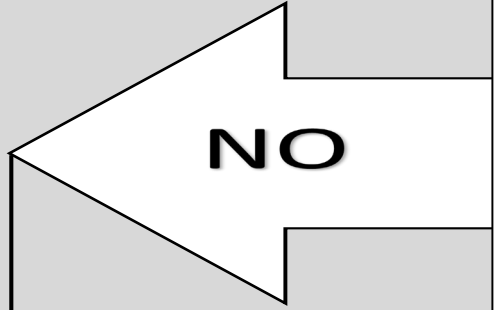
Area of Functioning: HIV Care Adherence		Acuity Score:	
		Dates of last 2 HIV Appointments:	
		dd/mm/yyyy	dd/mm/yyyy
Intensive Need (3)	Moderate Need (2)	Basic Need (1)	Self-Management (0)
<input type="checkbox"/> Has missed 2 or more consecutive HIV medical appointments in the last 6 months and is not virally suppressed	<input type="checkbox"/> Has missed 1 or 2 (non-consecutive) HIV medical appointments in the last 6 months but has been seen by member of HIV medical team	<input type="checkbox"/> Has attended HIV medical appointments in the last 6 months as indicated by HIV medical provider, but has missed 1 appointment in the last 12 months	<input type="checkbox"/> Has attended all scheduled HIV medical appointments in the last 12 months as indicated by HIV medical provider
<input type="checkbox"/> Newly diagnosed within last 6 months	<input type="checkbox"/> Request accompaniments to specialty medical appointment from MCM or other member of the care team	<input type="checkbox"/> Needs assistance with making and keeping HIV medical appointments	<input type="checkbox"/> Does not require any assistance or reminders to schedule or keep medical appointments
<input type="checkbox"/> Experiencing significant challenges that consistently impact adherence to HIV medical care	<input type="checkbox"/> Has been hospitalized, accessed Urgent Care or visited the ER in last 6 months due to HIV related illness	<input type="checkbox"/> Need assistance with no more than three services per brief assessment of client needs	<input type="checkbox"/> Is virally suppressed for three consecutively labs or more
<input type="checkbox"/> Is a chronic substance user or experience mental health instability?	<input type="checkbox"/> Need assistance with no more than four services per brief assessment of client needs	<input type="checkbox"/> Experiences challenges, but manages them with no impact on adherence to HIV medication/care	<input type="checkbox"/> No concerns reported related to HIV adherence/manages health and prescription information with no assistance
<input type="checkbox"/> Is currently homeless and HIV+	<input type="checkbox"/> Co-infected with HIV and un-treated Hepatitis-C	<input type="checkbox"/> Has health insurance ADAP or other health benefits but require support to maintain coverage and recertification	<input type="checkbox"/> Need assistance with literacy services
<i>Comments</i>			

Acuity Scale

- 4 levels of acuity
 - Self Management
 - Basic Needs
 - Moderate Need
 - Intensive Need
- Each category has criterion to identify client placement
- 2 page form
 - Required documentation
 - Notes
 - Signatures required

Does this client require Medical Case Management?

- Does your client fit any of the criteria below?**
- Newly diagnosed
 - New to ARV therapy
 - Hospitalized or visited ED in last 30-60 days for HIV/AIDS related illness or comorbidity
 - CD4 count below 200 or Viral Load >10,000 copies/ml
 - Homeless
 - Not in care (has not attended at least 2 scheduled medical appointments in the last 12 months).
 - Co-infected with HCV untreated
 - Non adherent to HIV prescribed treatment
 - Untreated mental illness and/or substance use disorder
 - Non adherent to oral health care
 - Recently released from incarceration



Is the client employed?
Does the client have an ongoing source of income (SSI, SSDI, Pension, etc.)

YES

Does the client have ongoing access to a payer source for their HIV medication and understand how to utilize it? (Medicaid, CADAP, ACA, etc.)

YES

Client NOT indicated for medical case management services at this time. Provide client with Triage option if EFA or other short-term assistance is needed.

NO

Client indicated for Medical Case Management services.

Prioritize enrollment into Medical Case Management (MCM) services. Requires a referral for needed service(s) and documented efforts to link client to care, within 5 business days. Requires a monthly check in with client and a comprehensive assessment at intake, and every 6 months.

No place is final- the needs decide



- Clients may not always remain at the same acuity level
- The acuity scale is designed to assess needs and move up, down or to closure
- Closure is not indefinite but based on met needs
- A client may start as basic and return as moderate/intensive or start as intensive and move toward basic over a period of time

How do we transition



Case Managers/Supervisors provide case log and openings to recipient office



Series of Webinars on triage tools and implementation



Site visits to assess case load and run clients through acuity scale



Standards of care have been updated to reflect the new model



Client case load logs are due TBD



Training will begin TBD



Site visits (may be altered due to the current state but will occur by TBD)

The transition starts TBD

It's a process



Together we will make this
transition work



Thank you!



QUESTIONS?

GHRW PC TGA April 1, 2020