

Module Four

Client Needs Assessment

NEEDS ASSESSMENT POLICY

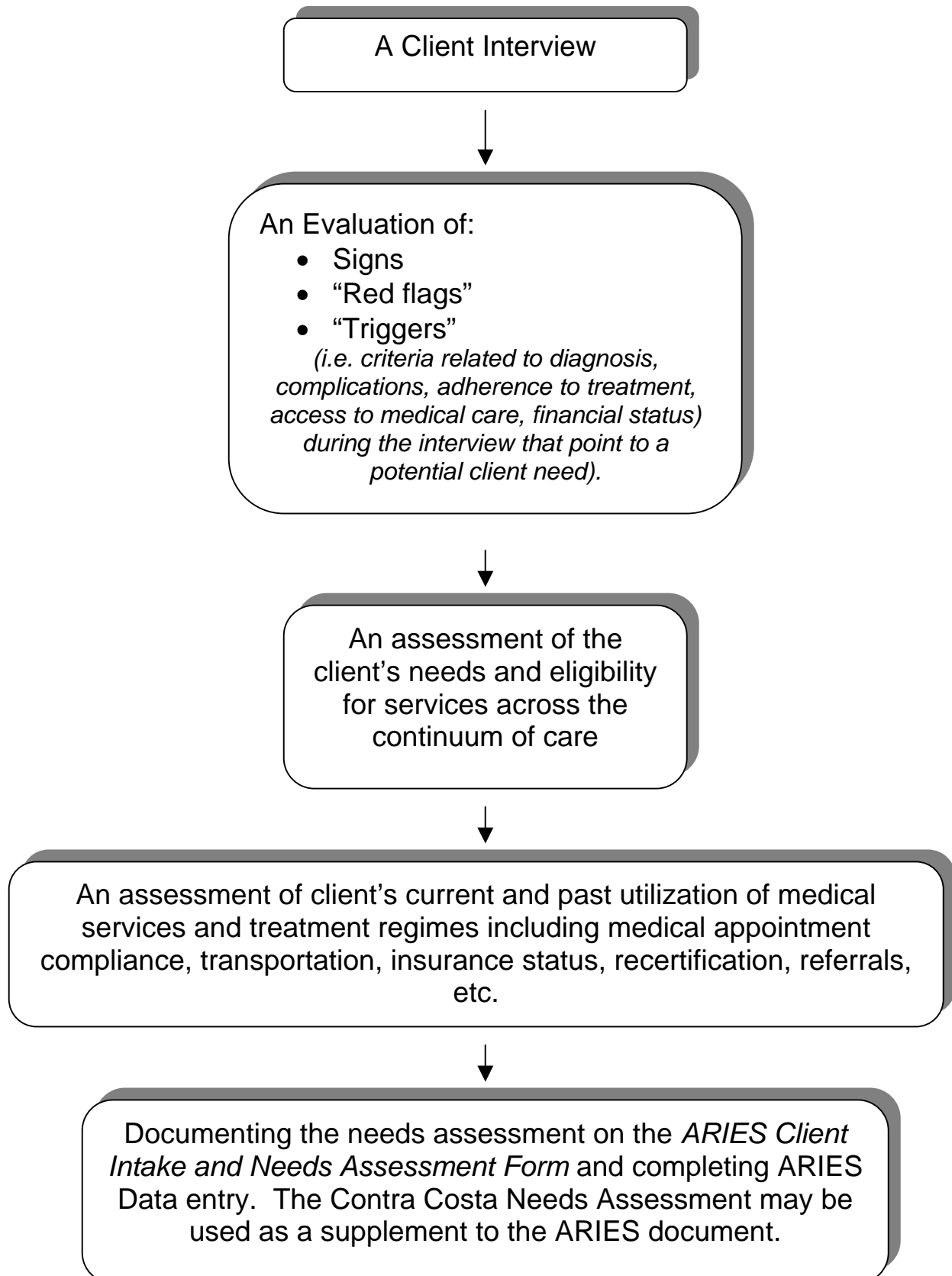
Medical Case Managers must initiate a client needs assessment that includes both ARIES elements and information supplemented by the Contra Costa System of Care needs assessment. These steps should be completed by the third meeting with the client. The ARIES core elements must be completed during the initial (first) appointment so the file can be opened and data captured in a timely fashion.

The purpose of the assessment is to identify and document client needs, current and anticipated problems, and appropriate resources required to address the identified needs.

A medical case management needs assessment should include information about the client's medical (including risk reduction, treatment adherence and partner disclosure assistance needs), financial, social, physical (e.g. living situation, etc.), transportation, substance abuse, behavioral, psychological, legal, spiritual, educational/vocational, and cultural/linguistic/spiritual statuses. It also includes the assessment of a client's coping strengths, weaknesses and state of mind regarding his/her HIV disease.

MINIMUM REQUIREMENTS

At a minimum, needs assessment activities include:



PROCEDURE

A client needs assessment involves discussion of personal and sensitive matters. Medical Case Managers will need to use their professional judgment in deciding which needs assessment areas are comfortable to explore with the client that will lead to building trust and identifying needs. Each client will be different. If you do not explore a needs assessment area because it is not comfortable or it is not appropriate, document the reasons for which you did not cover it and return to the discussion at a later point.

Step 1 - Interview the client:



Explain clearly that the purpose of the interview is for the client and medical case manager to get a better idea of the client's needs. The goal is to implement the medical treatment plan and to ensure timely and coordinated access to medically appropriate levels of health and support services to ensure continuity of care.

ARIES core elements should have been completed during intake.
See Needs Assessment Items and Prompts on the next page.

Step 2 - Complete client needs assessment forms:



Each agency must use ARIES and the supplemental needs assessment forms provided in this manual. A list of needs assessment topics, prompts and suggested questions are listed on the following pages. It is important to have a discussion with client rather than to just complete the forms.

See Module 3 Appendix for *ARIES Client Intake and Needs Assessment* form.

See Module 4 Appendix for copies of the Contra Costa Needs Assessment Form.

Step 3 - If you cannot complete needs assessments in the first intake meeting:



Schedule a second or third (if necessary) meeting no more than one week after intake. **You must complete the initial needs assessment no later than at the conclusion of the third meeting.**

Be aware that you may not obtain all sensitive information at the conclusion of the third meeting.

Examples of sensitive areas: physical/sexual abuse history, physical/sexual offense history, substance abuse history, sexuality-related information, and end of life plans. You should cover these areas as soon as it is comfortably possible for the client. Document and include additional information in case notes as needed.

Step 4 - Develop a Care Plan



Develop an agreed upon care plan based on the client's identified problems and needs with an emphasis on implementing the medical treatment plan including treatment adherence counseling, coordination and follow up of medical treatment. Update every 6 months. (See Module 5 for policies and procedures on care plan development).

Step 5 – File



Enter all Needs Assessment information into ARIES and file a copy of the completed needs assessment forms in the client file and keep a paper copy of the ARIES assessment answers in file for first year.

CLIENT NEEDS ASSESSMENT INTERVIEW ITEMS/PROMPTS

The topic areas and questions listed below are designed to guide you when interviewing the client. Complete the needs assessment form as you go along. Transfer data into ARIES as soon as possible afterwards. Medical Social Workers may have additional requirements based upon the State scope of work.

Screen clients using resources consistent with agency cultural competency plan to ensure that needs assessments, care plans and other assessment-oriented activities have a visible demonstration of cultural competence. (See Appendix in Module 4).

Shaded areas on the ARIES Intake and Needs Assessment Form are core elements. See the ARIES Intake Form in Appendix 3 or ARIES database for specific screening questions.

Medical History/ Nutrition Status

Obtain most recent medical/discharge history from a physician/hospital if applicable/possible. Ask client to bring a "print out" from pharmacy of current medications to be certain of what they are taking.



1. When was their last primary care visit? How often do they see a doctor for HIV care? Do they use the Emergency Department (ED) for care? If so, how often? Have they had any long periods out of care? When? Was there anything that their Medical Case Manager could have done to prevent or shorten the time they were out of care? Was there anything that their physician could have done to prevent them from falling out of care? Is there anything that their MCM can do to prevent them from being out of care in the future?
2. What opportunistic infections is the client presenting with? What treatment has been prescribed? Are they comfortable with the treatment that their physician has prescribed for them?
3. What is their T-cell/CD4 count? How current is it? Is this better or worse than it has been in the past? Do they think their T-cell/CD4 count is related to their adherence or lack of adherence to their treatment regime? How does this T-cell /CD4 count affect how they feel and their day-to-day life? Are they more or less able to maintain "normal" day-to-day activities?
4. What is their viral load? How current is it? Is their viral load improving? Do they believe or understand that their use of HIV medication affects their viral load?
5. What HIV-related symptoms is the client experiencing? How do they deal with those symptoms? Have they shared those symptoms with their physician? If not, why haven't they shared those feelings with their physician? If so, has their physician made recommendations that have been useful in dealing with those symptoms?
6. Are they taking any HIV medications? (List them and how long they have been taking them). Are these medications HAART? Triple therapy? Dual therapy? (Use medication guidance document in Module 3 Appendix). Are they experiencing any side effects from the medications? Have they shared these effects with their physician? Do they have any difficulty taking the medications? Have they ever stopped taking the medications? If so, why?
7. What is their medical adherence history? Are there issues that prevent client from keeping medical appointments? Do they have difficulty keeping scheduled appointments? If so, why? Would they prefer that their appointments be at a different time? Do they need assistance making appointments? How do they keep track of their appointments? Is the location of their provider convenient?
8. What other health issues/concerns are there? Issues perceived by the client? By MCM/MSW? Are they experiencing any non-HIV health concerns? Have they shared these non-HIV related health concerns with their physician?
9. Which medical/health related issues require immediate attention? Do they have any non-HIV related injuries or pain? What are they?
10. What is their Doctor's name? Where do they see him or her? Do they feel comfortable sharing their health concerns with him or her? Would they prefer a physician of a different sex? If so, would they prefer male or female?
11. Have they gained or lost weight lately?
12. When was the last time they ate? What did they eat? Is this a normal meal? How frequently do they eat?
13. Are they satisfied with their eating/diet? If not, why not? Is there anyone who helps them prepare meals? Who do they usually eat with or share living facilities with?

14. What is their ability to access fresh foods?
15. Does their housing situation provide them with cooking facilities? Refrigeration? Filtered water?
16. Do they have any dietary restrictions? Does this make it difficult to find enough food to eat?
17. Do they have any dental problems/issues that make it difficult to eat? Do medical treatments & medications impact food needs? Have they shared these concerns with their physician?
18. Does the client utilize or require any kind of assistance with activities associated with daily living such as showering, bathing, feeding self, toileting? (i.e. Attendant care, In-home Support Services (IHSS)?)

Financial Status /Public Assistance/Insurance



1. What income do they receive? What are the sources of their income? What is client's monthly income? How many people are in the household? What is the annual household income?
2. Is the client a documented immigrant or undocumented?
3. Is the client employed? If not, when was the last time they worked for pay? Why did they stop working for pay?
4. Does their doctor think they are able to work?
5. Do they foresee their income changing in the future?
6. Has the client accessed any financial assistance? (i.e., SSI, SSDI, GA, CALWORKS, etc.)
7. Call to identify what type of Medi-Cal they have. Always make a copy of their Medi-Cal card, as the codes will dictate payment and other important information. Look up codes to identify what type of insurance plan they are covered under.
8. If covered, when does coverage expire or need renewal/recertification.
9. If Basic Health Care (BHC), when do they have to recertify? What documents do they need?
10. Determine, if their coverage is pending?
11. Do they have a co-pay or share of cost? How have they met this requirement in the past?
12. What level of coverage do they have for prescription drugs?
13. Is client enrolled in ADAP?

Social Support



1. What is the client's social support system?
2. What family/friends/partners/intimate others do they rely on &/or have access to?
3. Which of their partner/family/friends are aware of their HIV status?
4. Have they disclosed their situation or would they like your support in disclosing their status?
5. What other support does the client have? (i.e., support group, volunteer activities)
6. What recreational and/or social activities does the client take part in?
7. Does the client want a referral to social/mental health support group? Does the client participate in a respite program or group? If not, what would make a respite program or group useful or accessible for them.

Living Situation



1. Does the client have a stable living situation? (Rent? Own?) Do they consider themselves homeless?
2. Are they receiving any kind of housing subsidy?
3. Do they have a partner or other roommate living with them?
4. Who else lives with them? (Number, relationship).
5. How many children are in the household?
6. What is the cost of their housing?
7. Have they ever been evicted?

Transportation



1. How does the client get around to medical & support service appointments?
2. Does the client have to travel long distances to receive services necessary to maintain or achieve positive health outcomes?
3. Do they own a car? If so, how do they manage fuel costs?
4. Are they familiar with the public transportation system?
5. Are they disabled? If so, do they have a disabled ID for each form of transportation they need?

Utility Assistance



1. What utilities do they pay for?
2. Are they eligible for any kind of assistance? If so, for which types of utilities are they eligible for? What utility assistance have they accessed? (HEAP, etc.)
3. What utility assistance do they currently need to support their working toward/maintaining positive health outcomes?

Substance Abuse History



1. Does the client have a substance abuse history (admit to a problem)? Do they think that the problem gotten out of hand recently?
2. Have they undergone treatment in the past and/or are they currently in treatment? If so, what is it?
3. Are they currently using? If yes, what is the frequency, kind, and amount at last use?
4. What is/are their drug(s) of choice? How do they support their habit?
5. Do they use needles? If so, do they know where to exchange them?
6. Is the client on methadone? If so, what is the dosage? Who is the provider?

Community Resources



1. What community services have they received?
2. What resources other than those in the Ryan White/HOPWA-funded network have they accessed?

Mental Health/ Psychosocial History / Needs

1. Is the client currently in therapy? If yes, with whom? How long has client been in therapy? Has there ever been a period of time when they were out of therapy? What caused them to stop going? What ultimately brought them back into care? Do they feel that the therapy is helping?
2. Are they taking any psychiatric medications? If so which medications? Are they experiencing any side effects from the medications? Have they shared any of the effects with their physician or therapist?
3. What is the client's past mental health history?
4. Do they mention having experienced or show signs of any physical or sexual abuse?
5. What are their coping strategies?
6. What is their reaction to their HIV status?
7. What is their appearance like (facial expressions, clothing, cleanliness)?
8. Have they experienced any changes to their concentration, judgment, motivation, feelings about the illness, and appetite? Have they shared these changes with their physician or therapist? What does client think are causing these changes?
9. Is there any evidence of other mental health/emotional problems? (See list on needs assessment form).
10. Are they showing any signs of being a danger to themselves or others?

Legal Needs

1. Has the client established durable powers of attorney (financial and health care)?
2. Have they established a will?
3. Are there any other legal issues that the client is facing?
4. Do they have any past offenses? Are they on probation/parole?
5. Have they ever been evicted?
6. Are they involved in any ongoing lawsuits or domestic disputes?
7. Have they been denied any benefits for which they are eligible?
8. Have they done any permanency planning?

End of Life Plans

What arrangements has the client made? Do these include plans for any children they have?

Educational/Vocational



1. What is the client's educational history/ literacy level?
2. Has the client taken any steps to enroll in school/vocational training or seek employment? Is s/he interested in doing so?
3. Is the client currently a student or employed?
4. What information do you have on the client's employment history?

Cultural/Linguistic/Spiritual



1. What is the client's culture? What aspects of their culture are important to note in relation to their care?
2. What is their primary language?
3. Will they need an interpreter when accessing services? (Note on intake form as well).
4. Does the client have a spiritual outlet/source of support?

HIV-related/Safer Sex Knowledge/ Awareness



1. How knowledgeable is the client about HIV-transmission?
2. How aware are they of safer sex practices?
3. What is their comfort level around these practices?
4. What obstacles to safer sex are present in their lives?
5. Have sex / drug using partners been notified of client's status (PCRS)? Have partners been encouraged to test for HIV?