

MODULE TWO

**Training
Orientation
Supervision and
Case Load Monitoring**

for

Medical Case Managers

POLICY FOR TRAINING, ORIENTATION AND SUPERVISION

The Quality Standards of Care for HIV/AIDS Case Management Services and Administrative Standards developed in 2006-07 by the Oakland Transitional Grant Area (TGA) are based on the Health Resource Services Administration (HRSA) guidelines. These standards have specific guidelines for conducting medical case management and are supplemented by these local policies and procedures. Agency work plans further specify the supervision agreements between the Contra Costa AIDS Program and the Medical Case Management agencies.

All medical case managers (MCMs) are to receive orientation and training in policy and procedures and protocols during the first week of employment, and at least annually thereafter. The Administrative Standards state that all new MCMs should have completed all additional required training within the first quarter of employment. The minimum trainings include the following:

- Current prevention and treatment guidelines in the care delivery system for HIV/AIDS, harm reduction, risk reduction counseling, prevention with positives, and Partner Counseling and Referral Services (PCRS).
- Data collection and reporting using ARIES.
- Cultural competency: issues related to race, ethnicity, sexual orientation, gender, and age.
- Infection control, staff burnout, ethical and legal issues related to health access (confidentiality, HIPAA, domestic violence).
- Population-specific issues regarding transgender individuals, homeless individuals, individuals with disabilities, substance users, individuals with mental health disorders, and individuals recently released from incarceration.
- Quality Management models (e.g. Chronic Care or other models currently used in the Transitional Grant Area (TGA) for HIV/AIDS services).

The standards further state that all medical case management services are to be supervised by a credentialed professional. *The **supervisor will** ensure that the case manager delivers quality client services by:*

- (a) Meeting weekly to review/discuss clients, provide guidance on how to provide effective services, address any challenging client situations, and assist MCMs in setting/maintaining clear boundaries with clients;
- (b) Reviewing client files to verify that documentation is satisfactory and provide direction for areas of improvement. At a minimum, each client file must be reviewed once over the course of the year;
- (c) Attending and participating in the quarterly clinical supervisor's meeting at the Contra Costa AIDS Program. Meetings serve to keep supervisors informed about system-wide changes and issues, troubleshoot system of care challenges, and coordinate with other professionals supervising medical case managers;
- (d) Reviewing progress made towards Quality Management (QM) plan indicators, helping to analyze findings and using the findings to improve service delivery; and

- (e) Ensuring MCMs use culturally appropriate methods/intake and assessment questions.

The Contra Costa service delivery system requires that MCMs have at least 1 hour of individual supervision per week or 2-3 hours of group supervision per week by a credentialed professional. Monitoring of case management tasks should include a peer review process and client feedback and at least an annual evaluation of individual performance to include observations from regular review and input into services provided, service delivery, and documentation in the agency file and ARIES.

The Contra Costa AIDS Program will evaluate agency contractual performance regularly with at least one formal site visit per year. The following evaluation mechanisms will be used to assess the quality of case management services:

1. Medical Case Management work plan review
 - Utilization data and outcome indicators
2. Client satisfaction survey findings
3. Site visit review and findings
4. Administrative review and consultation

Formal site visits will include, at a minimum, a review of agency policies and procedures, random client records, client satisfaction forms, supervisory documentation, referral logs, ARIES data, and other relevant documentation.

Individuals who believe that the evaluation does not accurately reflect the services provided by the medical case manager or the agency may file a grievance with the County.

Procedure

Case Manager Supervision Practices

The system of care strives to have consistency among service providers in the delivery of medical case management services. Recognizing the continuum of service provider expertise and philosophies, the following are defined as elements of quality medical case management supervision:

Safe and Consistent →

An atmosphere of trust and consistency allows the case manager to explore openly what is working and what is not working in providing medical case management services. Supervisors create an environment of trust in their interactions with case managers.

Vignettes or Role Play →

Tool to be used with medical case managers to practice a specific skill or process an issue related to a client issue. Examples include role-playing boundary setting, confrontation, disclosure of HIV status or conducting an assessment for suicide.

In-services →

Training brought into the agency and delivered to the medical case managers. Examples include presentations regarding chemical dependency, assessments for suicide and dangerous situations, cultural competence, and disclosure assistance.

Supportive Clinical Supervisor →

Supervisors should have the ability to:

- be creative and flexible in supervision methods
- objectively handle issues that arise
- create safety for the medical case managers to share openly and improve competency and service delivery.

Videos →

Used to augment supervision and provide education regarding client issues. Examples include videos dealing with drug issues, mental health issues of people living with HIV/AIDS, harm reduction counseling, cultural competence, and prevention with positives, etc.

Documentation
Monitoring →

Supervisors are responsible for monitoring documents including:

- Intakes and case notes to ensure they contain the required information (see specific modules).
- Care Plan and Re-Assessments should be updated every six months.
- ARIES reports on performance and units of service.
- Regular file audits to insure all items are complete.

Place to process
Issues as the arise →

Medical case managers benefit from a safe space to discuss issues that may develop in their role as medical case managers. Discussions can prevent issues from disrupting MCM's work with their clients and within the system of care. Examples of issues may include:

- System of care issues (e.g. changes in expectations, policies, etc.).
- Need for personal and professional support e.g. personal recovery issues, boundaries, conflict resolution, etc.
- Communication, coordination and collaboration challenges.
- Client issues (e.g. boundary challenges, hopelessness, active substance use, threatening or violent behavior by the client, etc.).
- Agency issues (e.g. program funding, changes in policies, etc).

POLICY FOR MONITORING CLIENT CASELOAD

Supervisors also review client caseloads according to the policies and procedures and agency work plan. The Standards of Care for the Oakland TGA (March 2007), state that case management services are provided to clients who fall into the following categories:

- **Active clients**: clients who have had a successful contact with HIV/AIDS services each month. Agency caseloads should be largely comprised of active clients.
- **Inactive clients**: clients who have not had a successful face-to-face contact with HIV/AIDS case management services.
- **Short-term clients**: clients who access HIV/AIDS services intermittently in the year. This criterion applies largely to clinic-based assistance and not to routine agency caseloads.

Acuity levels are assessed and assigned to each client to determine the type of case management services needed. An acuity scale, such as the *Cognitive Functional Ability (CFA) Scale* used by nurse case managers or the *Contra Costa Screening Tool for Client Function Level* (See module 3), are used to determine the client level of care.

Medical Case Manager's caseloads are detailed in the agency work plan for Medical Case Management services.

Current clients in the Contra Costa system of care are primarily classified as Level II and Level III with fewer from Level I and Level IV (see explanations of different levels below). Community Based Medical Case Managers see clients from Level I, Level II, and some Level III. Medical Social Workers see clients from all levels. Additionally, clients represent a broad spectrum and can be characterized as high users of service or low users of services. They may include those who are:

- Sick
- Healthy
- Using drugs
- Mentally ill or experiencing mental health issues
- Sexual risk takers
- Developmentally disabled
- Poor
- Entitled
- Unable to or challenged by money management
- Homeless
- Isolated
- Previously incarcerated
- Immigrants
- Families
- Infected with other health issues beyond HIV (e.g. TB, Hepatitis, Diabetes)
- Experiencing cultural issues

Supervisors work with MCMs to provide the appropriate service based upon client level and need.

Levels of Client Care

The standards of care describe four levels of client care and specify caseload numbers for each level of care. This module will describe each level of care, procedures for monitoring caseload, and procedures for communicating caseloads to the intake coordinator.

LEVEL I: (Functioning well)

Client level of need: Episodic.

Clients may be newly diagnosed and require short-term assistance; asymptomatic with no expressed stress or anxiety; seeking a primary care provider or support in accessing health care while maintaining health, employment, and daily living tasks.

Interventions at this level include:

- Client screening, intake, and identification of needs through a comprehensive assessment
- Orienting clients to medical case management
- Developing and reassessing care plans

- Collecting and documenting outcomes
- Completing ADAP Certification
- Providing information, education and counseling
- Arranging for or providing disclosure assistance and/or prevention with positives counseling
- Arranging for or providing assistance with clinic navigation
- Making appropriate referrals with proper consent and forwarding intake information to other service providers
- Supporting service coordination across the system of care
- Assisting client with filing for basic entitlements
- Ensuring treatment adherence

Client Caseloads: 100-125 active, unduplicated clients per 1 FTE (Full Time Employee)

LEVEL II: (Needs some assistance)
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Client level of need: Repeated contacts presenting with multiple problems, may be experiencing early symptoms.

Interventions at this level include Level I and the following:

- Providing intervention to implement the clinical treatment plan
- Assessing and assigning clients to appropriate level of care and nurse consultation

Client Caseloads: 50-100 active, unduplicated clients per 1 FTE

LEVEL III: (Fluctuating between severe episodes and periods of functioning in the community)

Client level of need: All clients enrolled at this level should have a nursing assessment to determine their eligibility and appropriateness for nurse case management services and eligibility for Medi-Cal Waiver or other State funded AIDS case management services.

Interventions at this level include Level II interventions and the following:

- Home assessment
- Health history
- Treatment adherence assessment

Criteria for referral include:

- Change in health status, such as progression to AIDS diagnosis, weight loss, pregnancy, etc.
- A significant reduction in ability to manage activities of daily living
- Have an attending physician willing to accept full professional responsibility for his/her medical care
- Not simultaneously enrolled in the Early Intervention Program, (EIP), State funded Case Management Program (CMP), AIDS Waiver, or similar program.

Client Caseloads: The average caseload for the nurse case manager and the social worker is 40 clients and their respective families per 1 FTE.

LEVEL IV: (Severely impacted)

Client level of need: Health care needs at this level are considerable and are related to the progression of the illness. Medical case management recipients include all Level III individuals who have special needs, and new and ongoing clients with advanced AIDS. Level IV clients have significant medical needs and may require referrals for hospice care and/or end-stage disease planning. The medical case management team should provide the psychosocial resources for clients not receiving comprehensive hospice services. However, Level IV clients accessing comprehensive hospice services should not be denied access to service providers with whom they have developed rapport.

Interventions at this level include Level III interventions and the following:

- Frequent case conference with MD
- More frequent medical visits
- In-home care, attendant/skilled nursing
- Pain management
- Nutritional supplements
- Durable medical equipment
- Spiritual bereavement counseling

Client Caseloads: The average caseload for both the nurse case manager and the social worker is 40 clients and their respective families per 1 FTE.

Procedure for Monitoring Caseloads

Caseloads are monitored by both formal and informal means.

Agency Work Plan →

Each agency receives a work plan that describes the total number of clients that should be served by each FTE of medical case management. Work plans take into account the needs of the client and have goals for both the unduplicated number of clients served and the units of service provided. It also has the amount of active clients each medical case manager should have. The numbers are tracked through the case manager's completion of the ARIES Intake and reported Units of Service. It is critical that the information be complete, accurate, and entered into ARIES in a timely manner.

Case Management Intake
Coordinator or Referral from
MD via the MR 191 →

- Clients are to call the Contra Costa Health Services AIDS Program to request medical case management services. The Intake Coordinator will conduct an initial screening of the client and make an assignment. Note: Some clients may call directly to the service provider to request services or be referred by a County physician via the MR 191. Given that it is often difficult for the client to request services, service providers should make every effort to serve the client. In the event that the service provider cannot serve the client, the client should be directed to the Intake Coordinator rather than being given a list of other providers. Our goal is to reduce as many barriers as possible for the client to be engaged in care services. The receiving agency who serves a client referred via the MR 191 should complete the bottom of the form and return it to the referring party.
- The Intake Coordinator will make a referral to the appropriate service provider and document it in the ARIES referral tabs.
- The Intake Coordinator will attempt to assign clients based upon client need and case manager caseload availability.
- Medical Case Managers communicate their caseload to the county intake coordinator via face-to-face meetings at rounds or through phone contact. For determining **active** caseloads, Medical Case Managers should only count the **number of active clients**, not the number of unduplicated clients served.
- The Medical Case Manager reported caseload is compared with the Contract Monitor's report from ARIES and discrepancies are resolved during site visits.
- The Medical Case Manager will then begin the intake procedure following receipt of the referral. (See Module 3 for Intake Procedure).

In addition to the formal methods above, Medical Case Managers and supervisors examine a number of practical elements when monitoring their caseloads. These elements include:

- Asking questions at the time of referral to understand the client's needs and history.
- Taking care of themselves, maintaining protected time (charting time, data entry, supervision, training, etc.), and by taking personal time to prevent burnout.
- Planning times to check-in with other service providers, to connect with the other case managers, and to give and receive peer support.
- Managing the case load by recognizing some of the realities of the system of care:
 1. When there are more clients, there is more pressure.
 2. When there is more paperwork, there is often more pressure.

3. It is important to be realistic in delivering medical case management services and in setting outcomes or goals with clients.
4. It is critical for case managers to manage their own mental health and to reflect on and feel good about what medical case managers do.
5. Celebrating the small successes will add to the good feelings about the work of case management.
6. It is important to understand the range of clients on the continuum of need and what the system can handle and balance caseloads between clients with complex issues who are high users and those with less complex issues who are low users.
7. Using other systems can decrease the stress and pressure and prevent the medical case manager from working in isolation. Isolation can lead to burnout.

The ability to manage caseloads will be further dictated by the medical case manager's relationship with their supervisor and their relationship with the agency in which they are employed. By recognizing these issues and attending to the elements which are within the medical case manager's control, MCMs can be better equipped to meet the challenges of providing these services.