

**CARE ACT CASE MANAGEMENT: BACKGROUND AND DEFINITIONS**

CARE Act programs need outcomes evaluation data to support their work at the state and local levels. It is beneficial for CARE Act programs to generate outcomes data for case management services and how they relate to primary care, a priority given that case management is seen as the link between the medical and support services that clients can access and receive.

**Focus on Case Management Services**

With improvements in medical treatments for HIV/AIDS, care systems are required to move from a social case management model to a medical model of care. Essential components of the continuum of care include not only primary care and medications, but also supportive services. Ensuring access to and retention in primary care is the primary focus of evaluating the contributions of support services.

Evaluation of case management services is particularly important for the following reasons:

1. After primary care and medications, case management is often the service category receiving the largest funding allocation from Part A and Part B grantees.
2. Case managers often play a key role in ensuring access to medical care and to support services clients may require to keep appointments, adhere to medications, and obtain other needed services, from housing to substance abuse treatment.

**Case Management Definitions:**

*Nursing [Medical] case management* is the dynamic and systematic collaborative approach to providing and coordinating health care services to a defined population. It is a participative process to identify and facilitate options and services for meeting individuals' health needs, decrease fragmentation and duplication of care and enhance quality, cost-effective clinical outcomes. The framework for nursing case management includes five components: assessment, planning, implementation, evaluation, and interaction.

*Social Work case management* is a method of providing services whereby a professional social worker assess the needs of the client and the clients' family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client's complex needs.

## **Part B: Functions of Case Management**

Purpose: to provide services that decrease barriers to medical and support services, while increasing quality of life.

Part B of the CARE Act recommends that case management should include some or all of the following:

### **1. Client intake and assessment, including:**

- Collect initial client information taken at intake
- Assess and document the client's health and psychosocial status, including past and present physical health (CD4, viral load, HIV stage), mental health, short- and longer-term needs (ADAP, primary care provider, support services), past and present problems, and needs of family members.
- Assess client's level of management need based on client's level of functioning and/or needs.
- Develop a client service plan that includes setting objectives for the client (completion of substance abuse program, finding appropriate housing, increased adherence to medication regimen, completing primary health care appointments).

### **2. Service provision planning, including:**

- Identify service availability and client eligibility (medical providers, drug assistance programs, substance abuse treatment programs, legal services).
- Identify barriers clients may encounter (language barriers, eligibility criteria, services fees, geographic location).

### **3. Coordination/linkage of clients to services through the following activities:**

- Clarify services needs
- Orient client (client rights, client responsibilities, service expectations)
- Identify services (and agencies) that match client needs
- Contact referral agencies
- Prepare or assist in preparation of paper work and applications
- Confirm that client received services

### **4. Reevaluation/assessment through the following activities:**

- Maintain consistent contact (office visits, home visits, and telephone calls) with clients to determine whether primary care and support services are still appropriate, being completed, and still needed.
- Periodic reevaluation of clients' services, plans, and objectives.
- Periodic reevaluation of client's level of case management need to determine if client can function more independently
- Assess health and functional status through periodic client- and/or provider-administered quality of life surveys.