

Case Manager

Job Description: Provide holistic and intensive mobile case management services to all clients which includes; benefit assessment, shelter/stabilization room placement and progress monitoring, housing referrals and applications, medical appointment monitoring, weekly case plan development, advocacy, money management and other necessary referrals.

Acuity Indexes: Case Management, Housing, Legal, Income and Personal Finance, Nutrition

| Items | Complete | Notes |
|---|----------|-------|
| Complete necessary HOT Team consents <ul style="list-style-type: none">• ROI• Consent for treatment• HIPAA | | |
| Review Room Agreement/Rules and obtain signatures <ul style="list-style-type: none">• Companion animal discussed | | |
| Assess Benefits and Schedule appointment <ul style="list-style-type: none">• SSI Apt. Secured/SS Card Obtained• GA Apt. Secured | | |
| IHSS follow-up | | |
| Medical visit reminder | | |
| Housing Options Assessed <ul style="list-style-type: none">• Shelter Secured• Temp stabilization room/treatment room• Permanent housing | | |
| Housing Applications Completed w/Social Worker's Support | | |
| Permanent housing applications | | |
| Weekly Mobile Case Management Visits with RN <ul style="list-style-type: none">• Discuss housing in relation to their medical needs | | |
| Payee Services Secured | | |
| Treatment plan goals reviewed | | |
| Document all encounters | | |

Medical Social Worker

Job Description: Conducts field-based assessments of client needs; conducts psychosocial and cognitive assessments; develops and updates collaborative client care plans. Provides referrals to health and psychosocial service resources and programs, provides informal, field-based short-term psychosocial counseling to address immediate client barriers to care, including mental health and substance abuse issues. Develops long term client transition plans coordinates all discharge planning.

Acuity Indexes: Behavioral Health, Alcohol and Drug Use, Navigation, Intimate Partner Violence

| Item | Complete | Notes |
|---|----------|-------|
| Complete necessary A&PI Consents | | |
| Obtain Letter of Diagnosis (LOD) | | |
| MoCA Screening Conducted | | |
| Initial Needs Assessment | | |
| Mental Health Assessment | | |
| Substance Use Assessment | | |
| Assess for Intimate Partner Violence & Safety Planning | | |
| Coordinate planning with ERs, hospitals and urgent care | | |
| Care Coordination with clients care team | | |
| Coordinate all aspects of discharge planning and send out summary | | |
| Support client with achieving care plan goals | | |
| Support Case Manager with DAH permanent housing | | |
| Weekly Mobile Case Management Visits with MD | | |
| Monitor medication adherence/DOT | | |
| Last Medical Appointment | | |
| Explore barriers to medication adherence | | |
| Secure referrals to substance use and mental health services <ul style="list-style-type: none">Refer to ICM and Ensure Connection | | |
| Document all encounters | | |

This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for HIV Homeless Populations. Learn more at <http://cahpp.org/project/medheart/models-of-care>

Peer Navigator

Job Description: Connects clients to psychosocial services and primary care services. Engages in case-finding HIV-positive individuals who are not participating in services. Accompanies clients to appointments, advocates for clients with other service providers, supports clients and peer navigation team in building their own support networks, provides risk reduction counseling to high-risk clients.

Acuity Indexes: System Surfing, Health Literacy

| Item | Complete | Notes |
|--|----------|-------|
| Explain the services/Check In | | |
| Manage Client Appointments <ul style="list-style-type: none">• Reschedule Missed Appointments• Remind them of upcoming appointments• Report Back to team• Give Client Calendars | | |
| Assess Escort Needs/Secure Escort <ul style="list-style-type: none">• Free Form 4B1733• Request Birth Certificate | | |
| ID Appointment Scheduled | | |
| Room location/ Room cleaning? <ul style="list-style-type: none">• Is IHSS Secured? | | |
| Call Hospitals, Jails, Shelters for missing clients | | |
| Home Visits <ul style="list-style-type: none">• Assess the Room for Safety• Where are meds stored?• Where is food stored/bins? | | |
| Disability Card Application | | |
| Project Open Hand Forms | | |
| Open Access Support (TACE & TransAccess) | | |
| Check email daily | | |
| Explain research study and schedule baseline and follow-up interviews (SPNS) | | |
| Hot spots (where they hang out) | | |
| Proof of Income | | |
| Document all encounters | | |

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Section 14. Appendix (continued)

B. Checklists

Primary Care Provider

Job Description: To provide ongoing primary care for clients with various medical conditions including management of HIV, addiction medicine, acute and mobile medical care.

Acuity Indexes: All sections under medical care and treatment adherence

| Item | Complete/Date | Notes |
|--|---------------|-------|
| INTAKES (if referred from hospital) <ul style="list-style-type: none">• Provider hand-off• Communication with referring provider• First visit- intake• Development of Treatment plan | | |
| PHARMACY AND MEDICINE <ul style="list-style-type: none">• What Pharmacy?• What insurance?• Assess weekly and manage any changes to both | | |
| HIV PRIMARY CARE If acuity=3 <ul style="list-style-type: none">• Intake• Schedule and monitor regular labs | | |
| COMPLEX CARE MANAGEMENT With hospital- higher level of care | | |
| ACUTE CARE <ul style="list-style-type: none">• Develop Treatment Plan for all acute issues• Monitor acute issues | | |
| ADHERENCE If there are adherence issues/Acuity=3: <ul style="list-style-type: none">• Measuring success and report back• Identify what team support is needed• Ongoing counseling | | |
| DISCHARGE <ul style="list-style-type: none">• Create treatment plan• Initiate discharge | | |

Registered Nurse

Job Description: Deliver mobile care, administer client medication, problem solve any medication issues including pharmacy pickups and insurance, develop treatment plans for medication management, schedule, draw and monitor labs ongoing, conduct medication adherence counseling and determine best intervention based on clients acuity

Acuity Indexes: Medication Adherence, Health Literacy

| Item | Complete/Date | Notes |
|--|---------------|-------|
| INTAKES (if referred from clinic) <ul style="list-style-type: none">• Communication with provider• First visit | | |
| PHARMACY AND MEDICINE <ul style="list-style-type: none">• What Pharmacy?• What insurance?• Assess weekly and manage any changes to both | | |
| HIV PRIMARY CARE If acuity=1/2 <ul style="list-style-type: none">• Intake• Schedule and monitor regular labs | | |
| COMPLEX CARE MANAGEMENT Daily/Weekly | | |
| ACUTE CARE <ul style="list-style-type: none">• Assist MD with urgent issues | | |
| ADHERENCE <ul style="list-style-type: none">• Acuity Scale Assessment used at intake, monthly and on going If acuity=1/2 <ul style="list-style-type: none">• Measuring success and report back• Identify what team support is needed• Ongoing counseling If acuity=3 <ul style="list-style-type: none">• Refer to MD Are there resistance or adherence concerns? <ul style="list-style-type: none">• If so, refer to team | | |
| DISCHARGE <ul style="list-style-type: none">• Create treatment plan• Initiate discharge | | |

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