



Supervisor's Guide

for using

Introduction to Case Management

An Online Course for
COBRA and AIDS Institute Grant-Funded Programs

April 7, 2007 (DRAFT 2)

Developed by:

**The Professional Development Program (PDP)
Case Management Center of Expertise
In cooperation with the PDP Instructional Technologies Unit
Rockefeller College, University at Albany**

For the:

New York State Department of Health (NYSDOH) AIDS Institute

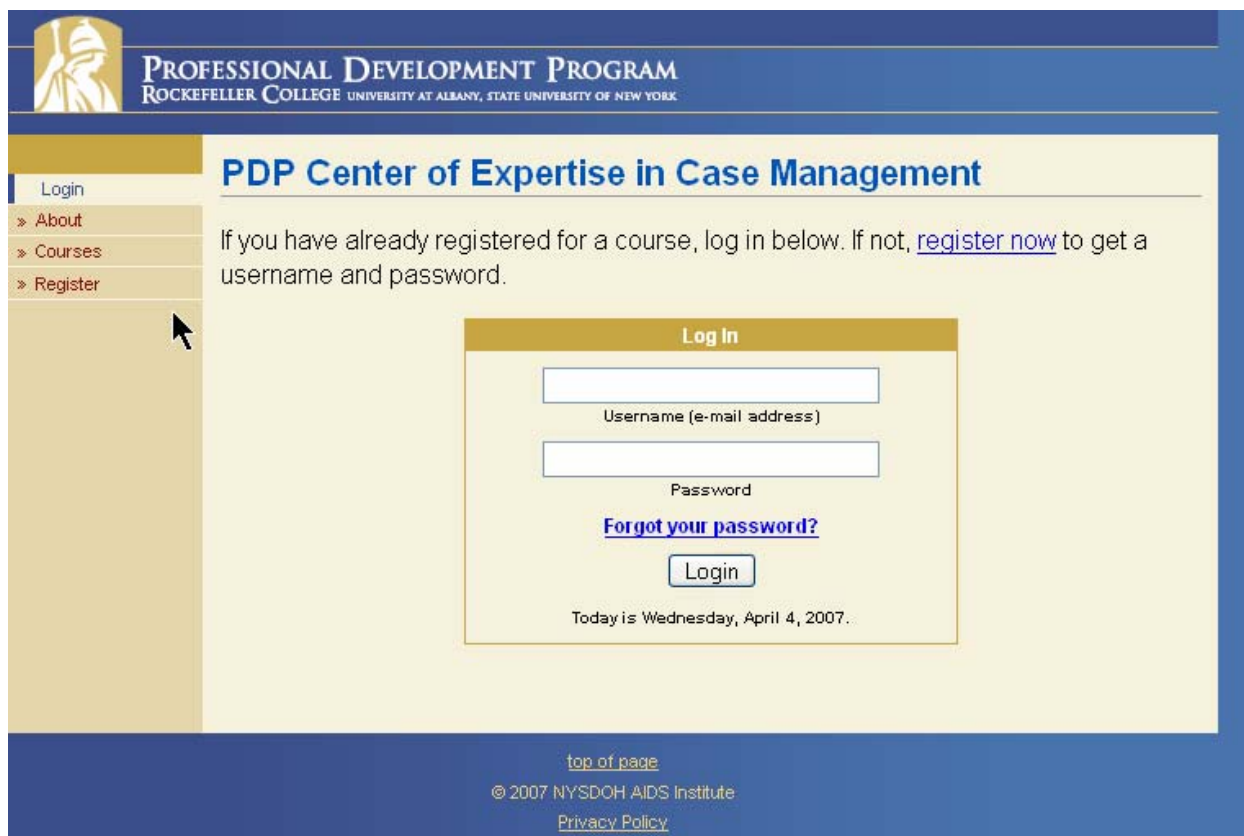
*Professional Development Program
Case Management Center of Expertise
1400 Washington Avenue UAB 423
Albany, NY 12222*

Table of Contents

OVERVIEW	2
COURSE CONTENT	5
<i>INTRODUCTION (Module 1)</i>	8
<i>CM BASICS (Module 2)</i>	11
<i>INTAKE (Module 3)</i>	15
<i>TEAMWORK (Module 4)</i>	19
<i>CONFIDENTIALITY (Module 5)</i>	22
<i>SERVICE MONITORING (Module 6)</i>	29
<i>ETHICS (Module 7)</i>	32
<i>WRAP-UP (Module 8)</i>	35
MONITORING EMPLOYEE PROGRESS	37
ONLINE LEARNING	40

Overview

At any computer connected to the Internet, type <http://www.hivtraining.org> into a browser address bar and the Professional Development Program's Center of Expertise in Case Management page displays (see Figure 1).



The screenshot shows the website header for the Professional Development Program at Rockefeller College, University at Albany, State University of New York. The main heading is "PDP Center of Expertise in Case Management". On the left is a navigation menu with "Login", "About", "Courses", and "Register". The main content area contains a login form with fields for "Username (e-mail address)" and "Password", a "Forgot your password?" link, and a "Login" button. Below the form, it displays "Today is: Wednesday, April 4, 2007." The footer includes a "top of page" link, copyright information for the NYSDOH AIDS Institute, and a "Privacy Policy" link.

Figure 1: Register and log in at www.hivtraining.org

Register: Complete the registration, which sets up a username and password for a participant to take the online course. Other registration information is the same as that collected for stand-up (off-site) AIDS Institute training.

Log In: Use the Log In screen (see Figure 1) after registering a username and password. Always use the same username and password for this course. Participants' access to this course is unlimited—the course is asynchronous and no time limits are imposed on adult learners. Participants may log in and out as often as they wish. Supervisors may want to structure the learning of their employees and require certain modules completed by a certain time or in a suggested order.

Beginning the Course: After logging in for the first time, participants are given an overview of the course and allowed to either take a pretest or log out. Everyone begins the course with a pretest.

How the Course Works:

First, take the pretest: These 12 questions may take 10–20 minutes to answer. The pretest and

posttest are tools for participants to assess their own learning.

Next, choose a module from the Main Menu: After the pretest, go to the Main Menu (see Figure 2). This lists the modules and keeps track of a participant's progress through the course. Although we recommend that participants go through the course in order, beginning with "Introduction," supervisors are encouraged to make recommendations to their employees based on their local situations. For an explanation of progress status, see **Monitoring Employee Progress** in this document.

Introduction to Case Management

NYS Department of Health
AIDS Institute
HIV/AIDS Education & Training Programs

Main Menu of Dale Glenn's Progress:

- Pretest
- Introduction
- Case Management Basics
- Intake
- Teamwork
- Confidentiality
- Service Monitoring
- Ethics
- Wrap-Up

Main Menu Options

- For New Users
- Last Page Viewed

● = Unvisited
● = Started
● = Completed

COURSE GOAL: Complete the To-Do List for each module. You may reinforce your learning at any time by accessing the course content in three ways: "Ask the Team," "To-Do List" activity feedback, and the "Review Text Only" link on each To-Do List page.

Dale Glenn registered on January 25, 2007.

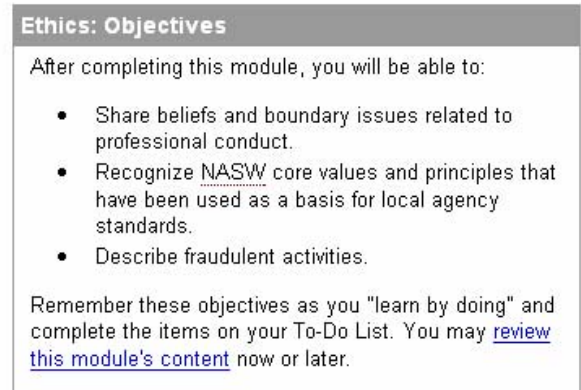
▲ TOP

© 2007 NYSDOH AIDS Institute. Developed for online delivery by PDP

Figure 2: Main Menu showing participant's name, progress, and registration date

Complete each module's To-Do List: Each of the eight modules begins with a "To-Do List" and the learning objectives for that module (see Figure 3). Participants select a task on the list. If learners are unclear about how to answer a task, content is usually available from a nearby "Ask

the Team" link. See **Course Content** in this document for a description of how text is repurposed for this online course. The "Self-Assessment" at the end of an activity is another tool for adult learners to assess their own learning.



[TOP](#)

© 2007 NYSDOH AIDS Institute. Developed for online delivery by PDP

Figure 3: Ethics module, beginning with To-Do List organizer and module objectives

If participants need more help:

1. Select the **Ask The Team** link to help answer a question. See **Course Content** in this document for a description of how content is repurposed for this online course. In "real life," participants can always ask their supervisor, too!
2. The first page participants read (i.e., "For New Users") is always available from the Main Menu.
3. A HELP link AT THE TOP OF MOST PAGES gives general information for participating in this online course. See **Online Learning** in this document.
4. Supervisors may assist participants with their learning and continue to develop an atmosphere of teamwork. Encourage participants to use the course navigation instead of the browser's navigation Back and Forward buttons. Course navigation accurately tracks where participants are and keeps a record of progress. See **Monitoring Employee Progress** in this document.

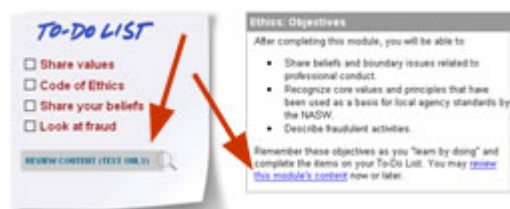


If You Need Help



Course Content

A module's complete content—without activity questions—is available in one file, which is linked to from the To-Do List page (see Figure 3). Access the "Text Only" file from a link within the text of the Objectives box or from a button at the bottom of the To-Do List.



Selecting either of these links presents the content for the module (i.e., without activities). See figure 4.

Text Only: Confidentiality Module

[GO TO TO-DO LIST](#)



What is the confidentiality law?



How is the law implemented and enforced?



How do we handle "confidential HIV-related information?"



What does "disclosing" confidential information mean?



What is DOH-2557?



What do I need to know about HIPAA?

What is the confidentiality law?



New York's **HIV Confidentiality Law** is part of the state's Public Health Law (PHL). The Confidentiality Law is actually contained in different parts, or articles, of the PHL.

The legislation gives privacy protections for people at risk for and infected with HIV.

Article 27-F

The original and most important part of the HIV Confidentiality Law is often called **Article 27-F**, because it is contained in Article 27-F of the PHL. Article 27-F

establishes the basic legal rules in New York that govern:

- Confidentiality and disclosure of information about individuals who



Figure 4: Beginning of a typical text only content file (top portion of file)

To-Do List activities promote active learning by allowing participants to think about and answer questions that are based on the course content. Each question (see Figure 5) is formed around a specific “chunk” of information. Selecting **Ask the Team** will display the content significant to the specific question (see Figure 6). Repurposed content is from the Text Only file (see Figure 4).

[Confidentiality](#) » [To-Do List](#) » Know the law

Know the Law

Question 1 of 10

 Select the best answer, and then select "Submit Your Answer" to check. "Ask the Team" if you need help before you answer.

The original and most important part of the HIV Confidentiality Law is often called

Ask The Team

If You Need Help

A. The AIDS Institute Article

B. Article 27-F of NYS Department of Health Regulations

C. Part 63 of NYS Department of Health Regulations

D. Article 27-F of NYS Public Health Law

[Submit Your Answer](#)

Figure 5: Typical To-Do List question showing Ask the Team link

Article 27-F

The original and most important part of the HIV Confidentiality Law is often called **Article 27-F**, because it is contained in Article 27-F of the PHL. Article 27-F establishes the basic legal rules in New York that govern:




- Confidentiality and disclosure of information about individuals who have been tested for or diagnosed with HIV infection or related illnesses, including AIDS, and
- HIV testing.

[Back to Question](#)

Figure 6: After selecting the Ask the Team link, context-specific content is displayed

The participant may go back to the question and select an answer until a correct answer is displayed. Feedback will again display the content significant to the question (see Figure 7). Repurposed content is from the Text Only file (see Figure 4).

Team" if you need help before you answer.



If You Need Help

The original and most important part of the HIV Confidentiality Law is often called

- A. The AIDS Institute Article
- B. Article 27-F of NYS Department of Health Regulations
- C. Part 63 of NYS Department of Health Regulations
- D. Article 27-F of NYS Public Health Law

Submit Your Answer



You are correct!

Article 27-F

The original and most important part of the HIV Confidentiality Law is often called **Article 27-F**, because it is contained in Article 27-F of the PHL. Article 27-F establishes the basic legal rules in New York that govern:



- Confidentiality and disclosure of information about individuals who have been tested for or diagnosed with HIV infection or related illnesses, including AIDS, and
- HIV testing.

Figure 7: Answered question displaying content as feedback

Participants have three opportunities to read the course content (see Figures 4, 6, and 7). Although an activity on the To-List may be checked off, participants can make innumerable visits to each task.

Supervisors are encouraged to create their own activities that will illuminate relevant local content not covered in each module. Participants are encouraged to consult with their supervisors to determine their personal learning objectives for each module. **Review Content (Text Only)** files for each module of

"Introduction to Case Management" are reproduced here. Objectives for each module are also reproduced for the convenience of the supervisor's review. **NOTE: All graphics and hyperlinks are not reproduced. Some paragraphing has been modified from the online version, which is the authoritative script.**

INTRODUCTION (Module 1)

Who are the team members?

Successful case management has a strong foundation in teamwork. "Listening" to others can include phone conversations, e-mails, letters, memos, face-to-face—any medium where thoughts and ideas are conveyed from one person to another.

Your goal in this course is to complete the "To-Do List" in each module. What do you do if you don't know an answer? Ask the Team and "hear" what other people have to say first.

Meet the Team

As a case manager, you'll have to work with a variety of people. Here are the team members who will help you through this online course.



Hi, I'm Nadia, a case manager at this agency, too. I've been here for a few years, so I've got some contacts you may want to share.

I'm Dan, a supervisor down the hall from you. I'll share what I know and I'm anxious to learn what you learn, too.



Welcome! I'm the case manager technician for this agency. Oh, my name is Lily.

My name is Vince, and I'm the community follow-up worker with the CFP. We'll try not to overwhelm you with acronyms, but, if you move your mouse cursor over an underlined acronym or initialism, a help box will appear!



Welcome to this online course! My name is Tammy, and I make everything work smoothly in the office. Ask me anything!

Introduction: Objectives

After completing this module, you will be able to:

- Identify the relationship of PDP to the AIDS Institute (AI).
- Outline the history of the development and rationale for the curriculum.
- Recognize how the course works and where to go for additional help with asynchronous learning.
- Recognize the purpose and objectives of the course.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

What does the AIDS Institute do?

Coordinates NYS's Response

The AIDS Institute (AI) is the central agency within the New York State Department of Health (NYSDOH) that coordinates the state's response to the HIV/AIDS epidemic. Created by legislative mandate in 1983, the AIDS Institute:

- Plans, funds, and evaluates HIV prevention and health care and supportive programs.
- Educates the public.
- Develops policy.
- Trains health care providers and counselors.

The Institute administers federal and state funding for HIV/AIDS clinical care, counseling and testing, public and professional education.

The AIDS Institute's Mission

The AIDS Institute is dedicated to improving prevention and health care services in order to reduce HIV transmission and enhance the quality of life for persons with HIV.



This online training is intended for:

- Staff directly responsible for providing case management services, and
- Supervisors and administrators, who ensure the quality and standards established by the AI Case Management Unit.

By supporting case managers and the important frontline duties they perform, the AI furthers its mission.

MISSION STATEMENT: The AIDS Institute provides leadership to alleviate the human toll of the HIV/AIDS epidemic through programs, policies and partnerships that exemplify compassion and empower individuals, communities and institutions.

VISION and GUIDING PRINCIPLES: Guided by science and innovation, community input and compassion, the AIDS Institute strives to: eliminate new HIV infections; ensure early diagnosis and ongoing access to quality care, support and treatment for all infected; provide support for those affected; and eradicate stigma, discrimination and disparities in health outcomes.

The Professional Development Program (PDP)

The HIV Education and Training Program within the NYS Dept. of Health AIDS Institute (AI) funds training initiatives to train nonphysician health and human service providers on HIV-related topics. The Professional Development Program (PDP) is funded by the NYSDOH AI HIV Education and Training Programs to serve as a statewide Center of Expertise on HIV case management and as the Capital District/North Country Regional Training Center.



As one of the largest university-based continuing professional education programs in the nation, PDP continues to make a difference in a changing world by linking the learning, applied research, and evaluation resources of the University at Albany with the continuing professional education needs of the public service.

How do I take this online course?

Complete All To-Do Lists

Your goal is to complete the "To-Do List" in each module. Successfully completing each list will indicate that you understand key aspects of case management. Remember to "Ask the Team" if you get stuck on an activity.

Spend as much time in the course as you want to. You do not have to complete a "To-Do List" in one sitting—log out, if you need to, and your place in the course is kept. When you log in again, simply go to the last page you viewed from the link on the Main Menu.

Eight Modules

Similar to the face-to-face training, Introduction to Case Management, this online course has eight modules. They are listed on the "Main Menu" and also on tabs across the top of most screens. Place your cursor over the tab to view the order of the course modules.

Take as long as you want to complete the course, but completing the modules in order will help keep you centered and focused.

Course pages are designed to be device independent, which allows navigation with or without a mouse. The **Help >> Accessibility >> Keyboard Shortcuts** page describes the Access Keys used in this course.

Freedom to Learn

This online training is asynchronous and unmonitored—you can learn whenever you want, any time of the day, and from any computer with Internet access. The freedom to learn about case management is yours!

Because this course is interactive, the best way to experience it is online. As an adult learner, you are free to study in time periods that suit your busy schedule and to assess your own progress and knowledge as you go through the course.

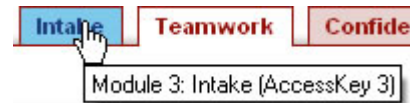
Best Practices for e-Learning

- Take frequent breaks—if you get bumped offline, you can easily pick up where you left off.
- Space your learning—you will remember more if you don't try to absorb everything at once.
- Plan your learning—assess what you know and what you need to know. Set personal goals.

What will I learn by taking this course?

Course Objectives: This online course has the same goals as the face-to-face training, Introduction to Case Management. Take your time to complete this course, and when you are done you should be able to:

- Recognize the AIDS Institute's definition of Case Management.
- Compare two models of case management.
- Explain the importance of effective and thorough intakes.
- Discuss the importance of teamwork in all case management models.
- Describe basic legal obligations regarding HIV confidentiality.
- Explain methods and best practices that result in effective outcomes.
- Summarize the importance of professional standards and ethical conduct.
- Share best practices and experiences with other participants.



CM BASICS (Module 2)

What is case management?

Complex issues are often associated with HIV/AIDS. People may face barriers when accessing medical care and social services. The network of HIV care providers can be loosely organized and uncoordinated. Resolving these issues requires a comprehensive and coordinated approach to care.

Case management represents a single point of entry into a network of providers. Case management plays a meaningful role in ensuring early intervention and continuity of care for a person with HIV/AIDS.

AIDS Institute Definition:

Case management is a multistep process to ensure timely access to and the coordination of medical and psychosocial services for people living with HIV/AIDS and, in some models, their family and/or close support system.

Multiple Steps / Multiple Processes

The spectrum of case management can include the following processes:

- Intake
- Assessment of needs
- Service planning
- Service plan implementation
- Service coordination
- Monitoring and follow-up
- Reassessment
- Case conferencing
- Crisis intervention
- Case closure



What is the goal of case management?

Empowerment and Independence

The goal of case management is to empower the client. This includes promoting and supporting independence and self-sufficiency.

Case management programs utilize diverse activities while striving towards this goal of eventual empowerment and independence. Case management activities may include:

- Assisting clients to access and maintain specific services.
- Negotiation and advocacy for services.
- Consultation with providers.
- Navigation through the service system.
- Psycho-social support.
- Supportive counseling.
- Various general client education.

CM Basics: Objectives

After completing this module, you will be able to:

- Describe the definition of **case management**.
- Distinguish between comprehensive and supportive case management.
- Identify the goals of comprehensive and supportive case management.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

Intended Outcomes

The intended outcomes of case management for persons living with HIV/AIDS include:

- Early access to and maintenance of comprehensive services.
- Improved integration of services provided across a variety of settings.
- Enhanced continuity of care.
- Prevention of disease progression and transmission.
- Increased knowledge of HIV disease.
- Reinforcement of positive health behaviors.
- Personal empowerment.
- An improved quality of life.

Who funds case management?

The AIDS Institute

The AIDS Institute has funded and/or overseen a number of different types of case management programs, including:

- Designated AIDS Centers (DACs)
- Special Needs Plans (SNPs)
- COBRA Community Follow-Up Program (CFP)—also called COBRA Medicaid Case Management (CMCM)
- Supported Housing Programs
- Scattered site and transitional planning



The Community Healthcare Network's (CHN's) mobile health vans help provide no-cost HIV testing and counseling (see <http://chnnyc.org/>)

Other Funding Sources

Case management programs in New York State may also be funded by a number of other funding sources outside the domain of the AIDS institute, including:

HRSA

The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services

MHRA

The Medical and Health Research Association of New York City, Inc., an independent, nonprofit corporation founded in 1957

NAF

The National AIDS Fund, founded in 1988, a network of 29 Community Partnerships supporting over 400 grassroots HIV/AIDS organizations.

Standards

Standards set a minimum service level for programs providing HIV case management, regardless of setting, size, or target population. They define, clarify, simplify, streamline, encourage efficiency, and promote quality.

For the case manager, standards can answer common questions, such as:

- What is the maximum number of days between a referral and an intake?
- When is a brief service plan required?
- When is a supervisor signoff on initial comprehensive assessment and service plan required?
- Does a service plan need to be updated?
- What are the caseload limits?
- What are the qualifications for a case manager?

Standards and Funding Sources

Case management standards are determined by the funding source.

AIDS Institute standards set minimum requirements for AIDS Institute-sponsored case management programs, although individual bureaus within the AIDS Institute may establish additional requirements. Other funding sources may require their own unique compliance with case management standards.

AI Standards

The AIDS Institute's "Standards for HIV/AIDS Case Management" (2006) can be viewed and downloaded from the **References** area of this course. The standards are also available in different formats on the (link opens new browser window) **AI part of the NYS Department of Health website**.

This document establishes universal core standards for HIV/AIDS case management services funded or administered by the New York State Department of Health AIDS Institute. AI standards also apply to case management services reimbursed by Medicaid.

Standards: Don't leave home without them!

The AIDS Institute's universal core case management standards were developed to:

- Clearly define case management and describe models of case management service.
- Clarify service expectations and required documentation across HIV/AIDS programs providing case management.
- Simplify and streamline the case management process.
- Encourage more efficient use of resources.
- Promote quality of case management services.

SOURCE: "Standards for HIV/AIDS Case Management," NYSDOH AIDS Institute (2006), p. 1-1.

What service models does the AI support?

Community-based, psychosocial HIV/AIDS case management tends to fall into one of two models of case management service:

- Comprehensive case management
- Supportive case management

These two models of case management may be provided in health care or social service settings, in large institutions or community-based organizations. An agency or program may be approved by the AIDS Institute to provide one model exclusively, or both models, depending upon formal arrangement and the specific AIDS Institute program requirements.

Comprehensive Case Management

Comprehensive case management is a proactive case management model intended to serve persons living with HIV/AIDS with multiple complex psychosocial and/or health-related needs and their families and close support system. The model is designed to serve clients who may require an intensive level of case management service provision.

Characteristics of Comprehensive CM

Central to the comprehensive model of case management is service planning, performed in conjunction with a comprehensive assessment and subsequent reassessments of the psychosocial and health care needs of the client and his/her family or close support system. Clients engaged in comprehensive case management will receive frequent contact, follow-up provided in the community, and, in some programs, home visitation. Comprehensive case management services may be provided by a single case manager or by a case management team. Services may be supported by grant funds or Medicaid reimbursement, as approved by the AIDS Institute.

Readiness Instead of Need

Comprehensive case management requires multiple client contacts, including home visits. Not all clients, regardless of their needs, want to participate in such an intensively structured model. These clients should be referred to supportive case management services.

Supportive Case Management

The supportive case management model is responsive to the immediate needs of a person living with HIV/AIDS. Supportive case management is suitable for persons with discrete needs that can be addressed in the short term. Supportive case management is also an appropriate service for clients who have completed comprehensive case management but still require a maintenance level of periodic support from a case manager or case management team.

Level of Readiness

Supportive case management may also be provided to clients with multiple complex needs who may best be served by a comprehensive case management program, but who are not ready or willing at this time to engage in the level of participation required by the comprehensive case management model. In this case, supportive case management serves as a means of assisting an individual at his/her level of readiness, while encouraging the client to consider more comprehensive services.

Follow-Up

Central to the supportive case management model is follow-up by the case manager or team. Follow-up with the client ensures that arranged services have been received and determines whether more services are needed.

Sometimes clients in supportive case management repeat cycles, experiencing the same crisis or problem over and over again. Follow-up gives the case manager an opportunity to encourage the client to enroll in comprehensive CM services and to assist the client with continued access to needed services.

What are the goals for each model?

The Goal of Comprehensive Case Management

The goal of comprehensive case management is to address needs for concrete services (e.g., health care, entitlements, housing, and nutrition) and develop the relationship necessary to assist the client in addressing other issues, including substance use, mental health, and domestic violence in the context of their family/close support system.

The Goal of Supportive Case Management

The goal of supportive case management is to meet the immediate health and psychosocial needs of the client at the client's level of readiness.

Meeting immediate needs will likely restore or sustain the client's stability and establish a supportive relationship that can lead to enrollment in more comprehensive case management services, if needed.

Comparing Two Models of Case Management

In either comprehensive or supportive case management models, the services can either be Medicaid reimbursed or grant funded.

COMPREHENSIVE CM	versus	SUPPORTIVE CM
COBRA Medicaid Case Management (CMCM) or Grant Funded	vs.	COBRA Medicaid Case Management (CMCM) or Grant Funded
Usually community-based but can sometimes be hospital-based (DACs, SNPs)	vs.	Can be hospital-based or community-based
Proactive with emphasis on service planning	vs.	Less proactive, more responsive to immediate need
Multiple number of contacts & home visits	vs.	Less contact frequency & home visits may not be

are required

Addresses clients with complex needs and their families, over a longer term

Comprehensive assessment and reassessments required

vs.

required

Addresses clients with fewer needs, maintenance needs, or those not ready for comprehensive CM

vs.

Brief assessment and reassessments required

The Case Management Flow Chart is meant to provide a visual overview of the flow of activities and services within and between the two models of case management described in this module. The flow chart maps out in broad strokes the service system intended by the case management standards.

INTAKE (Module 3)

What is intake?

The intake is the collection of identifying information about the client, family, caregivers, informal supports, and the presenting issues/problems.

Different agencies use different staff persons to conduct intakes, such as:

- Case managers
- Other case management staff
- Intake coordinators

Intake Information

Information to be collected includes:

- The referral source and date of referral
- Identifying and demographic information
- A list of family members and co-residents including: children not currently living at home; primary caregiver; and the legal guardian(s) of the children
- Confidentiality concerns
- HIV diagnosis
- Medical status, housing status, financial status and other issues requiring immediate attention
- Emergency contact
- Health insurance
- Languages spoken
- Completion date of the intake

Intake: Objectives

After completing this module, you will be able to:

- Identify intake as the collection of identifying information about the client, family, caregiver, informal supports, and the presenting issues/problems.
- Recognize intake as the basis for assessment of needs and service planning activities.
- Identify information to record on an intake form developed or approved by the AI.
- Describe several techniques that will engage a client during an effective and thorough intake.
- Distinguish engaging techniques from enabling techniques.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

Brief Intake/Assessment

The Brief Intake/Assessment is the initial meeting with the client during which the case manager gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.

- In the Supportive Case Management model, the Brief Intake/Assessment is the sole mechanism for assessing client needs.
- In the Comprehensive Case Management model the Brief Intake/Assessment allows initiation of case management activities until a Comprehensive Assessment can be completed.

Screening Intake v. Brief Intake

Prior to completing an intake, all clients should be screened to determine:

- Appropriateness and/or client readiness for case management services.
- Financial eligibility for enrollment.
- Current enrollment in other case management programs.

The Brief Intake/Assessment may be used to screen clients to determine if they need case management services, and if so, to determine the model of case management most appropriate to meet a client's needs, and to assess the client's willingness and readiness to engage in case management services.

In the ADHCP the Screening/Intake process serves the purpose of the Brief Intake/Assessment and provides information for determining appropriateness of admission to the program and identification of immediate service needs.

Typical Screening Questions

What kinds of information should you be seeking during a screening intake? Here are some examples:

1. How did you hear about us?
2. Are you getting health care?
3. Where are you getting your health care? (give examples: local Department of Health, local clinics, local hospitals, private doctors, etc.)
4. What do you currently need help with?
5. Have you contacted anyone else for help (whether or not they helped you)?
6. Have you needed help in the past year?
7. Have you contacted anyone else for help in the past year (whether or not they helped you)?
8. Have you heard of any of these agencies? (list local agencies)
9. Have you gone to any of these agencies in the past? If yes, for what?
10. Has or does anyone visit you? And if so, who?
11. Do you have health insurance? What kind? Policy or MA number?

SOURCE: Adapted from the Long Island Care Network Case Management Committee Regional Policies and Procedures.

What is intake information used for?

CM Activities

Intake information provides the basis for initial case management activities leading up to the comprehensive assessment.

Immediate Needs

Immediate needs identified as a result of the intake should be addressed by the case manager promptly.

Service Planning

In the comprehensive case management model, an initial service plan is developed in conjunction with the intake.

A Crucial Time

The intake is a crucial time to begin building a professional, supportive relationship. The significance of the intake and the initial meeting with the client can often be diminished by staff and supervisors. The intake can be pivotal to the outcome of a case.

Rights of the Client

By law, the information received in an intake cannot be freely disclosed. Review the "Confidentiality" module of this course for more information.

Regardless of the program type, the intake process must include a signed consent, which indicates that the case management program has been explained and the client agrees to participate.

Lastly, a copy of the "client rights" should be given to the client.

Intake Forms

Case Management programs funded by New York State Department of Health, AIDS Institute (AI) must use intake forms that the AI has developed or approved.

Screening

Suggested screening questions can be printed from this course, from the **References >> Forms** area. Use either this form (or a form similar to this) to screen clients requesting services. The AI encourages you to adapt this form to your region (e.g., using agencies in their region).

Brief Intake

The AIDS Institute provides agencies with two sample Brief Intake forms. Both forms can be printed from this course, from the **References >> Forms** area. The COBRA version of the form includes a page to document antiretroviral medications taken by the client.

The Intake Process

Remember that the intake process is more than just filling out a form. Although the intake is the collection of identifying information, it is also a crucial time to begin building professional and supportive relationships with the client.

How you present yourself and the techniques you use to elicit information become very important components of the intake process.

What techniques can I use to get sensitive information from a client?

At the intake, the Case Manager (CM) is making an assessment of the client's surroundings, gathering initial information, and formulating an impression of the client. Moreover, the client is also formulating an impression of the CM and the agency. What techniques will build a relationship of trust and understanding?

- Put the client at ease or establish some rapport. Body language and nonverbal cues help to put the client at ease.
- Be prepared and make the work area conducive to conducting an intake.
- Conduct the intake in a private and confidential setting.
- Be culturally sensitive.

Clients experiencing even one of these issues may feel alienated from case management service providers.

A Time for First Impressions

A person will usually seek case management services to obtain assistance. Case managers generally understand their role in coordinating needed services, but many forget or may not be aware of the client's emotional state or feelings of vulnerability at this time. Requesting assistance from strangers or an agency may be embarrassing or humbling for some individuals. Placing someone at ease and recognizing these concerns can go a long way toward making a good first impression.

Cultural Sensitivity

Case management programs serve people of all backgrounds with many different issues. Cultural diversity should be defined broadly and include but not be limited to:

- Ethnicity
- Race
- Gender
- Sexuality
- Disabilities
- Age
- Religion

The AI can provide additional training on cultural diversity and sensitivity topics.

Sensitivity to Diversity

One cannot intensely study every culture. Instead, the intent of cultural diversity training is to sensitize CMs to the vast cultural distinctions that influence a person's values, customs, and mores. These distinctions may impact interactions, relationships, and the dynamics of case management services. Cultural diversity/sensitivity trainings also address the importance of providing services in a nonbiased and nonjudgmental manner and the barrier and obstacles caused by stereotyping.

Cultural Diversity Training for Case Managers is offered by the AIDS Institute at ten Regional Training Centers throughout New York State.

Engaging the Client

The art of engagement is a vital skill needed to successfully work with clients. A staff person who successfully engages a client at intake is more likely to successfully engage the client throughout the case management experience. Engaging a client to participate as a partner in the case management process is the desired outcome.

Engaging v. Enabling

Engagement should not be confused with enabling your client.

Enabling

Doing for the client, thereby denying a chance for independence and empowerment—the ultimate goals of case management.

Engagement

Doing with the client, as a friend would do, empowers the client.

An effective case manager listens to the client; assists the client in overcoming obstacles; helps address problems and access needed services. These qualities are similar to what people expect from a friend. It is not surprising that clients (and even some case managers) may become confused about boundaries.

Boundaries

Clear and healthy boundaries should be established from the start. The relationship between the case manager and client should be kept within the context of case management services. When staff relate to their clients outside their professional roles, a dual relationship may develop that crosses the professional / personal line. Blurred boundaries may have a harmful effect on both the client and the case manager.

A case manager's objectivity can quickly become compromised when boundaries are indistinct. Inappropriate conduct, poor judgment, and unrealistic expectations can result. Continued unprofessional behavior may, ultimately, lead to burnout. Case managers should accept the support and direction of their supervisors when boundary issues arise.

Professionalism

The case manager should maintain a friendly but professional demeanor. Empathetic, professional behavior will help elicit sensitive information from the client.

Professional responsibility is discussed further in the "Ethics" module of this course.

TEAMWORK (Module 4)

What does an effective team look like?

Effective teams tend to have these key characteristics:

- Commitment and loyalty
- Inspired leadership
- Specific, quantifiable goals
- Recognition
- Effective communication
- Performance—everyone does the work
- Aware of external environment—the big picture
- Open-minded, progressive thinking

SOURCE: List of characteristics adapted from the U.S. Coast Guard's "Unit Leadership Program" at <http://learning.uscg.mil/uldp/ULPResources/TeamworkULP.pdf>.

Commitment to Teamwork

Case management is not a job for just anyone. Case management staff often have to work independently and take action quickly when presented with an unexpected situation in the field. Although independence is an asset, there needs to be a balance between independent functioning and being a team player!

Common Goal

For a team to work at its greatest potential, all members must envision the same goal—a unified purpose.

All team members should have the same vision and a unified approach while working with a client. If one team member consistently reacts to the crisis and circumvents the team's goal, effectiveness will be undermined and the team's ability to function and provide effective services will be jeopardized.

Recognize Effectiveness

Everyone on a team has a role to play and is valuable. Supervisory staff should nurture all staff and accentuate the importance of everyone's role. Staff are more productive when morale is high and when they feel valued and appreciated. Recognition of excellent work should be publicly acknowledged and rewarded. Effective case managers will listen to other points of view, delegate responsibilities, and willingly accept supervision.

Everyone Does the Work

A team is as strong as its weakest member. For example, a team may work together to help a client become ready to accept a new referral, only to have one team member be 15 minutes late to pick up the client for that first "intake" appointment. Similarly, if communication between team members is not reliable, one member of the case management team may inaccurately document the correct date for that appointment, causing another team member to show up to assist the client on the wrong day.

Positive outcomes for persons living with HIV/AIDS are achieved when people work together.

The Big Picture

For a team to work at its greatest potential, all members must envision the same goal—knowledge of the "big picture." Team members can easily get caught up in a client's daily or weekly crisis, whether the situation is homelessness or substance use. Effective team members will focus on the "big picture" instead of the daily crisis.

Teamwork: Objectives

After completing this module, you will be able to:

- List at least three characteristics of effective teams.
- Describe how the structure and components of COBRA case management (or Community Follow-up Program – CFP) are based upon the principles of teamwork.
- Describe a team approach to case conferencing.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

The "big picture" or long-term goal is to assist the client in achieving stability. Effective team members will be open-minded to avoiding the quick fix and to thinking about the client's big picture issues in a progressive manner.

Being Open to Teamwork

Solving the issues brought in by an HIV/AIDS client may take the shared ideas and resources of your colleagues. Teamwork has its own benefits, such as:

- Better decisions
- More involvement
- Everyone knows what's going on
- Everyone feels connected and part of the work being done
- Diversity of ideas

Also be aware that working within a team can be time-consuming, expose conflict, reveal a lack of knowledge and experience, and result in a lack of ownership and responsibility. Understanding these pitfalls might help you avoid or minimize potential problems.

SOURCE: Adapted from the U.S. Coast Guard's "Unit Leadership Program" at <http://learning.uscg.mil/uldp/ULPResources/TeamworkULP.pdf>.

How is the COBRA model based on teamwork?

What is the COBRA model?

The COBRA Community Follow-Up Program (CFP) is a NYS initiative under Comprehensive Medicaid Case Management. The program provides family-centered, intensive case management services. The targeted Medicaid-eligible populations include HIV-infected persons and their families, and high-risk individuals for a temporary period of time.

SOURCE: "Case Management Service," NYS Department of Health website at <http://www.health.state.ny.us/diseases/aids/about/casemgmt.htm>.

Team Approach

The CFP model utilizes a team of case managers and paraprofessionals to provide more comprehensive and intensive case management. The structure and components of COBRA case management include at least this staff:

Case manager

The case manager guides and directs the team's work and provides billable services to clients (e.g., assessments, service planning, home visits, advocacy, crisis intervention, referrals).

Case manager technician

The case management technician, like the case manager, provides billable services, but does not guide and direct the team.

Community follow-up worker

The community follow-up worker provides nonbillable services (e.g., Medicaid eligibility assistance, client documentation and records).

Adopting This Model

Many grant-funded case management programs have been adopting the COBRA structure because of its success. Teamwork is essential in order for case management to occur and be successful. Even with only one case manager per case load, a foundation of teamwork can exist. For example,

- Other staff may serve as back-up when there are vacations and sick leave.
- Team members such as supervisors and administrative staff may work behind the scenes.
- Effective supervisors provide guidance and support to their case managers.

- Administrative staff may conduct a host of supportive duties that assist case management programs in daily functioning.
- Agency support from administration in the form of supportive structures (i.e., clinical supervision, scheduling training, etc.) help unify and promote team competency.

Working as a Team

Case management, no matter which model, cannot be successful unless there is a strong foundation of teamwork. The structure and components of COBRA case management (i.e., case manager, case manager technician, and community follow-up worker) are based upon the principles of teamwork. These activities are essential in supporting the whole team. The team members must consistently and effectively communicate with each other, support each other, and participate in regular case conferencing.

How is teamwork used in case conferencing?

What is case conferencing?

Case conferencing is an integral part of effective and successful case management. The purpose of case conferencing is to coordinate services and activities with the CFP team and other providers. It is teamwork at its best.

Case conferences are encounters between a case manager and a clients' other service providers. Service providers may include physicians, medical social workers, benefits case workers, drug counselors, family members, or others outside the CFP team that provide or coordinate services for the CFP client.

Case conferences may be face-to-face, by phone, or by videoconference. They are held at routine intervals or during significant change and are always documented in the client's record.

SOURCE: For more information, see **TAB #01B-03** in the References area of this course.

Case Coordination

Case conferencing can occur as regularly scheduled team supervision, which is an opportunity for the team members (i.e., Case Managers, Case Management Technicians, and Community Follow-up Workers) to explore obstacles, barriers, and successes. This is internal case conferencing, or case coordination. Discussions solely among team members are not considered case conferences and, therefore, are not billable.

Case coordination between the CFP team and other internal programs within agencies, as well as discussions solely among team members, is an essential part of the case conference process.

SOURCE: For more information, see **TAB #01B-03** in the References area of this course.

How is teamwork used in internal case conferencing?

Case coordination (i.e., internal case conferencing) includes regular communication, information sharing, and collaboration of case management and other staff serving the client within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes.

In effective case coordination, the case management team identifies, advocates for, and secures the services determined to be appropriate for a particular client, and does follow-up to determine that the client is receiving these services. Effective teamwork will prevent duplication of services and ensure that appropriate, quality services are being received.

SOURCE: "Standards For HIV/AIDS Case Management," Department of Health AIDS Institute, p. 4-18.

How is teamwork used in external case conferencing?

External case conferencing involves outside agencies, medical providers, and other community-based services involved in providing services to the client. Effective teamwork between these parties will ensure

a seamless delivery of service, minimize duplication, and address the client's needs. A collaborative and supportive environment can be especially useful for providers and the client when difficulties arise.

Case conferencing can provide holistic, coordinated, and integrated services across providers. Case conferences are usually interdisciplinary and include one or multiple internal and external providers and, if possible and appropriate, the client, family members, and close supports—all can be part of the team.

SOURCE: For more information, see "Standards For HIV/AIDS Case Management," Department of Health AIDS Institute, p. 4-18, and [TAB #01B-03](#) in the References area of this course.

CONFIDENTIALITY (Module 5)

What is the confidentiality law?

New York's HIV Confidentiality Law is part of the state's Public Health Law (PHL). The Confidentiality Law is actually contained in different parts, or articles, of the PHL.

The legislation gives privacy protections for people at risk for and infected with HIV.

Article 27-F



The original and most important part of the HIV Confidentiality Law is often called Article 27-F, because it is contained in Article 27-F of the PHL. Article 27-F establishes the basic legal rules in New York that govern:

- Confidentiality and disclosure of information about individuals who have been tested for or diagnosed with HIV infection or related illnesses, including AIDS, and
- HIV testing.

Article 21, Title III

New York's 1998 HIV Reporting and Partner Notification Law amended Article 27-F in some ways and added a new article to the PHL—Article 21, Title III. These provisions establish the current legal rules concerning:

- Reporting of cases of HIV infection, HIV-related illness and AIDS to state and local public health authorities,
- Contact (or partner) notification, and
- Disclosures of HIV information in occupational exposure incidents.

Together, these (and some related PHL provisions) articles—Article 27-F and Article 21, Title III—make up what people call the state's HIV Confidentiality Law.

Legislative Intent

When it first passed Article 27-F in 1988, the Legislature included a statement of "legislative intent" to explain why New York needed this law.

Confidentiality: Objectives

After completing this module, you will be able to:

- Summarize the intent and basic requirements of NYS's HIV Confidentiality Law.
- Describe the basic legal rules/regulations within Article 27-F.
- Describe the definition of "protected individuals" covered by the HIV Confidentiality Law.
- Identify the four questions to determine if something is "confidential HIV-related information."
- Describe the types of "disclosures" of confidential HIV-related information.
- Identify how to complete the different areas of the HIV Release Form (DOH-2557)

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

The Legislature gave two main reasons for establishing strong privacy protections for people at risk for and infected with HIV:

1. There is a public health need for the law.
2. There is a need to protect people from HIV-based discrimination and stigma.

Need to Protect

There is a public health need for the law.

The Legislature said strict confidentiality protections (and clear and certain rules about disclosing HIV-related information) are needed to encourage people at risk for HIV to voluntarily learn their HIV status, get appropriate treatment and change behavior to avoid becoming infected or infecting others.

There is a need to protect people from HIV-based discrimination and stigma.

The Legislature said strong confidentiality protections are also needed to limit the risk of discrimination and stigma and limit harms to the privacy of people who are at risk for or living with HIV and AIDS.

Protecting the Flow of Information

The law is intended to keep the information within the health and social service systems where it can be used for the appropriate care and treatment of the client and away from other areas where the information can be used to discriminate against the HIV-infected or at-risk person.

Therefore, the information can flow without special authorization to individuals within the health or social service setting who provide care, treatment and services and to those who must have access to individual service records (e.g., billing clerks) in order to perform their functions. In the health setting, all HIV-related information must by law be included in the person's medical record and the facility must develop protocols for access to medical records.

The first thing a front-line provider should do is become familiar with those protocols. The facility must also provide confidentiality training to those who have access to the information.

Why You Need to Know

Health and human services providers should understand why New York State has a Confidentiality Law. Under Article 27-F every state agency authorized to receive HIV-related information about an individual is required to have regulations that provide guidance on the law's implementation in 1) the agency's setting, 2) local government units involved in providing or administering the agency's programs and services, and 3) providers that the agency regulates or monitors.

Department of Health Regulations set important standards that other state agency regulations generally follow. It is important for providers to understand the regulations that apply to them.

How is the law implemented?

Article 27-F requires each State Health and Human Service Provider agency that deals with HIV-related information about individuals to have its own set of regulations implementing the HIV Confidentiality Law.

The law gives the New York State Department of Health (DOH) an important leading role (i.e., statutory authority)—both in establishing key standards and in implementing and enforcing the law. The DOH regulations implementing the law are called HIV/AIDS Testing, Reporting and Confidentiality of HIV-Related Information.

- These are in Part 63 of Title 10 of the New York Code of Rules and Regulations. (The legal citation for this is 10 NYCRR Part 63.)

DOH's Leading Role

DOH is the "lead" agency for the HIV Confidentiality Law, in two ways:

- As the agency that regulates health care facilities in New York, DOH is responsible for issuing the regulations that say how these health care providers must comply with the law's requirements.
- DOH is responsible for setting some important general standards and rules that apply to everyone who must comply with the law.

Other State Agencies' Regulations

Application

The law requires every other New York State agency authorized to obtain HIV-related information about individuals to issue its own HIV confidentiality regulations. Each of these agencies' regulations apply to:

- The agency's own staff and operations, [contractors and agents],
- Local government units involved in providing or administering the agency's programs and services, [their contractors and agents], and
- Programs and providers that the agency regulates or funded providers as required by contract language.

What this means

Know the regulations that apply to you. This is why, in addition to understanding the basic requirements of the HIV Confidentiality Law, providers need to understand the Article 27-F regulations of any agency that funds or governs them.

DOH regulation—a good guide

Since other State agencies followed DOH's lead in essential respects, the basic rules for handling HIV-related information are the same across the State.

5 Basic Mandates

As mandated by Article 27-F, each State agency's HIV regulations must require the State agency—and the local government units and providers the agency funds, regulates, or monitors—to develop policies and protocols to address five major concerns.

These five mandates are to:

1. Have policies and procedures to safeguard the confidentiality and prohibit any unauthorized disclosure of confidential HIV-related information, inside or outside the agency.
2. Establish rules specifying when there is a reasonable need for the State agency (and any involved providers and local government agencies) to get or use confidential HIV-related information for the purpose of supervising, monitoring, administering or investigating the programs and health or social services the agency is concerned with.
3. Establish internal "need to know" policies specifying which employees are authorized to have access to and share confidential HIV-related information in the course of carrying out their duties.
4. Provide safeguards to prevent discrimination or abuse of people [clients] who have been tested for or diagnosed with HIV/AIDS.
5. Have protocols to prevent and deal with occupational exposure incidents where there is a [significant] risk of HIV transmission.

How is the law enforced?

The Special Investigation Unit in the AIDS Institute has statewide responsibility for oversight and enforcement of Article 27-F.

The Special Investigation Unit receives and processes all complaint reports of alleged violations of Article 27-F that occur in, or by, health and social service agencies and providers. The unit also directly investigates violations that occur in unregulated entities and by physicians in private practice. Complaint reports regarding alleged violations in licensed health care facilities are referred to the appropriate bureau within the New York State Department of Health for investigation, under relevant or applicable regulations, with consultation provided by the Special Investigation Unit, as needed.

Confidentiality and Human Rights

Often health and human services providers, especially case managers, are approached by a client who believes their HIV confidentiality has been violated. It is important for health and human services providers to be aware of recourses clients can take if they have had their rights violated and to provide that client with referrals and resources. Health and human service providers also need to know what might happen if they breach a client's confidentiality.

Outreach and Training

The Office of AIDS Discrimination is funded, in part, to provide outreach and training and to investigate cases involving discrimination related to HIV/AIDS.

The AIDS Institute's Special Investigation Unit also provides confidentiality training and technical assistance to providers.

Penalties

Agencies and individual employees who are found to have violated the HIV Confidentiality Law face the possibility of civil fines up to \$5,000 and/or one year of jail for each violation. Any person or agency who discloses, compels another person to disclose, or procures the disclosure of confidential HIV-related information in violation of the law is subject to a fine of up to \$5,000 and/or one year of jail for each occurrence.

Complaints

Complaints can be made by calling the AIDS Institute Special Investigation Unit (SIU) at (212) 2686141. No special complaint form is needed, but one is available from SIU or individuals may get one by calling the HIV Confidentiality Hotline at 1-800-962-5065.

The Special Investigation Unit works closely with the New York State Division of Human Rights Office of AIDS Discrimination Issues to resolve cases where disclosure of HIV-related information resulted in discrimination.

Individuals may also bring a civil lawsuit to recover money damages and pursue other remedies for violations of their confidentiality rights under Article 27-F.

How do we handle "confidential HIV-related information?"

You may not disclose any confidential HIV-related information about a protected individual unless:

- You have the special, proper, written HIV-specific consent required by the law, or
- You are permitted to disclose it under one of the law's specific exceptions authorizing the information to be disclosed without a HIV-specific consent.

A protected individual is any person who:

(1) has had an HIV-related test

OR

(2) has an HIV-related diagnosis

Protected Individuals

Protected individuals under the law include those who are diagnosed with HIV or an HIV-related illness and those who have had any HIV-related test—even if the test results are not yet known, are negative, or are never given to the person tested.

The very fact that a person has been tested for HIV makes that person a protected individual, and the confidentiality of that test is protected by the law, whether or not the person tested is diagnosed with HIV infection or illness.

Confidential HIV-Related Information

What information does the law protect?

The law protects any "confidential HIV-related information" that is in the possession of any individual or agency covered by the law (a "covered person").

What is confidential HIV-related information?

The law (PHL § 2780.7) defines "confidential HIV-related information" as:

- Any information concerning whether a person has been tested for or diagnosed with HIV infection, HIV-related illness, or AIDS, and
- Any information that identifies or reasonably could identify a person as having HIV infection, HIV-related illness or AIDS, including
- Information pertaining to such a person's contact(s) (or partners).

What is not confidential HIV-related information?

"Confidential HIV-related information" does NOT include information about a protected individual/contact that is not HIV-related and/or is not personally identifying and/or is in the possession of a non-covered agency/person.

What "Confidential HIV-Related Information" means in practice

Ask these four questions to determine if something is confidential HIV-related information. If the answer to each question is "yes," it is confidential HIV-related information protected by law.

1. Is this HIV-related information? (Is it about an HIV-related test or HIV-related diagnosis?)
2. Is it information about a specific, identified or identifiable individual? (Does it directly or indirectly identify a specific person?)
3. Does it reveal that this person has been tested for or diagnosed with HIV/AIDS – or is the contact of such a person? (Does it directly or indirectly reveal the person's identity as a protected individual – or identity as such a person's contact?)
4. Is it in the possession of someone who is covered by the law and must comply with its confidentiality requirements?

People who must comply with the law

Case managers are not the only staff who must comply with Public Health Law.

It is important for health and human services providers to understand the basic information about who is protected and covered under the law. Providers also need to know how to handle confidential HIV-related information so that it may be used for the appropriate care and treatment of the individual and be kept away from areas where the information can be used to discriminate against the HIV-infected or at-risk individual.

What does "disclosing" confidential information mean?

A disclosure means the communication of any confidential HIV-related information to someone else. Different types of disclosures are covered under the law including: oral, written, and computerized information, indirect as well as direct disclosures, passive and active disclosures, unintentional / inadvertent as well as intentional or willful disclosures.

Direct & Indirect Disclosure

Communicating confidential HIV-related information in any form is a disclosure:

- In speech, including in person or on the telephone.
- On paper and in written records.
- Electronically, including on computers or in e-mail.

An indirect disclosure is one that:

- Reveals a person's identity, even if he or she is not named directly, and/or
- Reveals a person's HIV status, (status as someone who has been tested for or diagnosed with HIV), even if the fact that the person has been tested or diagnosed is not stated directly.

Passive (Unintentional) & Active (Willful) Disclosure

Passive as well as active disclosures are ones that let others see or have access to confidential HIV-related information, such as leaving this information:

- On a computer screen that can be seen by others.
- On or in paper files visible to others.

The HIV Confidentiality Law covers unintentional or inadvertent disclosures as well as intentional or willful disclosures. Unintentional and inadvertent violations of the HIV Confidentiality Law, as are intentional and willful violations, are prohibited and punishable.

What is DOH-2557?

DOH-2557 is a NYS Department of Health form to be filled out and signed by the HIV/AIDS client, with the assistance of the case manager. The form authorizes release of confidential medical information, including HIV-related information. A printable PDF copy of the form is provided in the References area of this course.

This HIV release form complies with federal Health Insurance Portability and Accountability Act ("HIPAA") privacy regulations. HIPAA has specific requirements for "authorizations" for the release of health information.

A Single Form Authorizes Release

To facilitate referrals and access to care and services, the new HIPAA Compliant Authorization for the Release of Medical Information and Confidential HIV-Related Information (DOH-2557) allows case managers to use a single form to authorize release of general medical information as well as HIV-related information to more than one provider and to authorize providers to share information between and among themselves. These enhancements facilitate access to care and services and to minimize the number of forms that have to be completed.

For more information, see **HIPAA Compliant Authorization for the Release of Medical Information and Confidential HIV-Related Information** on the DOH website.

How to Complete an HIV Release Form

The Form

Agencies are encouraged to use the NYSDOH form DOH-2557, revised in August 2005 to be compliant with federal HIPAA. A printable PDF copy of the form is provided in the References area of this course.

The Instructions

The NYSDOH has provided detailed instructions on completing DOH-2557 in a Technical Assistance Bulletin (TAB). "**Completing the Form**" is available in the References area of this course. A printable PDF copy of the TAB is provided in the References area of this course.

Technical Assistance Bulletin

The **Technical Assistance Bulletin** in the References area of this course was developed by the AIDS Institute. This resource can be used by all service providers who use the revised HIV Release Form #DOH-2557 (08/05).

The TA Bulletin addresses frequently asked questions on the release form and also includes detailed information on how to complete the form. A copy of Form #DOH-2557 is also available in the References area of this course.

DOH-2557 replaces all previous versions of release forms, including the single release (#DOH-2557-HIPAA) and "six-box" case-conferencing forms (#DOH-3507). This and other forms can be downloaded from the DOH web site: www.health.state.ny.us/diseases/aids/forms/.

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) establishes a federal floor of safeguards to protect the privacy of medical records and other personal health information which is transmitted in electronic, written, or oral form. HIPAA went into effect on April 14, 2003.

For more information, see **Information Sheet for HIV Providers in New York State** in the References area of this course.

What do I need to know about HIPAA?

The Health Insurance Portability and Accountability Act is a federal mandate and not regulated by the NYSDOH. The NYSDOH does not have authority in matters related to it.

Most case management programs (including COBRA) are noncovered entities as defined by HIPAA. Since some case management programs may be covered entities (i.e., medical case management), ask your supervisor about your program. Specific questions can be directed to the Legal Action Center.

**Legal Action Center
163 Waverly Place
New York, NY 10014
(212) 243-1313
Fax: (212) 676-0286
E-mail: lacinfo@lac.org**

If there is a question as to which law (i.e., State v. Federal) applies, courts have ruled that the more stringent governing law is to be followed. In most cases Article 27-F is a more stringent law and will apply.

For more information about HIPAA and Article 27-F, consult the Legal Action Center's manual, HIV/AIDS: Testing, Confidentiality and Discrimination. Also see **Frequently Asked Questions About HIPAA** in the References area of this course.

SERVICE MONITORING (Module 6)

What is service monitoring?

Service monitoring is an important process in the spectrum of case management.

Multiple Steps / Multiple Processes

The spectrum of case management can include the following processes:

- Intake
- Assessment of needs
- Service planning
- Service plan implementation
- Service coordination
- Monitoring and follow-up
- Reassessment
- Case conferencing
- Crisis intervention
- Case closure

Implementing the Service Plan

The bulk of case management work occurs in the implementation of the service plan. For Brief and Comprehensive Service Plans, implementation involves carrying out tasks listed in the plan, including the following activities:

- Provider contact in person, by phone, or in writing.
- Assistance to client and collaterals in applications for services or entitlements.
- Assistance in arranging services, making appointments, confirming service delivery dates.
- Encouragement to client / collaterals to carry out tasks they agreed to.
- Direct education to the client / collaterals, as needed.
- Support to enable client / collaterals to overcome barriers and access services.
- Negotiation and advocacy, as needed.
- Other case management activities as needed by client, and as expected and permissible by program initiative.

SOURCE: "Standards for HIV/AIDS Case Management," NYSDOH AIDS Institute (2006), p. 4-12.

Monitoring Services

In general the type and frequency of contact should be based on client needs. However, some individual AIDS Institute initiatives may establish minimum requirements for frequency and type of case management contact by providers.

In the Comprehensive Case Management Model, client contact and monitoring are expected to be frequent and proactive in order to anticipate problems, stabilize the client's status, prevent crises, and support the client in achieving service goals. Expectations include face-to-face contacts, home visits, and accompaniment of clients to providers where necessary to ensure service acquisition.

In the Supportive Case Management Model, at a minimum, client contact and monitoring is required to follow up on referrals, determine the status of service acquisition, and to assess whether the client has further needs requiring additional case management services.

SOURCE: "Standards for HIV/AIDS Case Management," NYSDOH AIDS Institute (2006), p. 4-12.

Service Monitoring: Objectives

After completing this module, you will be able to:

- Recognize the importance of sharing up-to-date resources and referrals.
- Explain at least three behaviors that may create a recipe for success when building professional and productive relationships with outside providers.
- Defend the importance of documenting outcomes.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

Why should I share information I've found on my own?

One of the most important tasks of a case management agency is to have current resources and referrals on hand at all times. Resources and referral sources frequently change. As case managers continue to grow in their jobs, they learn which referrals are appropriate, effective, and best suited for their clients.

An effective case manager will be part of the agency's team—sharing knowledge, resources, and referrals.

Don't re-invent the wheel!

Resource and referral information needs to be shared with co-workers, particularly new staff.

It is pointless for a new case manager to start off "hunting" for commonly used referrals and resources. This information should be at their fingertips and part of the initial orientation.

Sharing Eligibility Criteria

Another important task of the case manager is to learn how to access referral sources expeditiously. Most referral sources have certain eligibility criteria. The case manager is responsible for knowing these requirements and how to access these resources.

Eligibility Criteria Example

The critical "need to know"

If a client needs either detoxification or rehabilitation treatment for drug and or alcohol use, case managers must know the eligibility criteria for these treatment facilities. In many cases, these facilities are funded by the New York State Office for Alcoholism and Substance Abuse Services (OASAS). The funding source often requires that alcohol use be the primary condition in order to be treated. Thus a client must present with alcohol use. A client, in order to be admitted to the facility, would need to be abusing BOTH alcohol AND cocaine or crack. Available beds at these treatment facilities are difficult to obtain, so it is essential that case managers know (and share with co-workers) the eligibility criteria to properly and effectively assist their clients in a timely manner.

Sharing Information

A client's financial circumstances should also be examined. Sometimes facilities accept only private insurance or Medicare. This eliminates clients who only have Medicaid or are uninsured. Some drug and alcohol treatment facilities will treat a person regardless of ability to pay. This kind of information is not usually "advertised," and case managers need to research what is available in their area.

The New York State Office for Alcoholism and Substance Abuse Services (OASAS) website has referral information, eligibility criteria, and links. The site can be accessed at <http://www.oasas.state.ny.us/index.cfm>.

Recipe for Success

Networking and building professional relationships are skills that all successful professionals rely upon. Case management is not any different. Effectively accessing resources and referrals is a key component of the case manager's job and allows for greater success in service plan goal achievement.

R-E-C-I-P-E

R is for Reputation.

Your agency and you as an employee need to establish a good reputation. For example, as a worker you should return phone calls promptly; you should follow-up on your client's services and follow through on whatever is necessary. You stick with the task and complete it. You are reliable and outside providers recognize this about you and respect you for it.

E is for Enthusiasm.

You must be enthusiastic when you are seeking services (or at least sound it!). Your enthusiasm can be contagious with the provider you are accessing. At the very least the provider may be more helpful in directing you where you need to go if they can't provide the services your client needs.

C is for Complimentary.

BE COMPLIMENTARY. Treat people as you want to be treated. If you have worked with them before, let them know how much you appreciated their services or their prompt attention. Just like you, they like to know their efforts are important and noticed. Remember, you get much more with sugar than vinegar! Try to develop a mutually supportive relationship. Tip: If you have a good experience with a provider, send a thank you note. The next time you call upon that provider, you will likely get fast and helpful attention.

I is for Initiative.

As a case manager you always need to take the initiative. If you are working with another provider, offer to assist in the process (i.e., drop off completed forms or applications that they need, etc.). Taking the initiative also means always looking for new and innovative resources. Don't stick with traditional resources. Tip: Big Brother and Big Sister Programs many times have long waiting lists in certain regions. There are other professional groups that provide mentorships for adolescents (i.e., 100 Black Men and 100 Black Women). If you call upon a local organization for a needy family with a child who needs mentoring (providing you have proper release forms) you may find non-traditional groups that can help.

P is for Professionalism.

You should always act in a professional manner. You can be a strong advocate without losing your temper or patience, even when you are dealing with difficult workers. If you are not getting anywhere or are treated disrespectfully then don't waste your time, call their supervisor. Go through the chain of command, always in a professional manner and you will probably get what your client needs. If the agency is worth accessing, then a problem should be appropriately resolved this way. Do not burn bridges; instead, build better bridges through communication.

E is for Everyone needs to be Savvy!

Being savvy means you know the resources in the area, you know the criteria so you can expedite the process, you have built relationships with staff who work there, and finally you are someone who providers want to deal with, not avoid!

Why document?

After a case manager has done all the legwork, found appropriate referrals and has accessed them, then what? All of this work must be documented in the client's file and service plan as an outcome.

Oversight of service plan implementation is the responsibility of the case manager. Documentation is a requirement for all case management programs.

Evidence

Implementing the service plan requires numerous steps, such as:

- Follow-up phone calls to providers.
- Letters requesting services.
- Client follow-up in person, by phone, or in writing.
- Assistance in arranging services, making appointments, confirming service delivery dates.
- Encouragement to client and collaterals to carry out tasks they agreed to.
- Direct education to the client and collaterals as needed.
- Support to empower client and collaterals to overcome barriers and access services.
- Negotiation and advocacy.

If all this work is not documented in the client's file—if no record exists that the case manager diligently completed all of the work—it never happened!

Types of Documentation

Establishing a client's case record can include the following documentation:

1. Written progress notes for all client contacts or case management activities made on the client's behalf. Progress notes in the case management record detail the advancement of the case management effort for client and collaterals and record actual outcomes of activities.
2. When clients are referred for case management services elsewhere, case notes include documentation of follow-up and level of client satisfaction with placement.
3. All required forms.
4. Staff signatures and dates of service; supervisory review and signature signifying approval.

Documentation as Feedback

If outcomes are not documented in the service plan, the client is not getting this feedback. In other words, the client is not aware that an objective has been successfully completed.

Documenting achievement is a successful technique for keeping your clients motivated. Show your clients what they have achieved. Keep them motivated and working on future objectives and goals.

Documenting Outcomes

One of the most common deficiencies cited in AIDS Institute monitoring visits is lack of outcomes documented in the service plans. After the case manager has completed the hardest part of the job—finding and accessing the resources—it is often not noted as a successful outcome to an objective or goal. Service monitoring is follow-up—documenting the status of services that are or are not:

- Delivered as expected.
- Utilized by the client.
- Satisfactory to the client.
- Appropriate to the client's continuing needs.
- Resulting in positive outcomes.

If you don't document it, it didn't happen!

ETHICS (Module 7)

What are ethics?

The word itself—ethics—comes from the Greek ethos, meaning "custom." Ethics make up the customs of a group—the collected core values, principles, and standards.

The National Association of Social Workers (NASW) has developed a code of ethics to guide a social worker's conduct. Many case management programs have used this document as a guide to develop internal standards, policies, and procedures.

Constellation of Core Values

The mission of the social work profession is rooted in a set of core values. These core values, shared by case managers everywhere, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice

Ethics: Objectives

After completing this module, you will be able to:

- Share beliefs and boundary issues related to professional conduct.
- Recognize NASW core values and principles that have been used as a basis for local agency standards.
- Describe fraudulent activities.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession.

SOURCE: Adapted from "Preamble," Code of Ethics of the National Association of Social Workers, Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

Code of Ethics

Core values and ethical standards should be applied to clients as well as to staff and outside colleagues.

"The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations....Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional."—Code of Ethics of the National Association of Social Workers

Professional Ethics

This course has focused on what case management is and how to provide effective case management services. Another important topic is the ethical standards that should be followed by each case management program and its staff.

The AIDS Institute does not provide agencies with an ethical code or list of standards. It is up to each provider to develop agency standards and policies and procedures that address unethical, inappropriate, or unlawful behavior.

Ethical Responsibilities

The NASW Code of Ethics delineates ethical standards relevant to professional activities. Some of the standards are enforceable guidelines for professional conduct and some are aspirational. The extent to which each standard is enforceable is up to your agency and the AIDS Institute—remember, the funding source sets the standards.

The Code of Ethics (**available as a PDF document in the References area of this course**) outlines the ethical responsibilities that a case manager has

1. To clients,
2. To colleagues, and
3. As a professional.

Ethical Responsibilities to Clients

In general, your clients' interests are primary. Your work is to respect and promote their right to self-determination and assist them in their efforts to identify and clarify their goals. Take reasonable steps to safeguard the interests and rights of those clients who lack the capacity to make informed decisions.

Securing informed consent and protecting a client's right to privacy are both ethical and legal responsibilities. Informing clients consistent with their level of understanding, culture, and social diversity is your ethical duty.

SOURCE: Code of Ethics of the National Association of Social Workers, Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

Ethical Responsibilities to Colleagues

Treat colleagues with respect, including fairly representing their views and respecting the confidentiality of shared information.

Teamwork and collaboration are both ethical and professional behaviors. Case managers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-

being of clients by drawing on the perspectives, values, and experiences of the profession. Keep informed about colleagues' areas of expertise and competencies.

Perhaps the most difficult, debatable, and misunderstood responsibility you have to your profession and your colleagues involves what is known as "self-policing." The NASW Code of Ethics encourages you to consult with a colleague whose impairment, incompetence, or unethical conduct might be interfering with his or her practice and effectiveness. Whether because of personal problems, psychosocial distress, substance abuse, or mental health difficulties, a colleague's missteps can affect everyone.

SOURCE: Code of Ethics of the National Association of Social Workers, Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

Ethical Responsibilities as Professionals

As a professional,

- Be honest about your competencies.
- Keep current with emerging knowledge relevant to your field.
- Avoid facilitating any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.
- Don't permit your private conduct to interfere with your ability to fulfill your professional responsibilities.
- Avoid any association with dishonesty, fraud, or deception.
- Don't allow your own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with your professional judgment and performance or to jeopardize the best interests of people for whom you have a professional responsibility.
- Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the profession, a professional organization, or employing agency.
- Take responsibility and credit only for work you have actually performed and to which you have contributed.

SOURCE: Code of Ethics of the National Association of Social Workers, Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

What activities are considered fraudulent?

Fraud—the art of deliberate deception for unlawful gain—is as old as history.¹ Apaté, the Greek goddess of fraud and deception, was released into the world by Pandora, and the rest is history. A fraudulent act is often called a scam, rip-off, sham, deceit, or hoax. The motivation behind a fraudulent act can range from individual, selfish gain to an altruistic sense of retribution against "the system." Fraudulent activities can range from documenting false information in a client's file to assisting with a client's application for entitlements while knowing that inaccurate information is being submitted.

¹ From "White-Collar Crime," Federal Bureau of Investigation website at <http://www.fbi.gov/whitecollarcrime.htm>.

First, things first! Any type of fraudulent activity is considered unethical and may even be unlawful. Fraudulent activities can range from assisting your clients to apply for entitlements while knowing that they are submitting inaccurate paperwork to documenting false information in a client's file.

Remember to always document factually.

Accountability: Case managers and agencies are accountable for the services they provide. The AIDS Institute and other funding sources (e.g., Ryan White, Medicaid) audit agency documentation for an accurate reflection of the services rendered. Fraudulent documentation could jeopardize an entire program and have very costly consequences.

Understand that honesty is always the best policy! Your reputation and integrity are at stake if you commit a fraudulent activity.

Don't commit fraud! Case managers typically have a lot of autonomy and independence when it comes to their schedules in and out of the office. Accurately reflect the work that you are doing in the client's record. Do not document false information in the client's file, in your billing records, or on your time sheet—or anywhere else, for that matter!

WRAP-UP (Module 8)

What key points should I take away from this course?

Case management is a demanding and difficult job. It also can be very rewarding. The goal of this curriculum has been to provide the basic elements needed to be an effective case manager.

Review Key Points

AIDS Institute (AI) Definition of Case Management

Case management is a multistep process to ensure timely access to and the coordination of medical and psychosocial services for people living with HIV/AIDS and, in some models, their family and/or close support system.

Goal of Case Management

The goal of case management is to empower the client.

Two Service Models Supported by AI

Comprehensive (proactive and intensive) and supportive (responsive and maintenance levels)

Intake

The intake is the collection of identifying information about the client, family, caregivers, informal supports, and the presenting issues/problems. Be engaging, not enabling.

Teamwork

Strike a balance between independent functioning and being a team player in case coordination and case conferencing.

New York's HIV Confidentiality Law

You may not disclose any confidential HIV-related information about a protected individual without informed consent. Article 27-F and Article 21, Title III of Public Health Law are implemented by NYSDOH regulations. Confidentiality protections encourage people at risk to take action.

DOH-2557

Wrap-Up: Objectives

After completing this module, you will be able to:

- Share experiences with other participants.
- Identify additional training offered in HIV/AIDS Case Management.
- Review key points of this online course.
- Compare your pretest and posttest scores.
- Evaluate the course.
- Print a Letter of Completion.

Remember these objectives as you "learn by doing" and complete the items on your To-Do List. You may [review this module's content](#) now or later.

A single form authorizes release of general medical information as well as HIV-related information to more than one provider and authorizes providers to share information between and among themselves.

Service Monitoring

Part of the spectrum of case management (i.e., intake, assessment of needs, service planning, service plan implementation, service coordination, monitoring and follow-up, reassessment, case conferencing, crisis intervention, and case closure) that involves implementation of the service plan. If you don't document it, it didn't happen!

Standards and Ethics to Follow

The AIDS Institute's "Standards for HIV/AIDS Case Management" (2006) and Code of Ethics of the National Association of Social Workers

Oversight and Training

Agencies also have a responsibility to provide strong supervision and to continue to offer ongoing training to staff. This course is just the tip of the iceberg!

Can I take more training?

For additional training in HIV/AIDS Case Management, consider attending the following trainings at your Regional Training Center:

- Enhancing the Partnership Between Client and Case Manager
- Serving Families: From Assessments to Service Plans
- HIV Disclosure: Deciding Who and When to Tell
- Building Bridges to Cultural Competency
- Every Word Counts: Improving Documentation Skills for Case Managers

The Centers of Expertise in Case Management also offer a variety of new and advanced skill-building courses in case management. Check the current Statewide Calendar of HIV/AIDS Training for more information at: <http://www.health.state.ny.us/nysdoh/aids/training.htm>.

Congratulations for choosing such a difficult job! Our team wishes you and your team great success!

Monitoring Employee Progress

Supervisors are encouraged to respect the privacy of the online learner and understand adult learning principles. Information may be found on Yale University's Web page "Principles of Adult Learning" at <http://www.library.yale.edu/training/stod/principles.html> or Penn State's "Working with Diverse Students including Adult Learners" at <http://ttt.its.psu.edu/suggestions/research/diversity.shtml>.

Any monitoring should be discussed with employees before registration. Because of user privacy rights, information about employee progress and achievement will not be transmitted electronically. Participants are responsible for providing their supervisors with required information. Supervisors may ask an employee to print course pages that will indicate progress and achievement.

1. Main Menu: Participants who print their Main Menus are relinquishing this information: (1) First and Last Name, (2) Status of Modules "Unvisited," "Started," and "Completed," and (3) the date of registration. See Figure 8.

The screenshot displays the 'Introduction to Case Management' Main Menu for Dale Glenn. The menu items and their status are as follows:

Module	Status
Pretest	Completed
Introduction	Completed
Case Management Basics	Completed
Intake	Completed
Teamwork	Unvisited
Confidentiality	Unvisited
Service Monitoring	Unvisited
Ethics	Started
Wrap-Up	Unvisited

A legend titled 'Main Menu Options' defines the status keys: Unvisited (grey circle), Started (green circle with 'S'), and Completed (blue circle with 'C'). A box at the bottom of the menu states: 'Dale Glenn registered on January 25, 2007.'

Figure 8: Monitoring information on a participant's Main Menu

2. To-Do List: Selecting a module from either the Main Menu or a navigation "Tab" across the top of the screen will display the To-Do List and objectives box for that module (see Figure 3). Participants who

print these pages are relinquishing their progress status through the module—as an activity is completed, it is checked off (see Figure 9).



Figure 9: Examples of Unvisited, Started, and Completed To-Do Lists

3. Pretest / Posttest Scores: Wrap-Up is the final module. Completing the posttest, the evaluation, and printing the Letter of Completion are the last three activities and the only three activities that a participant **must** do after all other work is complete. A participant who tries to complete the posttest **without** completing the course is denied access to the posttest (see Figure 10).

[Wrap-Up](#) » [To-Do List](#) » Complete Posttest

Test Yourself!

Pretest

You scored 25% on Wednesday, 3/28/07 on the pretest.

Posttest

You have not taken the posttest yet.

You must complete all to-do list activities before taking the posttest—including the first three activities in Wrap-Up.

[Go to Wrap-Up To-Do List](#)

Remember: The [Main Menu](#) displays the status of your To-Do List completion.

Figure 10: Examples of Unvisited, Started, and Completed To-Do Lists

When this posttest page prints with a posttest score, all activities have been completed (except the

evaluation and printing the completion letter). See Figure 11.

[Wrap-Up](#) » [To-Do List](#) » Complete Posttest

Test Yourself!

Pretest

You scored 25% on Wednesday, 3/28/07 on the pretest.

Posttest

You scored 92% on Wednesday, 4/4/07 on the posttest.


Take the posttest again 

Figure 11: Printing the posttest page indicates course completion

NOTE: Participants are told that all scores and assessments are for self-evaluation. Asking an employee for any form of course achievement should be discussed with the employee before the course begins. Because posttests are tools of self-assessment, participants may take posttests more than once.

Online Learning

This section reproduces the **HELP** area of the online course.

Quick Help

1. How do I begin the course?

The [Welcome \(For New Users\)](#) page describes how to navigate through the eight modules. Modules are like lessons, and, although they do not have to be taken in any order, we recommend that you begin with [Introduction](#) and work through them in order.

Each module has a "To-Do List," from which you may choose any activity. These activities are designed to familiarize you with content developed by the AIDS Institute. If you're asked to do something you don't know, choose to "Ask the Team" (no need to select an individual team member). At the end of the activity you may assess your understanding. If you think you understand the concept presented, go on to another activity. If you need to repeat, you may. The learning is up to you!



The objectives for each module are conveniently located near the To-Do List, but if you have questions about what you need to know, always consult with your supervisor. Your progress is tracked by how you navigate through the modules, so try to always use the navigation of the course instead of your browser's navigation Back and Forward buttons.

2. How do I know what's in a module?

Each of the eight modules begins with a To-Do List and the learning objectives for the module. Remember to always consult with your supervisor to determine your personal learning objectives.

A link to the content of each module—equivalent to a Participant Manual (without interactions)—is available from the To-Do List and Objectives list.

Select REVIEW CONTENT (TEXT ONLY).



In the Review Content file, you may scroll down or print the entire contents of the module—before, during, or after an activity. The To-Do List activities are all based on this content. The Review Content file contains all of the Ask the Team content.

3. How do I know where I am in the course?

Each module is listed directly below the header. The module that you are working on (e.g., Teamwork) will be in an "open" position.



While in a To-Do List activity, you'll see additional guidance, a "trail" of where you are—beginning with the name of the module—and a link back to the To-Do List.

[Intake » To-Do List](#) » Video Activity: "An Intake Gone Wrong"

4. How do I know what I've completed?

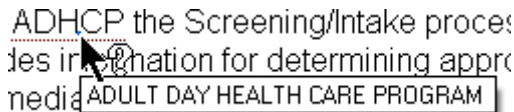
Your goal is to complete all of the tasks on your To-Do List. A task will be checked off when it is complete, and then you may select another. Even though a task is complete, feel free to redo the activity as many times as you want! The learning is up to you!

- C Pretest** The Main Menu keeps track of the modules you've completed, started, and haven't started.
- S Introduction**



5. How do I know why a word is underlined?

Occasionally you may see a word or phrase that is highlighted or underlined, such as this: AI. Simply place your cursor over the word, and additional information will appear.

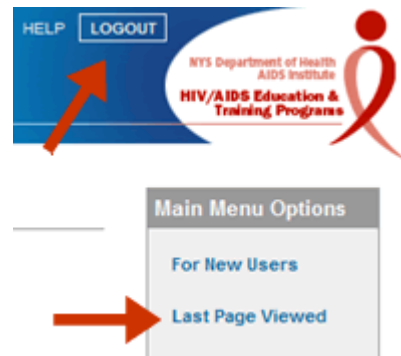


Refer to **Activity Interactions: Rollover Help** in this Help area for more information.

6. How do I continue if I log off and log back in?

You may log out of the course from most pages. Selecting Logout saves your place, so you may easily return to the coursework you started. It's good practice to always log out from a computer application, including this course.

The next time you log in, select the "Last Page Viewed" link to pick up where you left off in the course. Select this tracking device whether you've logged out of the course and logged back in or if you've roamed outside the content of the course, such as to the References, Glossary, or even this Help page.



7. How do I know how long it will take to complete each module?

People learn and read at different speeds. This course is designed to accommodate everyone and be equivalent to the Introduction to Case Management stand-up training. In the online environment, however, you may spend as much time as you think you need.

You can come and go as much as you please—start at the beginning with Introduction and work at your own pace. You can even **read through a module's content** before you begin a To-Do list activity. Learning is up to you!

8. How do I open and close a new (second) browser window?

Sometimes additional browser windows are used to display information. If you are unsure how to open, close, and manage new browser windows, please refer to **Navigation: New Browser Windows** in this Help area for more information.

9. How do I watch a video in the Intake module?

Two videos are used to demonstrate conducting an intake. When you get to the activity, the course will automatically detect what type of video playing software is available on your computer. You shouldn't have to do anything except start the video.

To begin the video, select the play button:



The video is captioned, so you don't even need your sound turned on. The text of the video, which can be used in lieu of watching the video, is linked to from the activity page.

10. How do I find and print my Letter of Completion?

After you have finished the course requirements, print your letter from the Wrap-Up module. Course technology checks to make sure you've completed all the To-Do Lists, taken the posttest at least once, and submitted a course evaluation. After you've done all that work, follow the directions and select the print button:

11. How do I print?

First, make sure your computer is connected to a printer.

1. Print course content: We recommend that you experience this online course online! However, most of the course content is available in a REVIEW CONTENT (TEXT ONLY) file that is easily printed. Refer to **How do I know what's in a module?**.
2. Print a PDF file: Some PDF files (created by people outside the creators of this course) are used in this course so that participants have access to documents issued by various NYS agencies, including the AIDS Institute. The Adobe Acrobat Reader plug-in should automatically open a PDF file. Select the print button on the Adobe Acrobat toolbar to print a PDF file opened by the Reader. If you do not have this software on your computer, download it for free.

NOTE: Although PDF files will print the way they appear on a computer screen, a course page may not. Course pages use the language of the World Wide Web and are formatted differently to optimize display in various media.

Some images used in this course are background images. Ensure that your browser is set up to print background images. In Internet Explorer, for example, select Tools >>> Internet Options >>> Advanced >>> Printing and then select Print background colors and images.

12. How do I update my browser?

For any online activity, choose a browser, and use the most current version. The look of these course pages may depend on the browser you're using. This course uses Cascading Style Sheets (CSS) to format and design the information you see. Although older browsers do not

display all of the special CSS coding, CSS-styled Web pages are very accessible for people who must use assistive technology software. If pages look distorted, please upgrade your browser. Most browsers offer free downloadable upgrades from their own Internet sites.

13. How do I contact someone if I have a question?

For any questions about content, always ask your supervisor first!

If you have questions, comments, or suggestions about the course, please e-mail [Lisa Skill](#) or [Linnaea Scavone](#) at the PDP Center of Expertise in Case Management:
1400 Washington Avenue UAB 423
Albany, NY 12222
Telephone: 518-956-7900
Fax: 518-956-7876

This course was developed for online distribution by the Instructional Technologies Unit of the Professional Development Program (link opens in second browser window www.pdp.albany.edu).

This curriculum was originally developed and written by Signature Staff Development Resources (Signature) under contract with the NYSDOH AIDS Institute (AI) Case Management Unit. It was revised to address emergent and changing needs by the Center for Public Health Education, SUNY at Stony Brook, at the request of the AIDS Institute. Some of the original curriculum that Signature developed has been left intact. The Professional Development Program (PDP) has made additional revisions to adapt the curriculum for online delivery.

Accessibility

This course is designed to be accessible to persons with disabilities. Accessibility features include:

Keyboard Shortcuts

Course pages are designed to be device independent, which allows navigation with or without a mouse. Keyboard shortcuts (i.e., Access Keys) for common navigational elements are:

- Module Tabs (0–) sequentially numbered (e.g., Main Menu = 0; Introduction = 1; CM Basics = 2)
- Ask the Team (K)
- Glossary (G)
- References (R)
- Help (P)
- Logout (X)
- Go to Last Content Page Viewed (L)
- Submit One Answer (S) or Check Your Answer

Also see **Navigating Without a Mouse** below.

Rollover help act as reminders for which keyboard numbers or letters will activate that link without a mouse. Keyboard shortcuts can be activated in Internet Explorer 5.0 + by pressing the "Alt" key and the specified letter or number key, and then clicking "Enter." In Mozilla Firefox 2.0 + the default setting is to press the "Shift-Alt" keys and the specified letter or number key.



Review Content (Text Only)

Each To-Do List has an option to review the module's content, without clicking through page by page or completing To-Do List activities. This option gathers the content from each topic and displays it in one file.



Use your browser key controls to increase or decrease the size of the font. In many browsers, hold down the Ctrl key while clicking + to increase the text size or - to decrease the text size.

Open Captioning

Open captioning of the videos in this course allows anyone to read the dialog of the audio portion as the video plays. Synchronized text captions display speech and other relevant sounds. A text only transcript is also available for videos within this course.

Skip Links

Toward the top of the source code in each file, links to content are provided, according to NYS Standard 4.1 (NYS Mandatory Technology Standard S04-001): "Web pages will be designed to enable users to skip repetitive navigation links." These links are hidden from display, but accessible with screen readers.

Tabular Information

Tables are accessible according to NYS Standard 7 (NYS Mandatory Technology Standard S04-001). All tables have a summary attribute, scope attributes to identify both horizontal and vertical headings, and row and column headers.

Navigating Without a Mouse

Tabindex is set to access links within the content area BEFORE logically navigating through **Module To-Do Navigation** or **global navigation** choices. Press the Tab key to move the cursor to the first link, and then press the Enter key to select the link.

Also see **Keyboard Shortcuts** above.

Interactions are designed with multiple access and navigation points. Tabindex is set to go to the first input option. In most browsers, press the Tab key on your keyboard to go to the first multiple choice, radio button, checkbox, or input box. Use the Tab or down arrow key to progress; use Shift-Tab or the up arrow key to go back within an activity. Refer to **Help >> Activity Interactions** for more detail about individual activities.

Skip Navigation links above the header in each page can be used by screen readers to jump directly to the content.

Style Sheets

Cascading style sheets (CSS) are used to create the format and layout of the pages and activities. CSS-styled Web pages are very accessible for people who must use assistive technology software. Using CSS provides a logical layout for access via screen readers. If you are experiencing difficulties, download the most recent version of Mozilla Firefox or Microsoft Internet Explorer, both of which generally conform to CSS standards.

Adherence to Standards

Separating content from the presentation of content is recommended by the World Wide Web Consortium (W3C). This course uses database technology and ColdFusion Includes to separate most graphics, headers, and banners from the content of the pages.

The University at Albany Professional Development Program (PDP), the developers of this course, is committed to adhering to W3C recommendations. For more information, visit the W3C website.

Navigation

Try to always use the navigation of the course instead of your browser's navigation Back and Forward buttons. Course navigation accurately tracks where you are and keeps a record of your progress.

Module To-Do Navigation

Quickly move between modules by selecting the tab navigation links found below the header. The current module will have an "open" look on the page.



Within a module, you may choose whatever activity you want to learn about on the To-Do List. As you complete each activity, the list is automatically checked off.

To move from question to question, select the **Go to the next question** button.



Global Navigation Bar

The global navigation bar is at the top of most pages in the course.



- **Login Name** is the First Name on your registration data.
- **Glossary** is part of the References area, but we make it readily available from throughout the course. The keyboard shortcut "G" is indicated on the rollover help. See **Keyboard Shortcuts**.
- **References** provides you with printable forms, public health law, case manager suggested standards, and links to external websites. Use the keyboard shortcut "R" to go to references listed by subject area (i.e., by module). See **Keyboard Shortcuts**.
- **Help** provides advice for getting started with this course and explanations of how to navigate and use the interactive features. You can use the keyboard shortcut "P" to go to the Quick Help main menu page.



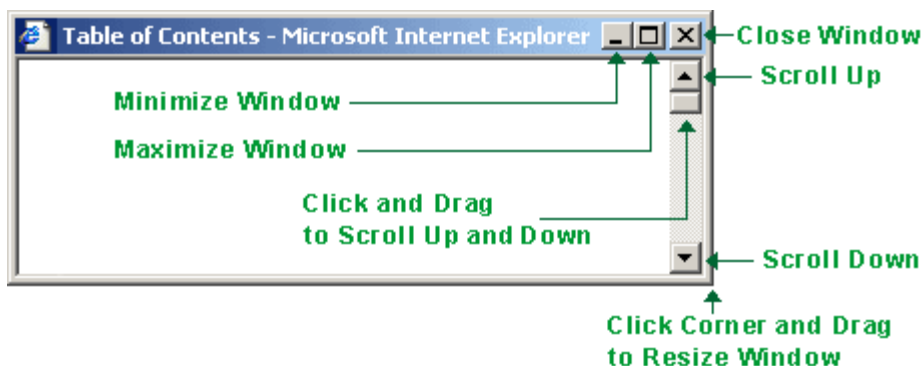
- **Logout** should be used whenever you want to leave the course for the time being. When you exit with Logout, your place in the course (your current progress) will be saved. You can use the keyboard shortcut "X" to Exit.

New Browser Windows

Sometimes in this course you are told that a link will open a new browser window. A browser window is the main interface of web-browsing software such as Internet Explorer or Mozilla Firefox. Such a window allows you to view information on the Web.

NOTE: Newer browsers within Windows XP may set blocks on second windows in order to block pop-up advertising. Set your browser options to ensure that second windows may be opened and not blocked.

A browser window may be resized, scrolled through, and closed using various browser buttons and other controls that may look like this:



You can "minimize" (hide the window) by using the minimize button. If you minimize a window, and later want to restore it to view, you must move the cursor over the Toolbar, generally located at the bottom of the computer screen, and click on the window's icon.

If you are using Internet Explorer, the window's icon will probably look like this:



If you are using Mozilla Firefox, the window's icon may look like this:



You can "maximize" a window (that is, make it fill the screen) by clicking on the maximize button in the right side of the window bar. Close the window by clicking on the close button. Manually resize the window by clicking on the lower right hand corner of the window and dragging it to the desired size.

Move a Web page up and down by scrolling. Scroll by clicking on the buttons provided or by clicking and dragging the scroll bars.

Privacy and Security

Privacy

The privacy of all participants is highly respected. Quiz scores are for self-evaluation purposes only and shared with no one. Registration information may be verified when Letters of Completion are accessed.

After a learner logs in, session cookies (i.e., user information kept in memory and not written to your hard drive) are used to associate the user with any given course.

This course works by integrating content with live database fields. The database is continually updated with information on the activity of its users (i.e., tracking). This data is then displayed in live web pages, which allow learners to review their progress.

Aggregate tracking data is made available to the administrators of these courses. Anonymous summation enables administrators to gain valuable information on course activity and completion.

Security

Your network administrator may have set controls on your computer. Some of these security features, such as blocking popup windows or JavaScript, are built into the Windows operating system. Check with your network administrator if you are unsure how to answer any security alert window that may appear.



System Requirements

Basics

Web-based courses developed by the Instructional Technologies Unit of the Professional Development Program will function on most personal computers with Internet access. Online experiences will vary among system configurations, such as

- Internet hookup
- Web browser used and browser setup
- VGA display adapter
- Plug-ins allowed (e.g., Adobe Acrobat, Flash)

Cascading Style Sheets (CSS) are used to format and design the information you see. If the pages look all distorted, please upgrade your browser. These courses were developed with ColdFusion® and a Microsoft® SQL database.

CSS

Cascading style sheets (CSS) are used to create the format and layout of the pages and activities. If you are experiencing difficulties, download the most recent version of your browser. CSS-styled Web pages are very accessible for people who must use assistive technology software.

Videos

If your computer has Flash installed (version 8 or above), videos will run in the Flash player. If your installed Flash software is older than version 8, a script tries to upgrade your system automatically.

Otherwise, a message is shown informing you that you should install either Flash or Windows Media Video version, and links are provided for both free downloads. Equivalent text versions of videos are always available.

Databases

This course consists of a series of Web pages that are electronically linked to each other and to a central database. This allows your progress to be recorded, so that finding your place is easier if you leave the course and return later. The database also provides customized feedback on activities and quizzes.

Free Downloads That May Be Useful

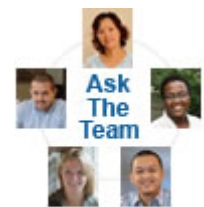
- Microsoft Internet Explorer downloads
- Netscape browser
- Mozilla Firefox browser
- Adobe Acrobat Reader
- Adobe Flash Player
- Windows Media Player
- RealMedia Player

To-Do Interactions

Activity interactions help the independent adult learner better understand the objective or the point of the topic. "Interaction" refers to the two-way communication that occurs between the learner and the web-based course. Types of activities found in this course include these:

Ask the Team

Course completion means completing all To-Do Lists. But what if you don't know an answer? Selecting the Ask the Team button links you to the information you need to answer the specific question. Likewise, before you even BEGIN your To-Do List (or at any time during the course), the team will "virtually" answer your questions about the module. Simply select the REVIEW CONTENT (TEXT ONLY) button at the bottom of the To-Do List.



If You Need Help



You may scroll down the entire contents of the module—before, during, or after a To-Do List activity. The To-Do List activities are all based on this content. The team and your supervisor are always there to help you successfully complete your work.

Sharing with other Participants

Because online training can sometimes feel isolating, some activities have been devised that allow you to share your thoughts and feelings with other participants who take this course. These activities are clearly marked with this note:

This online course is being offered free of charge to the general public. Although the audience for the course is the community of HIV/AIDS case management workers throughout New York State, case workers all over the world may be participating.

Multiple Choice with Radio Button Selection

Select the answer you think is correct from two or more options. To select an answer, click on your choice with your mouse, or, after having focused on the response box with the "Tab" key ("Shift + Tab" often takes the cursor in reverse), use an arrow key to highlight your choice. Only one radio button may be chosen. Once you have selected your answer, select "Submit Your Answer" receive feedback or to go on to the next question.

How many modules are in this course?

- A. One
- B. Five
- C. Eight
- D. Nine

Submit Your Answer

to

Feedback

After you answer a To-Do List question, you will be given immediate feedback.



You are incorrect. You may want to "Ask the Team" before you try again.



You are correct!

To move from question to question, select the **Go to the next question** button.

Fill in the Blank (or Type in the Box)

An activity may require you to type your answer in a response box. Type in an answer, click "Submit Your Answers," and you will be able to compare your answer with the suggested response.

Question 2 of 2: What are the key characteristics of an effective team?

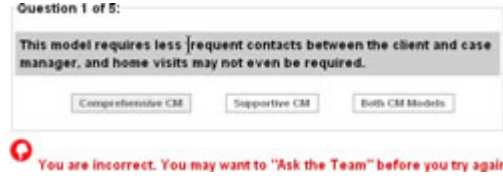
Based on what you and your colleagues have shared, list at least four characteristics of an effective team. Type your answers in the spaces below. Select the "Submit Your Answers" button to check your answers.

-
-
-
-

Submit Your Answers

Inline Button Choices

Some activities will present a situation for you to analyze. Determine the category of response, select the inline button, and immediately receive feedback on your answer.

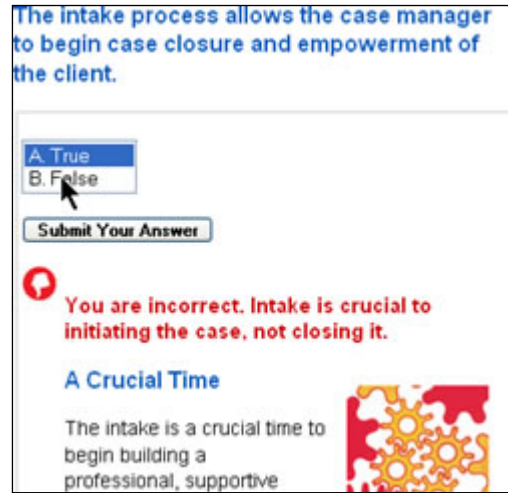


to

To move from question to question, select the **Go to the next question** button.

True and False

Some activities will present a statement for you to determine its truthfulness. Selecting True or False will immediately present feedback for you to read and move on to the next question. To move from question to question, select the **Go to the next question** button.



Video Presentations



Intake videos are **accessible** and will work on a variety of **system setups**. The videos themselves were NOT produced by the Professional Development Program.

Rollover Help

ADHCP the Screening/Intake process includes information for determining appropriate medication. **ADULT DAY HEALTH CARE PROGRAM**

Throughout the course you may see certain words, phrases, or acronyms that appear underlined with a series of dots or dashes (appearance may depend on which browser you use). Moving your cursor over these words and acronyms will reveal definitions or additional information. This "rollover help" should aid your understanding of terms with which you may be unfamiliar.

Your Feedback

Evaluation

A registered user is allowed to participate in an online evaluation. Submitted answers are stored in a database and available to the administrators of this e-learning experience (e.g., the AIDS Institute or the Professional Development Program at the University at Albany). Results are anonymous and in summary format.

Your Supervisor

It's always a best practice to talk with your supervisor. Let your supervisor know about your online experience, and don't hesitate to ask any questions you may have about your agency's operation. Your feedback is highly regarded.

Professional Development Program (PDP)

This course was developed for online delivery by the Professional Development Program (PDP) of the Nelson A. Rockefeller College of Public Affairs and Policy, University at Albany. Since its founding in 1976, PDP has been committed to making extended learning and public engagement a reality for the public service and not-for-profit workforce through its ongoing education and training programs. The Professional Development Program brings the resources of the university to government agencies and affiliated organizations to develop their workforce through education, research and evaluation. For more information, visit their Web site at <http://www.pdp.albany.edu>.

AIDS Institute (NYSDOH)

Created by legislative mandate in 1983, the AIDS Institute – a center within the New York State Department of Health – serves as the central agency that coordinates New York State's response to the HIV/AIDS epidemic. The Institute plans, funds, and evaluates HIV prevention and health care and supportive programs; educates the public; trains health care providers and counselors; and develops policy.

The Institute administers federal and state funding for HIV/AIDS clinical care, counseling and testing, public and professional education.

Center for Public Health Education (formerly the AIDS Education and Resource Center)

The Center for Public Health Education (CPHE) is a project of the School of Health Technology and Management at Stony Brook University. The Center has been providing critical and relevant information on HIV/AIDS and related topics since 1984. The CPHE currently receives funding from the New York State Department of Health AIDS Institute as a Regional Training Center and federal funding from Health Resources Service Administration (HRSA) as a partner of the NY/NJ AIDS Education and Training Center consortium. The CPHE is funded as a Center of Expertise in the area of Case Management by the AIDS Institute.

Acknowledgments

This curriculum was originally developed and written by Signature Staff Development Resources (Signature) under contract with the NYSDOH AIDS Institute (AI) Case Management Unit. It has been revised to address emergent and changing needs by the Center for Public Health Education, SUNY at Stony Brook at the request of the AIDS Institute. Some of the original curriculum that Signature developed has been left intact.

Much thanks is extended to the AIDS Institute (AI) staff who created the NYSDOH COBRA website (www.cobracm.org) and the AI Case Management Standards Workgroup for their expertise and information. Workgroup members created much of the information in Modules 2 and 3.

Module 5 (Basic Confidentiality Rule and Definitions) was developed and written by the Legal Action Center under contract by the NYSDOH AIDS Institute. It has only been modified and written in a trainer format to accommodate the revision of this curriculum.

The "Do you believe..." activity ("Share Your Beliefs") in Module 7 was originally developed by Michael Buscemi, a consultant for NDRI. It has been modified to incorporate the goals and objectives of this module.

This training is intended for staff directly responsible for providing case management services. Supervisors and administrators who ensure that the quality and standard established by the AI Case Management Unit are met are also targeted for this training.

Signature Staff Development Resources would like to thank the following individuals who provided advice, guidance and editorial comments:

Signature Staff Development Resources, Inc.
Heather Duell, AIDS Institute
Marilynne Geiffert, AIDS Institute
Rachel Iverson, AIDS Institute
Lisa Tackley, AIDS Institute