2018

CASEWATCH GUIDANCE FOR HIV/AIDS MEDICAL CARE COORDINATION PROGRAMS

R:\CCS\SOS\~Medical Care Coordination\Casewatch

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OVERVIEW

Casewatch® Millennium for HIV and AIDS is a software system that allows DHSP contractors to track and manage client services. Casewatch is modular by design; this handbook covers modules related to Medical Care Coordination (MCC) Services. Please note that this handbook does not teach you the complete details of how to log in to Casewatch or completely register a client; nor is it intended to provide the user with tips, shortcuts, or basic Casewatch training. There are some screenshots related to logging into the system and on basic client registration.

The purpose of this handbook is to provide a desk reference as it relates to navigating through the modules related to entering service delivery for the Medical Care Coordination program only. Users must be familiar with the operation of the Casewatch system in order to fully be able to utilize this handbook. Thus, it is necessary to attend a Casewatch training prior to entering client service data. Please refer to the Casewatch Millennium User Manual for complete details that are not related to the Medical Care Coordination Module specifically.

DHSP utilizes the Casewatch Data System to manage patient level data. Whether contractors use Casewatch directly, or sends electronic file through data transfer, data must be delivered to Casewatch on a regular basis.

1. What is a patient record? – a record in Casewatch for each patient that contains the basic (AKA patient) registration that includes residence, verification of HIV-positive status, income, and the eligibility review data (HRSA requirements for RW services).

2. A patient record with basic registration data is required to enter a "Screener and Outcomes" and "Enrollment Tracker" as well as service data for the screener and tracker. **The eligibility review is not required.**

3. A complete and up-to-date eligibility review is required in the patient record to enter service data (time) for the assessment and interventions. Eligibility must be updated every six months.

4. This means that a patient that is screened for MCC but does not need the service is only required to have a patient record with basic registration data. The Screener data and the service time to complete the Screener can be entered into Casewatch. If a patient is screened and identified as needing MCC, data and service time can be entered for the Screener and Tracker if the patient has a patient record with basic registration. For service time to be entered for completion of the Assessment, the patient file is required to have the eligibility review data complete and current.

Data Service Codes

The following are service tasks in Casewatch available for data entry for tracking service encounter time spent and patients served:

- Screener and Outcomes – 7432
- Enrollment Tracker - 7426
- MCC Assessment - 7434
- MCC Care Plan - 7433
- Brief Interventions -
  - Risk Reduction Counseling - 7298
  - Behavioral Health - 7435
  - Disclosure Assistance - 7301
  - Engagement in Care - 7296
  - Medication Adherence Counseling - 7299
  - Reengagement in HIV Care - 7519
- Implementation and Monitoring - 7436
- Referrals - Electronic Data Service Code: 7427
- Referral Module
  - Housing
  - Mental Health
  - Disclosure/Partner Services
  - Addiction Treatment
  - DHSP LRP Program
- Case Conference – Electronic Data Service Code: 142

PATIENT FLOW CHART

MCC Patient Flow and Data Entry Chart (Revised 07-25-18)
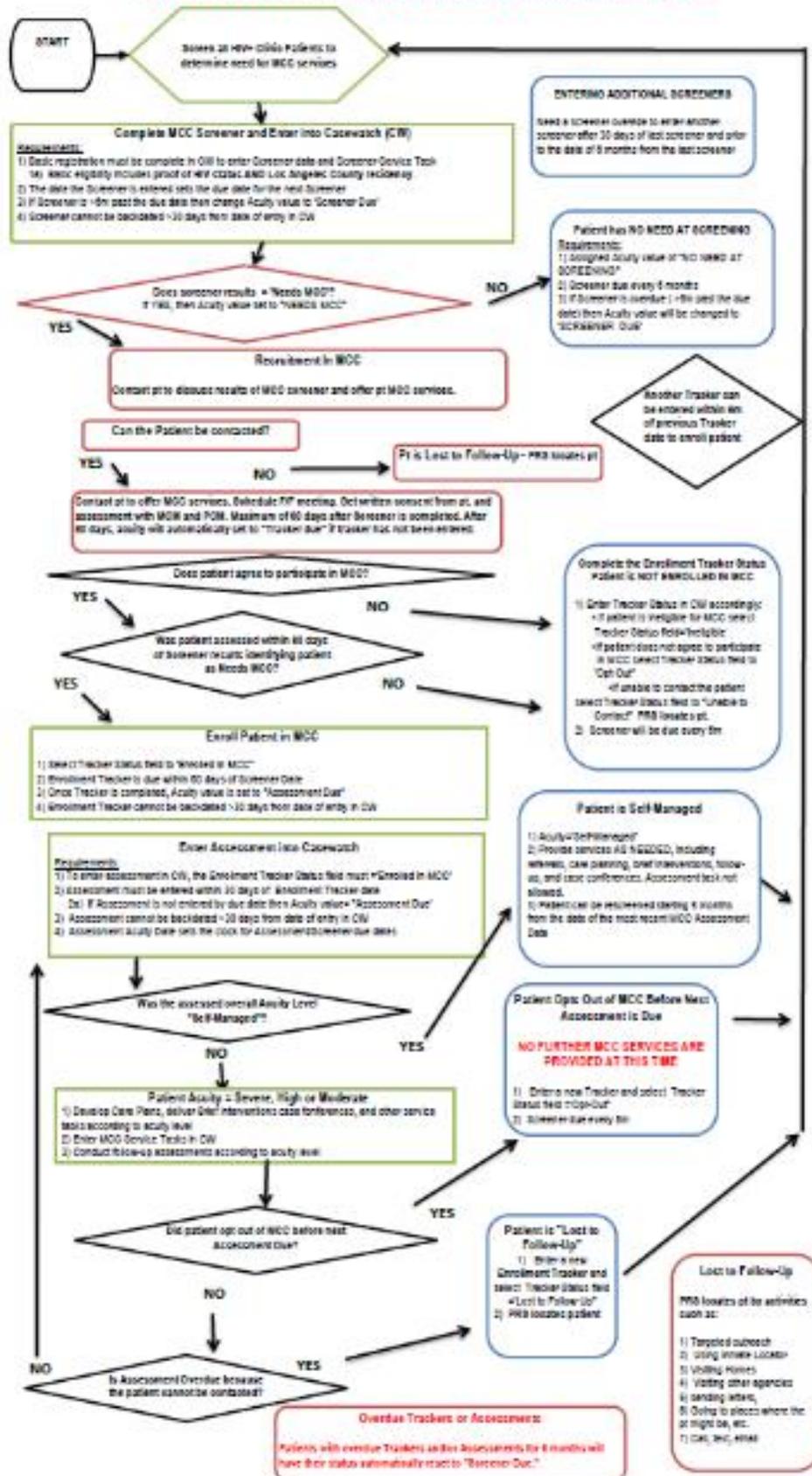
GETTING STARTED

Starting Casewatch

To start Casewatch, follow the steps below:
1. Double-click the Casewatch Millennium icon on your desktop.

The Casewatch login window appears.

**Note:** If you do not know your user name and password, see your Casewatch System Manager.

2. Type your user name in the **Username** box, then press **Enter**.
3. Type your password in the **Password** box, then click **OK**. For security purposes asterisks (*) are displayed in the username and password fields.

You will primarily use the All-on-One function for most of your work. Click on All-in-One from the main menu.
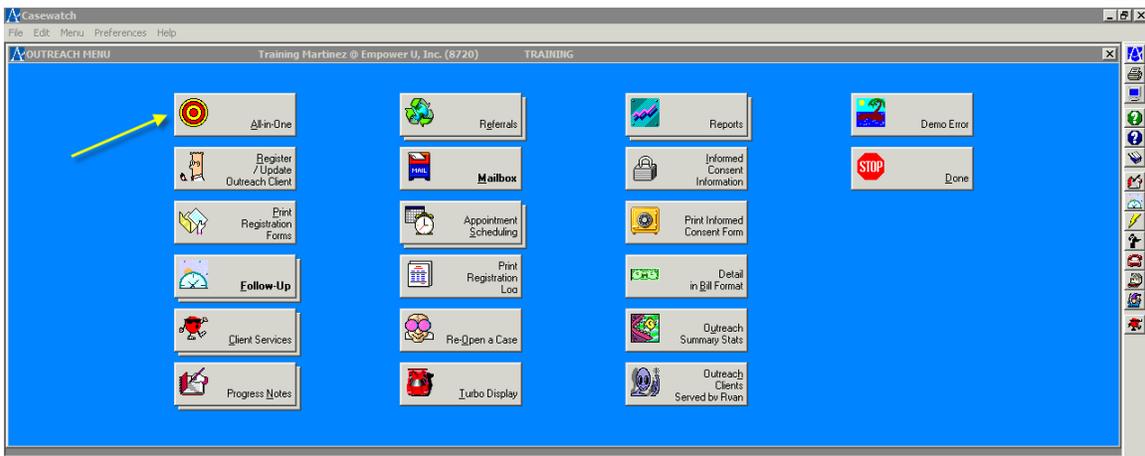
REGISTERING A CLIENT

All patients must be registered in Casewatch so that services provided by staff can be captured. IF THE CLIENT HAS NEVER BEEN REGISTERED ON CASEWATCH THEN GO THROUGH THE NORMAL REGISTRATION FUNCTIONS. SELECT #1, REGISTRATION ON THE ALL IN ONE MENU.

Casewatch main menu

Note: The main menu shown above may not match what you see on your screen. Your Casewatch System Manager determines which modules you have access to, so some of the buttons above might not be available.

Use the Registration module to enter detailed demographic, financial and medical information about the client into the system.

Starting Registration

There are several different screens used during the registration process to capture information about a client.

To register a client:

1. Sign on to Casewatch. The main menu will display.

2. From the main menu, click **Registration.**

3. Click **Register Client.**
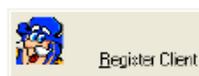
The Identify a Client screen will appear.

Identify Client screen

4. For the purposes of this example, create a new client. In the **Client** field, type **ZZCLIENT,TEST** and press **Enter.**

Note: You must type the last name, followed by a comma and no space, then the first name. You can use uppercase letters (**ABC,ABC**), lowercase letters (**abc,abc**), or a combination (**Abc,Abc**). You cannot, however, enter the name with any spaces (**Abc, Abc**).

In the **Client** field, type the client's last name, followed by a comma and **no space**, then the first name (Ex: **DOE, JOHN)** and press **Enter**. You can use uppercase letters (**ABC, ABC)**, lowercase letters **(abc, abc)**, or a combination **(Abc, Abc)**. You cannot, however, enter the name with any spaces **(Abc, Abc)**.

Casewatch searches its files to determine whether a client is already registered in the system. If there are clients with similar names to your client's, those names will appear in the menu to avoid duplication of client registrations in Casewatch. You need to determine whether any of those other names are the same as the client that you are attempting to register in the system by reviewing the gender, date of birth, and social security number (if available) of those clients listed. If the client is not listed, then click on "Create NEW Client Record." This will take you to the Client Basic Data screen.

Casewatch searches its files for a match and presents you with a choice similar to the one shown below:

Create new client record

5. Click **Create New Client Record**. The Client Basic Data screen will appear unless the client's eligiblity review is due or you want to manually create a review.

Client Basic Data Screen

The first of the Registration screens is the Client Basic Data screen.

Client Basic Data screen

The next screen will appear and ask if the client has signed the **Casewatch Consent to Release and Exchange Information** form.

You **MUST** have the client sign this form **BEFORE** entering any of their information into the Casewatch system. Do **not** enter YES if the client has not signed the Casewatch Consent to Release and Exchange Information form, which is different than the general programmatic Consent to Release information form.

Data will be transferred over for the fields on all fields that are in **gray**. These are not user input fields. User input fields are yellow.

SCREENER AND OUTCOMES

Screener and Outcomes – Electronic Data Service Code 7432

Contractors must screen all HIV+ patients to determine their need for MCC services. Screener data **MUST** be entered into Casewatch for **all patients** before any service data can be entered.

  o   The date the Screener is entered sets due date for next Screener for all patients that are NOT currently enrolled in MCC.

- Screeners for Non-Enrolled patients need to be entered into Casewatch every 6 months, otherwise they are considered "Overdue", which shall give an Item Status = " Overdue Screener"
- Item Status is updated when Screener is completed
- Entry of all service tasks are Blocked if NO screener is entered
- "Screener" service task time can only be entered with a 'Screener and Outcomes' data entered into Casewatch with the same date.
- Screener cannot be backdated >30 days from date of entry in Casewatch
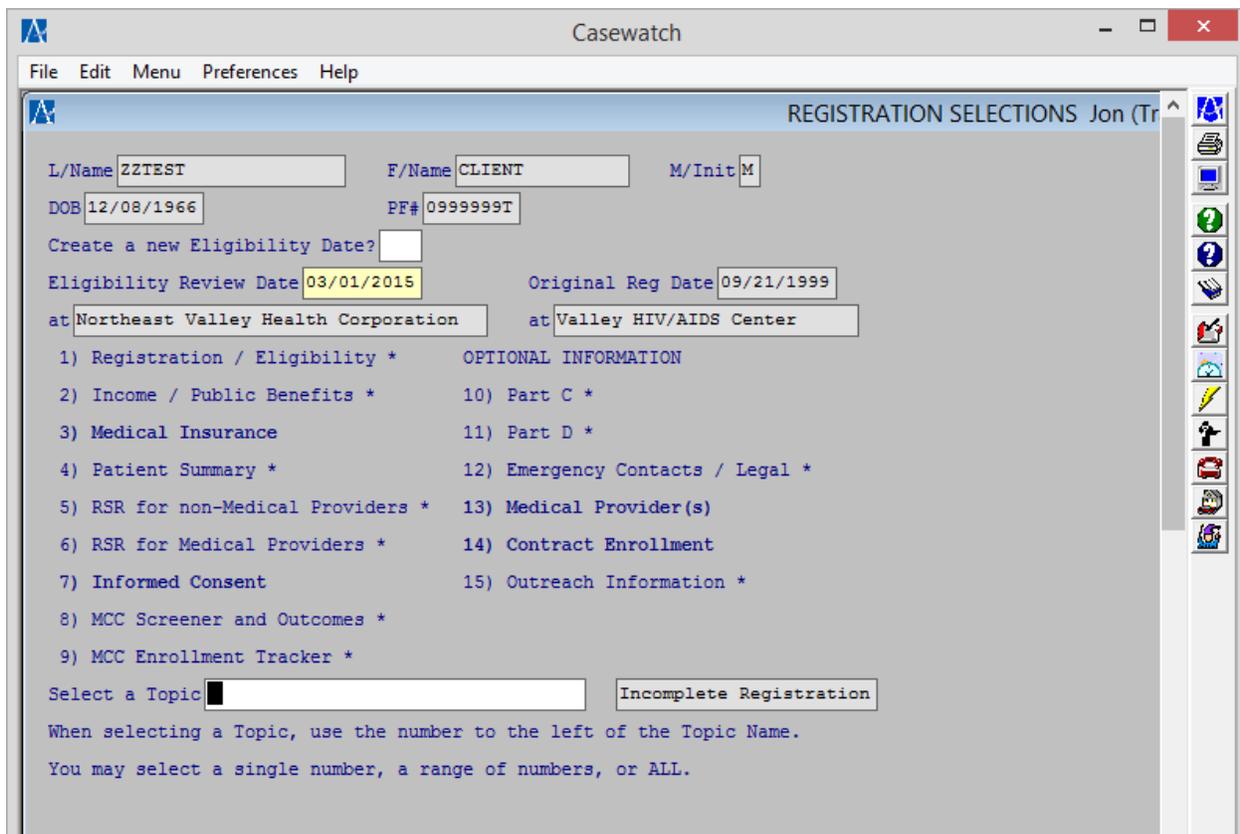
SELECT OPTION 8 BY CLICKING ON THE HYPERLINK. THIS TAKES YOU TO THE MCC SCREENER

Complete MCC Screener and Enter into Casewatch (CW)

Requirements:
1) Basic registration must be complete in CW to enter Screener data and Screener Service Task
2) The date the Screener is entered sets the due date for the next Screener
3) If Screener is >6m past the due date then Acuity value is 'Screener Due'
4) Screener cannot be backdated >30 days from date of entry in CW
5) A Screener MUST be entered in CW to enter Service Tasks

Without screener data entered into Casewatch, no services can be entered into Casewatch.

Casewatch

File   Edit   Menu   Preferences   Help

REGISTRATION SELECTIONS Jon (Tr

L/Name ZZTEST   F/Name CLIENT   M/Init M

DOB 12/08/1966   PF# 0999999T

Create a new Eligibility Date?

Eligibility Review Date 03/01/2015   Original Reg Date 09/21/1999

at Northeast Valley Health Corporation   at Valley HIV/AIDS Center

1) Registration / Eligibility *   OPTIONAL INFORMATION

2) Income / Public Benefits *   10) Part C *

3) Medical Insurance   11) Part D *

4) Patient Summary *   12) Emergency Contacts / Legal *

5) RSR for non-Medical Providers * 13) Medical Provider(s)

6) RSR for Medical Providers *   14) Contract Enrollment

7) Informed Consent   15) Outreach Information *

8) MCC Screener and Outcomes *

9) MCC Enrollment Tracker *

Select a Topic   Incomplete Registration

When selecting a Topic, use the number to the left of the Topic Name.

You may select a single number, a range of numbers, or ALL.

ASSESSMENT TYPE= MCC SCREENER AND OUTCOMES

Data will be transferred over for the fields on all fields that are in **gray**. These are not user input fields. Yellow fields are user input fields.

CA ID# - Each "assessment" is assigned an identification number by the system. The first time you access this screen for the patient, the system assigns the AssessmentID#.

Enter *NEW to generate a new Screener and Outcomes Assessment. This is done for all subsequent screeners on the patient. Input required.

Assessment Type>   (93319) -   The system fills this in for you – MCC Screener and Outcomes.

Assessment Date: (92307) - This field contains the date of the patient assessment.

When entering the information, use standard system date syntax, e.g., 05/15/2015 or T-NN or T+NN to enable the system to calculate the date. NN is a number. If T is 5/15/2015 then T-10 would be 5/05/2015. Input required.

Last Worked: (14001) - This field contains the date, time and user responsible for the last edit of the Patient Assessment. **This system maintains this information automatically**. Not a User Input Field on this Screen.

 ONCE THE DATE OF THE ASSESSMENT IS ENTERED, THE SYSTEM WILL AUTIMATICALLY MOVE TO THE SCREENER AND OUTCOMES ASSESSMENT.

Data will be pulled over where applicable (#1-2, 4-7). The "Screener Result" field is calculated based on your answers and will indicate whether the patient needs full support of the MCC team at this time or not.

Casewatch

File   Edit   Menu   Preferences   Help

MCC Screener and Outcomes   Jonathan Parlow @ Rand Schrader Clinic (5281C) (16976)

Client Name `ZZTEST,CLIENT`   PF# `9999999T`

ISP ID# `201826843`   Assessment Type `MCC Screener and Outcomes`

Screener Date `06/27/2018`   Last Worked

1. Has the client had a medical visit in the last six months?

2. Date of first positive HIV test `06/01/2004`

3. Was ART prescribed in last 6 months

4. Was Viral Load test done in last 6 months?

5. Date of most recent Viral Load?

6. Result of most recent Viral Load (copies/ml)

7. Was the client diagnosed with an STI in past 6 months?

8. Did client have any ER visits in the past 6 months [Y/N/U]?

9. Was client hospitalized in the past 6 months [Y/N/U]?

10. Was client incarcerated in the past 6 months [Y/N/U]?

11. Active substance use interferes with HIV Care [Y/N/U]?

12. Is client currently unstably housed [Y/N/U]?

13. Did Medical Provider (MD, PA, RNP) refer client to MCC?

Screener Result? `Needs MCC`

MCC teams are expected to enter screener data into Casewatch as soon as possible after they conduct the actual patient screening. DHSP allows 30 days from the date of actual patient screening to enter screener data into the Casewatch system. This is extremely important because the system automatically calculates the screener results and gives MCC programs time to change the screener results if a medical provider deems that MCC is needed for a patient. The screener results can be changed with within 60 DAYS of previous screening date.

<u>**Screener and Outcomes Field Details**</u>

1.   **Has the client had a medical visit in the last 6 months?**
     If the patient has not seen the doctor yet, this field should be NO. Otherwise it should be YES and the date of the visit is required. Input required.

- Autopopulated with YES when have a medical visit in the past 6m on file
- Autopopulated with NO if no medical visit in the past 6m on file
- Manual entry option to over-ride autopopulate

2. **Date of first HIV positive test:**
   This field contains the date blood was drawn for the first HIV test. This date must be greater than the patient's DOB and the date must also be later than 1977.   Not a User Input Field on this Screen.

3. **Was ART prescribed in past 6 months?**
   This field tracks if the patient was prescribed ART within the last 6months.
   When entering the information type a few characters of the information you want to enter. If the system can't find it in the dictionary, type .L or use your mouse to clickon the drop down box to display all the entries in thedictionary. Input required.

   LISTING OF CONTENTS OF DICTIONARY 485 – **HAARTAnswers**
   a. No, patient refused
   b. No, HAART payment assistance unavailable
   c. No, intolerance, side-effect, toxicity
   d. No, not medically indicated
   e. No, not ready (as determined by a clinician)
   f. No, other reason
   g. Unknown
   h. Yes

   - If ART prescribed in past 6 months=YES and Result of most recent viral load >200 then Needs MCC=YES
   - If ART prescribed in past 6 months=NO and Result of most CD4 <500 then Needs MCC=YES

4. **Is most recent viral load available? Yes or No**
   Enter NO if not available. Input required.
   - Autopopulates YES if Date of most recent viral load is within 6 months of the Screener date
   - If no viral load within 6 months of the Screener then VL date field is left blank and Most recent viral load available autopopulates NO
   - Manual entry for NO if not available

5. **Date of most recent Viral Load:** The date of the most recent viral load. If the information is stored in the system, it will auto populate. If you enter the date it can't be later than the date of the screening.   Input allowed. NotRequired.

6. **Result of Most Recent Viral Load (copies/ml) -** The system will display the results if they are part of the patient's lab result history; otherwise enter the result if you have it. Input Required.
   - Autopopulate if most recent viral load date was ≤6 months from screener date
   - If Most recent viral load available=missing AND Most recent recent cd4 date =missing, then Needs MCC=YES

7. **Was the client diagnosed with an STI in past 6 months? Enter YES, NO, or UNKNOWN. Input Required.**

   - If yes, then Needs MCC = YES

8. **Did client have any ER visits in the past 6 months? Enter YES, NO, or UNKNOWN. Input Required.**

9. **Was client hospitalized in the past 6 months? Enter YES, NO, or UNKNOWN. Input Required.**

10. **Was client incarcerated in the past 6 months? Enter YES, NO, or UNKNOWN. Input Required.**

    - If client incarcerated in the past 6 months then Needs MCC=YES

11. **Active substance use interferes with HIV Care [Y/N/U]? Enter YES, NO, or UNKNOWN. Input Required.**

    - If yes, then Needs MCC = YES

12. **Is client currently unstably housed?**

    - If client is unstably housed, then Needs MCC = YES

13. **Did medical provider (MD, PA, or RNP) refer patient to MCC?**
    A medical provider (MD, PA, or NP) may "override" the screener results and refer the patient into MCC. There must be documentation in the patient chart that the provider referred the patient and the justification must be noted. If there is a provider override, enter "Y" in this field. Input required.

Screener Result? This field is **automatically calculated** based on the entries to the questions noted above. The result will determine whether the MCC team should contact the client immediately to offer MCC services. Not a User Input Field.

The "Screener Result" field is calculated based on the answers to the questions and will indicate whether the patient needs full support of the MCC team at this time or not.

a) Patient has NO NEED AT SCREENING

If Screener Results= NO NEED AT SCREENING, data entry of Enrollment Tracker and Assessment are BLOCKED for these patients. All service tasks except 'Screener' and 'Referral' are BLOCKED including Case Conference for non-enrolled patients. Entry of additional Screeners will be blocked until <1 month from next Screener due date.

For patients that have No Need at Screening, the MCC team will need to conduct another screening in 6 months. **All clinic patients <u>that are not enrolled in MCC</u> are routinely screened to determine their need for MCC services. This is done on a semi-annual basis to ensure that clinic patients with changing health statuses and life circumstances do not fall through the cracks.**

b) Patient NEEDS MCC at Screening

If Screener Results=NEEDS MCC, then Enrollment Tracker is allowed. Enrollment Tracker must be completed **within 60 days from date of Screener**. All service tasks except 'Screener and Outcomes,' 'Engagement in Care,' and 'Enrollment Tracker' are blocked. If patient is in need of MCC enrollment, the **Enrollment Tracker will be required within 60 days of the MCC Screener**. MCC Screeners are due every 6 months after the initial screener for patients not enrolled in MCC.

For patients that have MCC Need at Screening, the MCC team will need to contact patients **within 7 days of identification and** offer them MCC services. Once a patient is identified as being eligible to enroll in MCC, the MCC team shall introduce the service to patients and confirm that they wish to participate. The MCC team will have a maximum of 60 days after the screener is completed to engage the patient in care and complete a face to face assessment with the patient.

ENGAGEMENT IN HIV CARE

Engagement in Care - Electronic Data Service Code: 7426

For patients needing MCC services, specifically the Patient Retention Specialist, attempts to Engage the patient into HIV Care. The time in which team members attempt to contact the patient to bring them into the clinic for an MCC team assessment is considered an Engagement in Care activity/task and shall be tracked as such in Casewatch. MCC Teams will have 60 days in

which to bring patients into the clinic for a face-to-face MCC assessment with the Patient Care Manager and the Medical Care Manager.

ENROLLMENT STATUS

Enrollment Tracker Status - **Electronic Data Service Code: 7426**

This is the mechanism to track the patient's enrollment status in the MCC Program. Patients must be screened and screener data must be entered into Casewatch in order to enter their enrollment status into Casewatch.

Enrollment Status Determination

MCC teams must determine whether a patient is to be **Enrolled in MCC or Not-Enrolled in MCC within 60 days after screening** patients for MCC. Patients identified as "No need at screening" are automatically considered as Not-Enrolled in MCC services.

For patients where the Screener result= 'Needs MCC,' MCC teams shall Enroll patients that have met with the MCC team and agreed to participate in MCC services.

- o Data can only be entered into Enrollment Tracker screen if patient has a current 'Screener and Outcomes'' and Screener result = 'Needs MCC' or the 'Override Provider Referral?' = 'Yes'.
- o Enrollment Tracker status is due within 60 days of Screener Date and should be entered once a patient's enrollment status is determined.
- o Status ='Tracker Due' until Enrollment Tracker data is entered into Casewatch
- o Enrollment Tracker status data cannot be backdated >30 days from date of entry in Casewatch
- o The 'Enrollment Tracker' service encounter task can only be entered with the same date the 'Enrollment Tracker Status' is set in Casewatch

FROM THE REGISTRATION SELECTION SCREEN, SELECT OPTION 9 BY CLICKING ON THE HYPERLINK. THIS TAKES YOU TO THE SCREEN USED TO **ENTER PATIENT ENROLLMENT STATUS**:

Window 1: Casewatch — REGISTRATION SELECTIONS

File   Edit   Menu   Preferences   Help

REGISTRATION SELECTIONS Jon (Tr

L/Name ZZTEST   F/Name CLIENT   M/Init M

DOB 12/08/1966   PF# 0999999T

Create a new Eligibility Date? ☐

Eligibility Review Date 03/01/2015   Original Reg Date 09/21/1999

at Northeast Valley Health Corporation   at Valley HIV/AIDS Center

```
 1) Registration / Eligibility *      OPTIONAL INFORMATION
 2) Income / Public Benefits *        10) Part C *
 3) Medical Insurance                 11) Part D *
 4) Patient Summary *                 12) Emergency Contacts / Legal *
 5) RSR for non-Medical Providers *   13) Medical Provider(s)
 6) RSR for Medical Providers *       14) Contract Enrollment
 7) Informed Consent                  15) Outreach Information *
 8) MCC Screener and Outcomes *
 9) MCC Enrollment Tracker *
```

Select a Topic ▉ | Incomplete Registration |

When selecting a Topic, use the number to the left of the Topic Name.

You may select a single number, a range of numbers, or ALL.

Window 2: Casewatch — PATIENT ASSESSMENT

File   Edit   Menu   Preferences   Help

PATIENT ASSESSMENT   Jon

L/Name ZZTEST   F/Name CLIENT   M/Init M

DOB 12/08/1966   PF# 0999999T

CA ID# 201505626 ▾

Assessment Type MCC Enrollment Tracker ▾

Assessment Date ☐   Last Worked 03/17/2015 Parlow,Jon (Training

CA ID# - Each Enrollment Tracker assessment is assigned an identification number by the system. The first time you access this screen for the patient, the system assigns the Enrollment Tracker Assessment ID#. Subsequent Tracking Assessments for the patient (if ever needed) can be done by entering *NEW to generate a new assessment ID#. Input required.

Assessment Type> – MCC Enrollment Tracker.

Assessment Date: - This is the date of the MCC Enrollment Tracker assessment. Input required.

ONCE THE DATE OF THE ASSESSMENT IS ENTERED, THE SYSTEM WILL AUTOMATICALLY MOVE TO THE ACTUAL ENROLLMENT AND TRACKER ASSESSMENT SCREEN. ASSESSMENT TYPE = MCC ENROLLMENT TRACKER

Tracker Date: This field contains the date of the Enrollment Tracker. Not a User Input Field.

Last Worked: This field contains the date, time and user responsible for the last edit of the Patient Assessment. Not a User Input Field on this Screen.
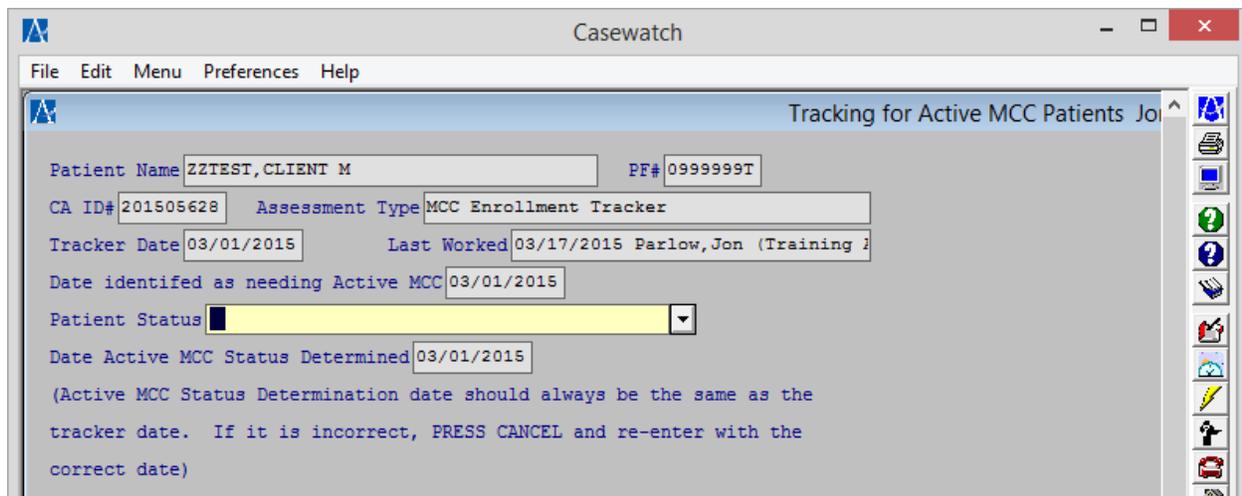
Date identified as needing Active MCC: 17807
This field contains the date of the MCC Screener and Outcomes indicating the patient needs MCC Enrollment. Not a User Input Field on this Screen.

Patient Status   17826, P-3
Tracker Status must be complete within **60 days** of screening. This is a **drop down** field. You must choose one of the following:

1. Enrolled in MCC (Contacted patient and agrees to participate in MCC)
2. Ineligible: (Pt of home-based, medical social work) (Non-Enrolled in MCC)
3. Unable to Contact Patient (Non-Enrolled in MCC)
4. Opts out of MCC Program (Non-Enrolled in MCC)
5. Lost to follow-up (Non-Enrolled in MCC), and

6. Moving to Another Agency (Non-Enrolled in MCC)

Enrolled Patients

The tracker status set to Enrolled in MCC "sets" the clock for the MCC assessment. MCC teams must set the tracker status to Enrolled in MCC in order to enter and capture assessment data.

Enrolled Patients are those that:

1. Were Screened for MCC and screener results
    a. noted No Need at screening, but medical provider referred
    b. noted patient has need for MCC
2. Were contacted and agreed to participate in MCC

Non-Enrolled Patients

Non-Enrolled Patients include those that are

3. Screened as having No Need at screening,
4. Screened as needing MCC but Opt Out
5. Screened as needing MCC but are Unable to be Contacted
6. Screened as needing MCC but are ineligible for the program
7. Screened as needing MCC but have been Lost to follow-up

ASSESSMENT

MCC Assessment - Electronic Data Service Code: 7434

Patient must be 'Enrolled in MCC' in order to enter MCC Assessment data
- o Acuity='Assessment Due' until Assessment data is entered into Casewatch
- o Entry of MCC Assessment data in Casewatch is due within 30 days of Tracker date.
- o Assessment cannot be backdated >30 days from date of entry in Casewatch
- o The Assessment Assigned Acuity Date sets the clock for Assessment due dates or the next Screener for self-managed patients.

It is essential that the assessment responses be entered into the Casewatch data management system for every patient receiving MCC services so that acuity levels can be calculated. *Must be entered into the Casewatch data system within **thirty (30) days** of enrollment status set in Enrollment and Tracker noted above.*

Enter *NEW at CA ID# field to generate a new assessment ID#. Enter 64 at Assessment Type for the Medical Care Coordination assessment. Enter date the assessment was started at Assessment Date. Assessment date cannot be backdated more than 30 days from date of entry.

Acuity Summary

Section 13 automatically calculates the patient's acuity based on completion of Sections 1 – 12 and must be saved in order to assign the acuity and complete the assessment entry

**CALCULATED BY THE SYSTEM.   YOU MUST SAVE THE SCREEN!**
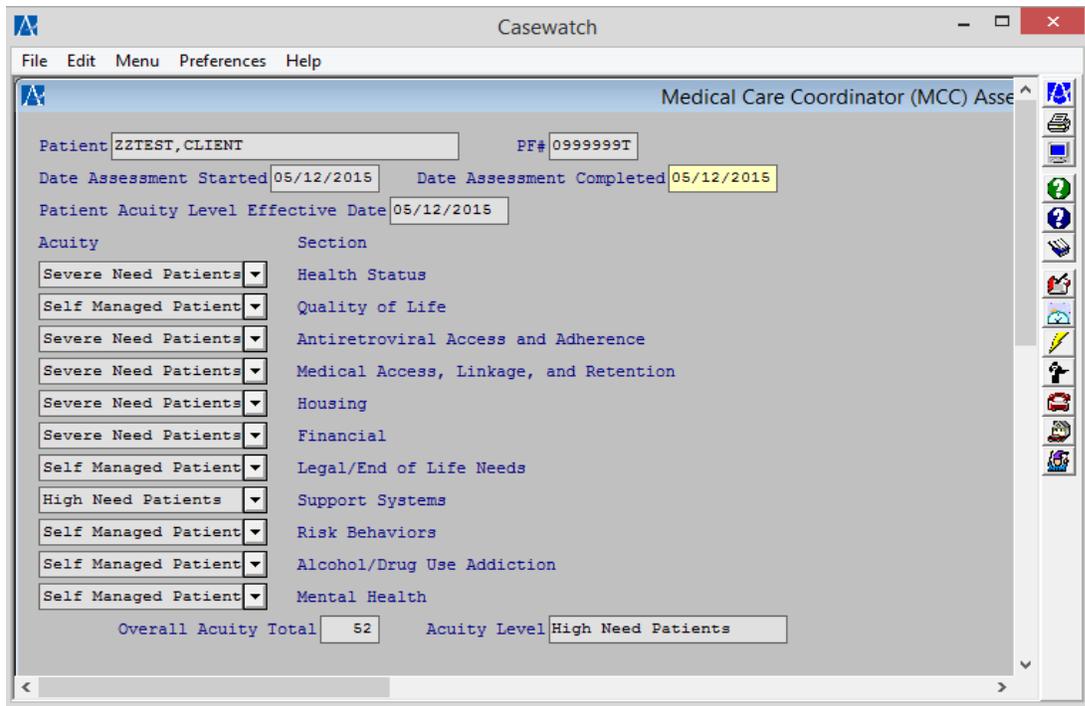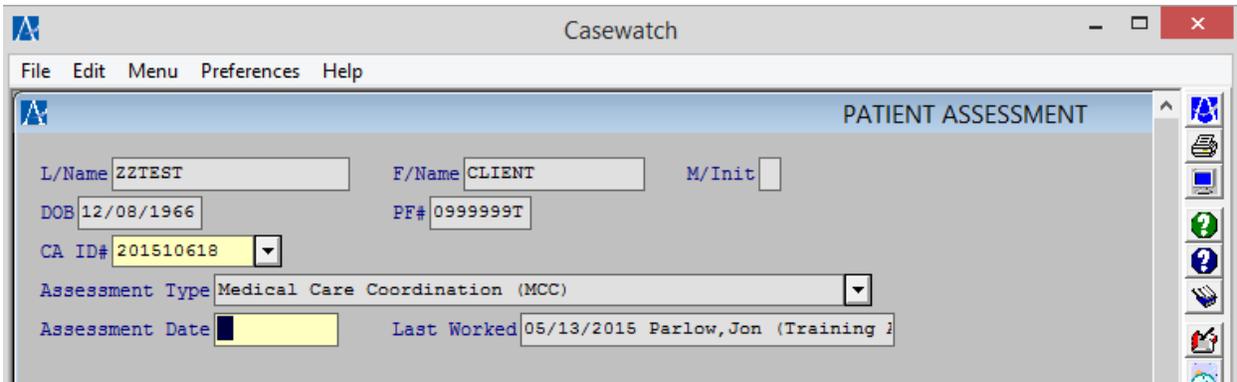
Copying an Assessment

To copy an existing assessment at time of re-assessment, identify the assessment to copy. If the assessment you want to copy is the default, you can type .C in the CA ID# field to copy all information from the original assessment to the new assessment. If not, you can enter .L at CA ID# or click the drop down box to display the patient's assessments and select from there. If selecting takes you to the actual assessment itself, you can click on the PREV button to return to this screen.

With the desired assessment now showing, you can type .C in the CA ID# field to copy all information from the original assessment to the new one.

TYPE .C IN THE CA ID# FIELD TO COPY ALL THE INFORMATION FROM THE ORIGINAL ASSESSMENT INTO THE NEW ASSESSMENT.
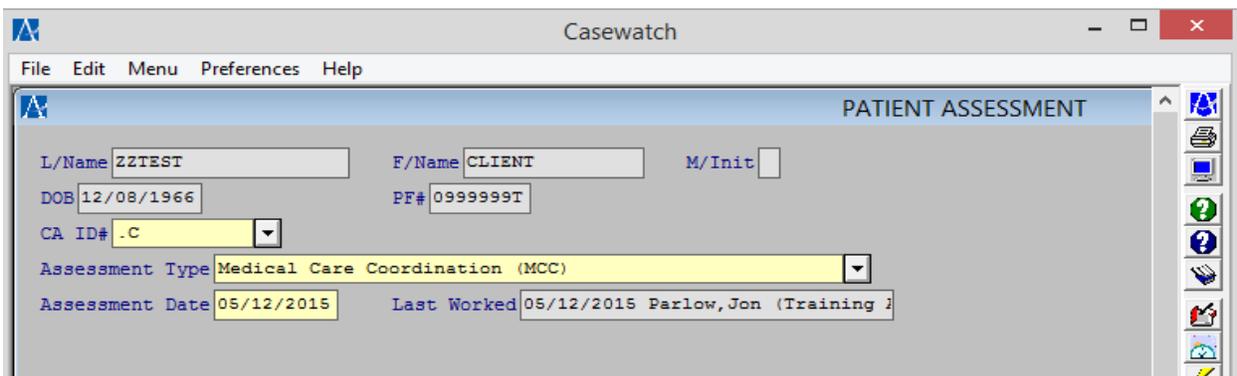
PLEASE NOTE THERE IS NOW A NEW CA ID# AND THE ASSESSMENT DATE IS BLANK. ENTER THE DATE OF THE NEW ASSESSMENT AND THEN REVIEW ALL THE INFORMATION THAT HAS BEEN COPIED, UPDATING WHEREVER IT'S NECESSARY.

IN ALL-IN-ONE SELECT THE HYPERLINK MCC ASSESSMENT REVIEW HYPERLINK.
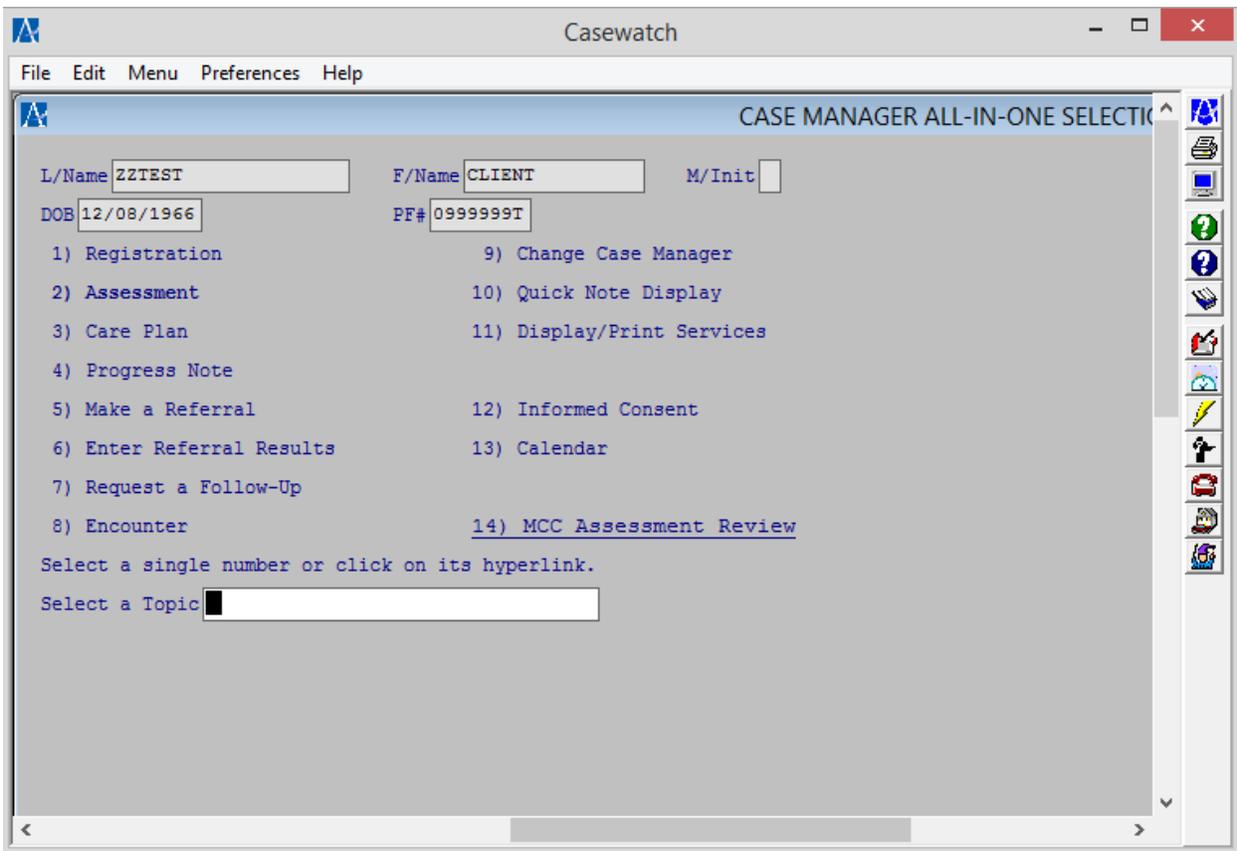
Assessment History Review

MCC Assessment Summary Screen.   This function displays a summary of the three MCC Assessments.

  1) MCC Screener and Outcomes
  2) Tracking for Active MCC Patients
  3) Medical Care Coordination (MCC)

For each assessment type, the screen will display when the last assessment was done and when the next assessment is due.

SERVICE TASKS

MCC Care Plan

Electronic Data Service Code: 7433

The 'Care Plan' service task can only be entered if Assessment is entered by the due date.

Brief Interventions for Enrolled Patients

These tasks can only be entered if Assessment is entered by the due date. The 'Brief intervention' service tasks are now the following:

- Risk Reduction Counseling - 7298
- Behavioral Health - 7435
- Disclosure Assistance - 7301
- Medication Adherence Counseling - 7299

Brief Intervention for Non-Enrolled Patients

Non-Enrolled patients need assistance reengaging in HIV care. This work is done by the Patient Retention Specialist. Tracker status must be set to 'Lost to follow-up' or 'Unable to contact patient' before this task can be captured.

- Reengagement in Care - 7519

Implementation and Monitoring

Electronic Data Service Code: 7436

The 'Implementation and Monitoring' service task can only be entered if Assessment is entered by the due date.

Referrals

Electronic Data Service Code: 7427

Referral Module

The Referral Module is where specific referrals and linkages are tracked. Data can be tracked for patients with a current 'Screener' entered in Casewatch. Referrals and Linkages that can be tracked include the following:

- **Housing**
- **Mental Health**
- **Addiction Treatment**
- **Disclosure/Partner Services**
- **DHSP Linkage and Retention Program**

Case Conference

Electronic Data Service Code: 142

The Case Conference Task can only be entered for Patients Enrolled in MCC. This is not represented as a separate item on the monthly report. Patients with a case conference task, will be tracked in the monthly report by acuity status.

MONTHLY REPORT FORMAT

The Monthly Services Report, Section III includes five parts: Part A – Patients by Enrollment Status; Part B – Screener Outcomes and Enrollment Tracker Status; Part C – Patient Acuity Summary; Part D – Brief Intervention Activities; Part E – Referrals and Linkages and Part E - Overdue Items.

Part A. Patients by Enrollment Status

Staff Name, Position	A.1 Patients served that were enrolled in MCC				A.2 Patients served that were not enrolled in MCC				A.3 Total Unduplicated Patients Served and Total Cumulative Hours Provided			
	Patients		Hours		Patients		Hours		Patients		Hours	
	This Month	Year to Date	This Month	Year to Date	This Month	Year to Date	This Month	Year to Date	This Month	Year to Date	This Month	Year to Date
MCM												
PCM												
CW												
PRS												
Unduplicated patients and Cumulative Hours Total:												

Column A.1 identifies patients served for all tasks that were enrolled in MCC services

Column A.2 identifies patients served for all tasks that were not enrolled in MCC services

Column A.3 is the total number of unduplicated patients served for all tasks. Tallied from A.1 and A.2.

	Part B. Screener Outcomes and Enrollment Tracker Status									
	Screener Outcomes				**Enrollment Tracker Status**					
	B.1 Screening		**B.2 Needs MCC**	**B.3 No Need at Screening**	**B.4 Total Patients Tracked**		**B.5 Opt Out,**	**B.6 Unable to Contact**	**B.7 Enrolled in MCC**	**B.8 Lost to Follow-Up**
	Patients	Hours	Patients	Patients	Patients	Hours	Patients	Patients	Patients	Patients
This Month										
Year-to-Date:										

Part B – Screener Outcomes and Enrollment Tracker Status. This Part captures the results of MCC Screener Outcomes and Tracker Status by patient.

Screener Outcomes
B.1 - Screening: All patients screened and amount of time spent conducting screening tasks. This is the sum of B.2 – B.3
B.2 - Needing MCC: This captures the results of the screener where the **Screener Results** = "**Yes**, **Needs MCC**"
B.3 - No Need at Screening: This captures the results of the screener where the **Screener Results = No, "No Need at Screening**"

Enrollment Tracker Status
B.4 – Total Patients Tracked – Represents the total number of patients whose Enrollment Status was Tracked in Casewatch and hours spent by staff conducting tracking activities. This is the sum of B.5 – B.8.

B.5 – Opt Out: These are patients where the Enrollment Status was set to 'Opt Out' because the patient did not want to participate in MCC for MCC services.
B.6 – Unable to Contact: These are patients where the Enrollment Status was set to 'Unable to Contact' because staff could not contact the patient
B.7 – Enrolled in MCC: These are patients where the Enrollment Status was set to Enrolled in MCC because the patient chose to participate in MCC
B.8 – Lost to Follow-Up: These are patients where the Enrollment Status was set to Lost to Follow-Up because the patient has not returned to the clinic

	Part C. Patient Acuity Summary													
	C.1 Severe		C.2 High		C.3 Moderate		C.4 Self-Managed		C.5 Patients with no Acuity		C.6 Total Pts Served This Month		C.7 Total Pts Served YTD	
Staff Name, Position	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours
MCM														
PCM														
CW														
PRS														
MCM														
PCM														
CW														
PRS														
This Month:														
Year-to-Date:														
% of Patients Virally Suppressed														

Columns C.1 – C.4 include all patients by acuity according to current assessment data and the hours represent ALL service hours patients received (Assessment, Care Plan, Brief Interventions, Referral, Follow-Up and Monitoring, and Case Conferencing).

Column C.5 is the total number of patients served that do not have an acuity assigned during the time period.

Column C.6 is the total number of all patients that received services by the MCC Team during this reporting period.

Column C.7 is the total number of patients that received services year-to-date.

Rows: Staff Name and Position: list of staff providing MCC services indicating number of patients and hours of service by patient acuity in adjacent columns. Then totals for services provided "This Month" and Year to Date." Finally, the last row indicates the Percentage of patients that are virally suppressed Year to Date, by patient acuity.

Note: Viral Load data is pulled from the most recent assessment. If viral load data is missing, then patient will show as **NOT** virally suppressed.

Staff Name, Position	Brief Interventions												D.7 Monthly Total		D.8 Year-to-date Total	
	D.1 Medication Adherence Counseling		D.2 Risk Reduction Counseling		D.3 Disclosure Assistance		D.4 Engagement In Care		D.5 Behavioral Health		D.6 Re-Engagement in HIV Care					
	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours
MCM																
PCM																
CW																
PRS																
MCM																
PCM																
CW																
PRS																
Monthly Total:																
Year-to-Date Total:																

Part D. Brief Intervention Activities

This part of the report still captures the total number of all patients served and direct service hours delivered by Brief Interventions (Medication Adherence Counseling; Risk Reduction Counseling; Disclosure Assistance; Engagement in Care; Behavioral Health, and Re-Engagement in HIV Care) for "This Month" and "Year-to-Date"

Columns D.1-D.6 includes all patients who had hours reported for the Brief Interventions noted (Medication Adherence Counseling; Risk Reduction Counseling; Disclosure Assistance; Engagement in Care; Behavioral Health and Re-Engagement in HIV Care) that MCC staff provided to the patient.

Column D.7 is the tally of all patients (unduplicated) and all hours (summed) reported in Columns D.1 through D.6 to reflect patients receiving Brief Interventions during the monthly reporting period.

Column D.8 is the tally of all patients (unduplicated) and all hours (summed) reported in Columns D.1 through D.6 to reflect patients receiving Brief Interventions year-to-date.

	Part E. Referrals and Linkages											
	E.1 Housing Services		E.2 Mental Health Services		E.3 Disclosure/ Partner Services		E.4 Addiction Treatment		E.5 DHSP's LRP Program		E.6 Total		E.7 Percentage
	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	% of Patients Linked
MCM													
PCM													
CW													
PRS													
This Month:													
Year-to-Date:													

This part of the report captures the number of unduplicated patients from Part A, Column A.1 that were referred and linked to services in the reporting period.

Row This Month is the Monthly Program Total for reporting period

Row Year-to-Date is the Program Total annual reporting period

Column E.1 is the number of patients that were referred and linked to Housing Services in the reporting period

Column E.2 is the number of patients that were referred and linked to Mental Health Services in the reporting period

Column E.3 is the number of patients that were referred and linked to Disclosure/Partner services in the reporting period

Column E.4 is the number of patients that were referred and linked to Addiction Treatment Services in the reporting period

Column E.5 is the number of patients that were referred and linked to DHSP's Linkage and Reengagement Program in the reporting period

Column E.6 is the tally of patients in Columns E.1 through E.5 that were referred and linked in the reporting period

Column E.7 is the number of patients linked in Column E.6 divided by the number of patients referred in Column E.6.

Part F. Overdue Item Status			
	F.1 Overdue Screener	**F.2 Overdue Enrollment Tracker**	**F.3 Overdue Assessment**
	# of Patients	Total # of Patients	# of Patients
This Month			
Year-to-Date:			

Column F.1 identifies patients who were initially Screened, where their 6-month Screener is Overdue in Casewatch
Column F.2 includes unduplicated patients where the Screener Status = 'Needs MCC' that DO NOT have a current Enrollment Tracker entered in Casewatch
Column F.3 includes patients where the Enrollment Status = Enrolled in MCC that DO NOT have a current assessment entered in Casewatch

Document Date: 07/25/2018

CASEWATCH CONSENT FORM

COUNTY OF LOS ANGELES
Public Health

Division of HIV and STD Programs
www.publichealth.lacounty.gov/aids

Casewatch Millennium®
Client Consent Form

I, _____, *(print full name)* wish to register with Ryan White Program/Casewatch Millennium® in order to receive services funded by the Ryan White Program or the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP). During registration, I will be asked to provide information about myself, including my name, race, gender, birth date, income and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, risk behaviors, my general physical and medical condition and medical history.

In addition to providing information, I will provide an original letter of diagnosis signed and dated by my doctor, or have a blood test that shows that I am HIV positive. By signing this form, I verify that I reside in Los Angeles County.

I understand that certain services may be available to HIV-negative partners, family members, or other caregivers affected by HIV, and registration and service information for these clients will not be shared between agencies regardless of my own share status. I understand that my name and information will not be shared outside the Ryan White Program/Casewatch Millennium® system unless I provide my specific, informed consent for such a disclosure. A list of Ryan White Program/Casewatch Millennium® agencies is available upon request.

Additionally, as a condition of receiving Ryan White Program services, I agree that my information will be made available to my local health department, to fiscal agents that fund services I receive, to DPH/DHSP, and to the State of California Department of Public Health (CDPH), Office of AIDS, AIDS Regional Information and Evaluation System (ARIES) for mandated care and treatment reporting, program monitoring, statistical analysis and research activities. This information includes the minimum necessary, but is not limited to gender, ethnicity, birth date, zip code, diagnosis status, and service data. No identifying information, such as name and social security number, will be released, published, or used against me without my consent, except as allowed by law.

> By checking the "I AGREE and UNDERSTAND" box below, I understand that my relevant health, including HIV status, and income information will be shared with my local health department, fiscal agents that fund services I receive, the Department of Public Health, Division of HIV and STD Programs, and the State of California Department of Public Health (CDPH), Office of AIDS, AIDS Regional Information and Evaluation System (ARIES) when I request enrollment in care or access to services at a Ryan White Program agency. Only authorized personnel at each agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, legal and/or substance abuse services will only be shared as allowed by law. In most cases, I will not need to re-register (in Casewatch Millennium®) or provide a letter of HIV diagnosis when I require services from an agency providing services funded by the Ryan White Program or the DPH/Division of HIV and STD Programs.
>
> ☐ **I AGREE AND UNDERSTAND**

My registration in Ryan White Program/Casewatch Millennium® does not guarantee services from any agency. Waiting lists or eligibility requirements may exclude me from services at other Ryan White Program/Casewatch Millennium® agencies.

By signing this form I acknowledge that I have been offered a copy of this consent form, and have discussed it with the staff person indicated below. I understand that this form will be stored in my paper file and that this consent form remains in effect for three (3) years from the date I sign this form.
.

_____   _____
Signature of Client or Parent/Guardian of Minor Child   Date

For Local Health Care Agency Use Only	
_____	_____
Administered By	*Agency Name*
_____	_____
Signature	*Date*

DHSP 12-001 (Rev 6/2012)