

New ARIES Case Management Units of Service Sub-Categories: Intake and Recertification

What are the new sub-categories?

We've created 3 new sub-categories to capture activities that fall under the range of services offered under 'Case Management'. All 3 sub-categories can be found under both Non-Medical Case Management and Medical Case Management. These are the 3 sub-categories:

- **Intake – CM:** Upon completing the Brief Intake and Eligibility Determination, both the client and the case manager determine that the client needs case management in order to maintain access to care. The client is referred to case management services and becomes an active case management client.
- **Intake – No CM:** Upon completing the Brief Intake and Eligibility Determination, both the client and the case manager determine that the client **DOES NOT** need case management to maintain access to care i.e. the client can manage their health and medical treatment on their own without the assistance of case management. The client is NOT referred to case management and instead can access other necessary agency services on their own.
- **Recertification:** Captures the 6 month recertification activities as required by HRSA

Why did these get created?

- **To accurately capture the activities that are performed as part of 'case management'** and to create a portal to allow for clients to enter the system without having to utilize case management activities when they are not needed.
- **To create a way to get more accurate data about case management clients.** Currently, the only way to know if a client is a 'case management' client is to look at all clients who received at least 1 unit of service of case management during the reporting period and quantify them as a 'case management' client. This has resulted in a number of clients being counted in the case management report who aren't actively being case managed. With these new service sub-categories, we can note all clients who enter the system who aren't 'case management' clients (Intake – No CM), and remove those clients from case management reports.
- The recertification sub-category will help staff **keep track of when they perform the required 6 month recertification, and when a client is due to be recertified.**

When do I use these units of service?

The intake sub-categories (Intake – CM; Intake – No CM) should be used at the client's initial intake and entry into your agency. **Once a client has been referred to case management, it is not necessary to use this sub-category again during the remainder of the client's time in case management.**

The recertification sub-category should be used when the client has their 6 month recertification (attestation of income, insurance, etc.).

Do I have to use these units of service?

Yes, we are requiring that everyone utilize these new categories to track all client intakes and recertifications.

Can I see an example of what this looks like?

Sure! (Please view attachment A to see screen shots of how the below case scenarios would be entered)

Client A – No CM Indicated

Recently relocated to the area and is at your agency for his Brief Intake and Eligibility Determination. Over the course of the interview, you find out that the client has insurance, is established with a doctor in town and has already gone to his first appointment. He has been on HIV medication for 5 years and has been adherent – his most recent lab work shows an undetectable VL and a CD4 count of 500. The client states that the only assistance he needs is assistance with his insurance co-pays and oral health care. The client is eligible based on agency criteria to receive services. You and the client both agree that he does not need case management to maintain care.

You enter all the necessary info into ARIES about the client's demographics in order to provide necessary financial assistance. Your session today with the client would be entered under the Services tab as Case Management (non-medical) > Intake – No CM. You also write a progress note summarizing the session and explaining why the client is not accessing CM activities at this time.

During the same visit, the client asks for an oral health care referral. You enter the referral information in the referral screen (Care Plan tab > Referrals).

Client B – CM Indicated

Recently diagnosed, the client is at your agency for the first time for her Brief Intake and Eligibility Determination. The client has not scheduled a doctor's appointment yet, and is unsure how she is going to pay for any medical care at all since she doesn't have any insurance. The client talks about how she feels overwhelmed with all the information she's been given in the past few weeks and doesn't know what to do next. Based on your conversation with the client, you both decide that the client needs case management in order to access care. The client is eligible based on agency criteria to receive services.

You enter all the necessary info into ARIES about the client's demographics. Your session today with the client would be entered into the Services tab as Case Management (non-medical) > Intake – CM (see below). You also write a progress note summarizing the session and explaining why the client has a need for case management. In your agency, you are also the staff who provides case management, so you begin the assessment process with the client. During this process you are able to complete the SAMISS. You are only able to speak an additional hour, so you schedule a follow-up visit to complete the assessment. You enter in an additional service note for the additional hour you spent with the client as Non-Medical Case Management (4 units) and write an additional progress note summarizing what happened during the assessment. In addition, you also enter in the results of the SAMISS under the Risks & Assessments tab > Assessments > SAMISS.

	Intake	Assessment required?	MH/SA or behavioral risk screenings required?	Reassessment required?	Can receive financial assistance and referrals?	Using Units of Service of CM is an option in ARIES?
Client A	No CM	X	X	X	✓	X
Client B	CM	✓	✓	✓	✓	✓

Client A – No CM Indicated

1) Enter a UOS of "Case Management (non-medical)" > "Intake – No CM". In this example, we only entered 1 UOS, but you should enter the amount of time that appropriately reflects the amount of time spent with the client.

Service

Client Client A

Staff 1500003288

Date of Service * 8/23/2013

Contract Name * 12-13 Part B

Program Ryan White

Primary Service * Case Management (non-medical)

Secondary Service * Intake-No CM

Agency Subservice Intake-No CM

Units of Service 1 @ \$ 0.00 per 15 Minutes = \$ 0.00 **Total**

Client Payment CARE/HIPP Co-Payment

Actual Minutes Spent

Service Notes

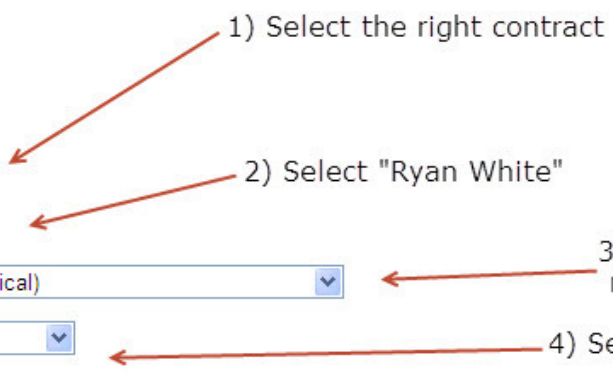
Finalize (record will be uneditable after changes are saved)

Save + Done **Save + Another ▶** **Cancel**

Site 1

Days to Next Service date

Created Date



2) Enter a progress note summarizing the client session and explaining why the client does not have a need for case management.

Client A **Case Notes**

StaffID 1500003288

Created 8/23/2013

Type Assessment/Reassessment

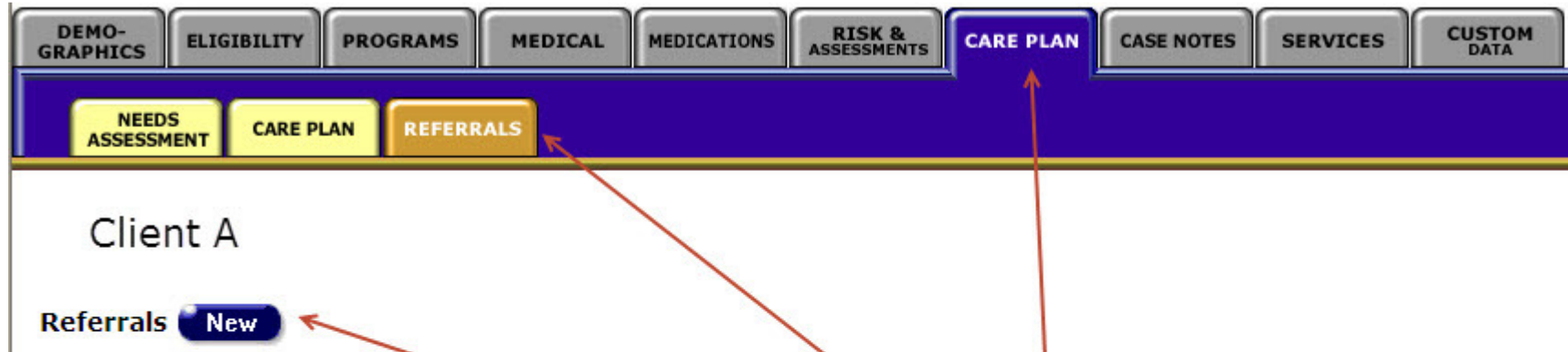
Activity Date 8/23/2013

Category Impressions 175 characters (max 7,750) Don't share

New Paragraph

This is where you summarize the session and explain why the client DOES NOT need case management, and what other assistance needs they client has








3) Find the referrals tab (under "Care Plan") in order to enter in the referral information



- 1) Click on "Care Plan" tab
- 2) Click on "Referrals" tab
- 3) Click on "New" to enter a new referral

Once you are in the referral screen, enter in the correct referral information including the expected target and follow-up dates

Client A Referral

Referral Date	<input type="text" value="8/23/2013"/> 
Program	<input type="text" value="Ryan White"/> 
Primary Service	<input type="text" value="Oral Health Care"/> 
Secondary Service	<input type="text" value="Routine Treatment"/> 
Refer To	<input type="text" value="Dental"/> 
(other)	<input type="text"/>
Target Date	<input type="text" value="8/28/2013"/> 
Follow-Up Date	<input type="text" value="8/29/2013"/> 
PSC Code	<input type="text"/>
Reason	<input type="text"/>

You must enter in the target date, and the follow-up date

After you've saved the referral, it'll return you back to the main referral screen which will look like this:



Client A

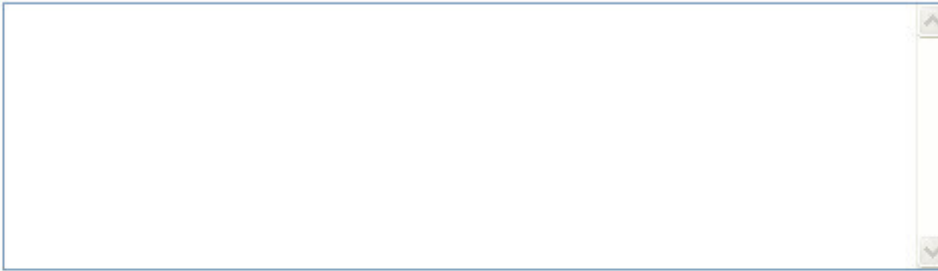
Referrals **New**


Date	Service	Referred to	Target Date	Outcome
8/23/2013	Ryan White > Oral Health Care > Routine Treatment	Dental	8/28/2013	Edit

Finally, following the appointment, go back into the referral screen, click the "Edit" button under "Outcome" and enter in the outcome of the referral

Outcome Date 

Outcome

Notes 



This is where you'll enter in the outcome - your choices are: "Kept appointment", "No Show", "Rescheduled appointment"

4) Finally, enter a progress note explaining the referral made, and how Ryan White funds are being used as a payor of last resort.

Client A **Case Notes**

StaffID 1500003288

Created 8/23/2013

Type Progress Note

Activity Date 8/23/2013

Category Medical 130 characters (max 7,750) Don't share

New Paragraph

This is where you explain why you're making the referral, why the client needs assistance, and how Ryan White funds are being used as a payor of last resort

Client B – CM Indicated

1) Enter a UOS of "Case Management (non-medical)" > "Intake – CM". In this example we only entered 1 UOS, but you should enter the amount of time that appropriately reflects the amount of time spent with the client.

Service

Client Client B

Staff 1500003288

Date of Service * 8/20/2013

Contract Name * 12-13 Part B

Program Ryan White

Primary Service * Case Management (non-medical)

Secondary Service * Intake-CM

Agency Subservice Intake-CM

Units of Service 1 @ \$ 0.00 per 15 Minutes = \$ 0.00 **Total**

Client Payment CARE/HIPP Co-Payment

Actual Minutes Spent

Service Notes

Finalize (record will be uneditable after changes are saved)

1) Select the right contract

2) Select "Ryan White"

3) Select "Case Management (non-medical)" as the "Primary Service"

4) Select "Intake - CM" as the "Secondary Service"

Site 1

Days to Next Service date

Created Date

2) Enter a progress note summarizing the client session and explaining why the client has a need for case management.

Client B

Case Notes

StaffID 1500003288

Created 8/22/2013

Type Assessment/Reassessment

Activity Date 8/22/2013

Category Impressions 110 characters (max 7,750) Don't share

New Paragraph

This is where you summarize the session and explain why the client has a need for case management

3) After completing part of the assessment, you enter in the appropriate UOS of CM for the session.

Service

Client Client B

Staff 1500003288

Date of Service * 8/20/2013

Contract Name * 12-13 Part B

Program Ryan White

Primary Service * Case Management (non-medical)

Secondary Service * Case Management (non-medical)

Agency Subservice Case Management (non-medical)

Units of Service 4 @ \$ 0.00 per 15 Minutes = \$ 0.00 **Total**

Client Payment CARE/HIPP Co-Payment

Actual Minutes Spent

Site 1

Days to Next Service date

Created Date

Service Notes

Finalize (record will be uneditable after changes are saved)

Save + Done **Save + Another ▶** **Cancel**

4) Since you were able to complete the SAMISS during the session, you also enter that information under the risks and assessments tab.

Client B

Psychosocial Factors **Edit**

Functional Status

Date	Staff
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New

Behavioral Risk

Date	Staff
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New

Barriers to Care

Date	Staff
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New

Substance Abuse and Mental Illness Symptoms Screener (SAMISS) ← Enter SAMISS results here

Date	Staff	Refer to Substance Abuse Treatment	Refer to Mental Health Counseling
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New

5) Finally, you enter in a progress note detailing the assessment portion of the session and details about the planned follow-up session.