

Module 3

Client Intake



Intake Policy

✚ Medical Case Managers must perform an initial intake and assessment for every client.

✚ ARIES Intake Form, Share/Non-Share Form, and HIPAA will be completed for every new client entering into the system of care. These will also be updated at the beginning of each new fiscal year.

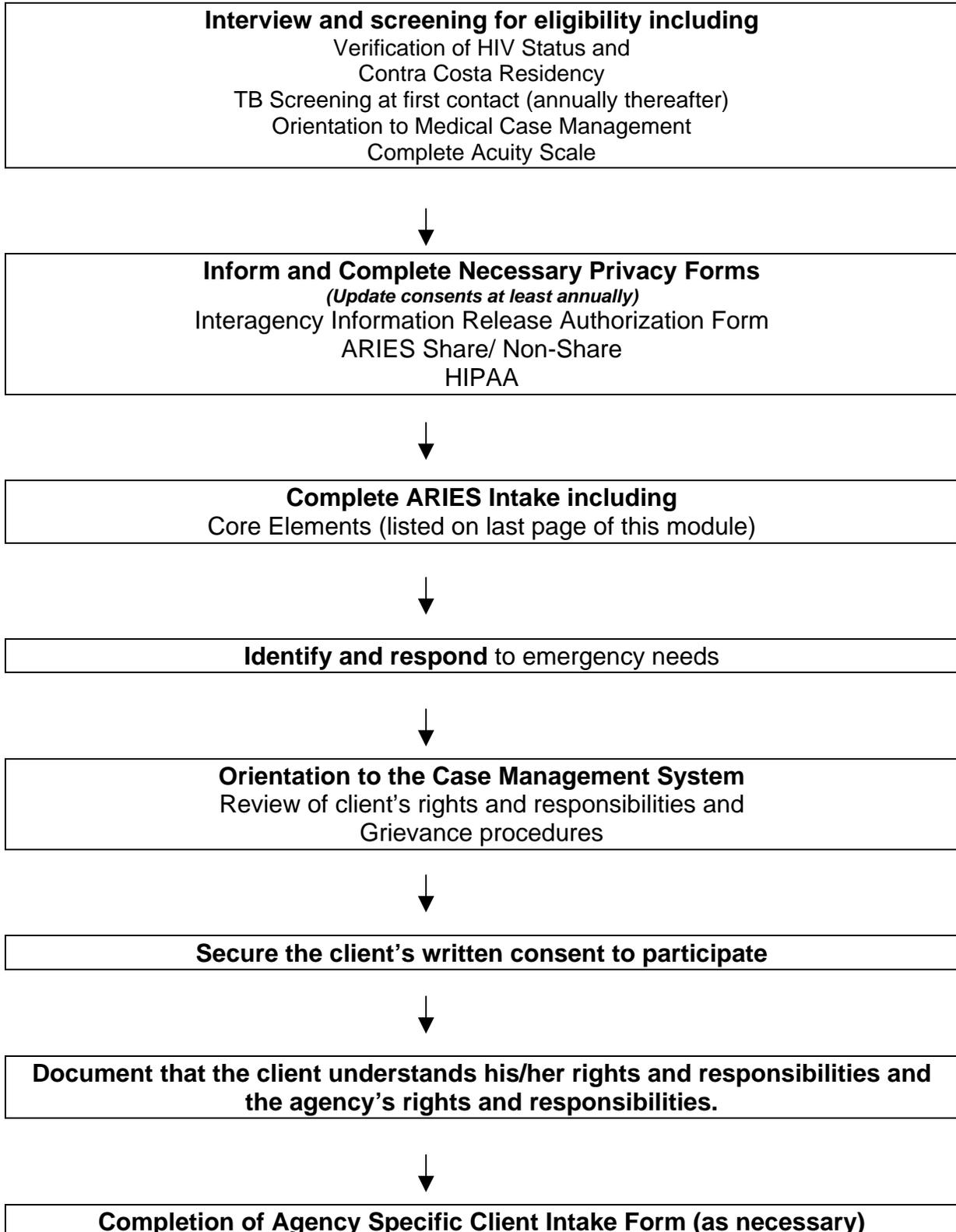
✚ Intakes should begin at the first contact and be completed by the second visit.

✚ The purpose of client intake is to enter eligible clients into the ARIES system for further assessment, development of a care plan and any requisite interventions. Core elements must be collected to accomplish this task.



Minimum Requirements

At a minimum, the intake appointment should include:

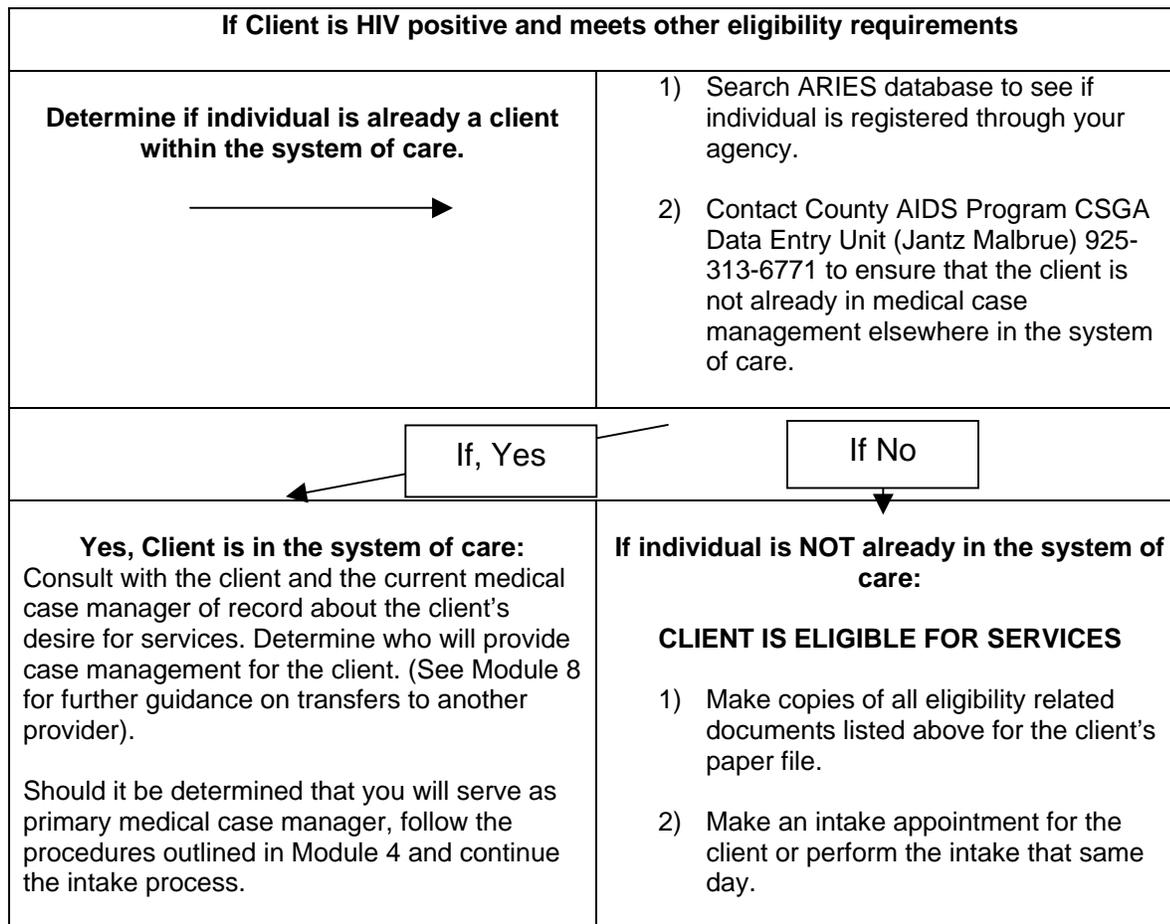


INTAKE PROCEDURE*

At first contact, Medical Case Manager should request that the client bring all necessary eligibility information (see below) to the intake appointment. The intake cannot be completed without obtaining this information.

<p>ELIGIBILITY SCREENING</p> <p>At the beginning of the intake, screen the client for program eligibility as follows:</p> <p style="text-align: center;">→</p>	<p>Request proof of identify</p> <ul style="list-style-type: none"> • Driver's license or other photo ID <p>Request proof of HIV status</p> <ul style="list-style-type: none"> • <i>Original medical provider letter <u>or</u></i> • <i>Non-anonymous test result</i> <p>Request proof of County residency (Verify Annually) The following are acceptable:</p> <ul style="list-style-type: none"> • <i>Letter with official letterhead addressed to individual</i> • <i>Utility/other bill</i> • <i>Driver's license/California identification card</i> • <i>Rental agreement</i> • <i>Check stub with residence identified</i> • <i>Client's signed statement asserting residency (if homeless).</i> <p>Request proof of income</p> <ul style="list-style-type: none"> • <i>Check stub, letter confirming SSI or GA, proof of self-disclosed income for the purposes of providing EFA, or assisting with benefits issues and eligibility for means test services (i.e. ADAP, etc.), as applicable.</i> • <i>If no income information is available the client is still eligible for other non-income based services (i.e. medical case management, mental health coordination, substance abuse, etc.).</i> <p>Collect proof of health insurance coverage or status</p> <ul style="list-style-type: none"> • <i>If none, collect necessary documents required for Basic Health Care (BHC). (All above plus proof of resources i.e. bank statements, retirement income statements).</i> • <i>Basic Health Care (BHC) expires every 6 months unless a grace period is provided. ADAP expires every year on client's birthday unless grace period is provided.</i> <p>Screen using acuity scale</p> <ul style="list-style-type: none"> • Complete the Acuity Scale document to determine level of care.
<p>IF the individual is found to be NOT ELIGIBLE for medical case management</p>	<ul style="list-style-type: none"> • Explain the eligibility requirements and how they were not met (i.e. not HIV positive). DO NOT CONTINUE INTAKE. <p>NOTE: For people living with HIV/AIDS who are residents of another County, discuss a referral to their county of residence and do not continue intake. If the client wishes to receive services in Contra Costa and there is available services for Contra Costa residents, then continue with intake and providing services. Obtain releases for residence county service providers to prevent over-use of services.</p>

**Documentation associated with the following procedures should be kept in each client's file.*



Continue Intake Steps on Next Page



If Client is found to be ELIGIBLE

<p>1) Create a client file.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Label Paper File • Insert Eligibility Documentation • Include Other Documentation as necessary for Agency <input type="checkbox"/> Open an ARIES electronic file with the required core elements (see page 8 at the end of this module for the required core elements list). If client does not have a SSN use 000-00-0000.
<p>2) Inform and Complete Necessary Privacy Forms including:</p>	
<p><i>a) Interagency Information Release Authorization Form</i></p>	<p>Have Client:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Read <input type="checkbox"/> Discuss <input type="checkbox"/> Fill Out <input type="checkbox"/> Sign <p>the Interagency Information Release Authorization Form and make sure clients understand that it allows the medical case manager to share private client information with marked agencies in order to coordinate client care. <i>(See copy of the form and instructions in the Appendix).</i></p> <p>Note:</p> <ul style="list-style-type: none"> • <i>The form is for use with agencies that do not use ARIES.</i> • <i>Agencies participating in the Ryan White System of Care are to use the ARIES Share/Non-Share Form for client consent to share information.</i> • <i>The permission is for 1 year and can be revoked at anytime by the client.</i> • <i>The form does not take the place of HIPAA forms.</i> • <i>For clients with low literacy skills, it will be necessary to read the contents of the form to the client.</i> • <i>The signed form must be kept in the client's file.</i> <p>If a client refuses to agree to share, note it on the form and keep it in their file. In such a case, their information must not be released to any other agency. Reinforce with clients and document their understanding of the limitations this places on their care and that direct referrals, coordinated services, or access to EFA will not be possible without their agreement to share.</p>

b) <i>ARIES Share/ Non-Share Consent Form</i>	Used for permission to share client information with other ARIES users who are Ryan White service providers. Have client review and sign form. Clients who elect non-share will be limited in their access to other services. (See sample in the appendix).
c) <i>HIPAA</i>	Give client a copy of privacy practices and have client sign that it was received.
3) Identify and respond to emergency needs.	Address any immediate client concerns/ issues and document in case notes.
4) Orient Client to the Contra Costa System of Care	Using the Orientation Checklist (Module 3 Appendix) as a guide, inform each client of the agency's: <ul style="list-style-type: none"> • <i>client roles and responsibilities and grievance policies</i> and have them sign the agency's client's roles and responsibilities and grievance forms. • Complete Client TB screening Form. <p>*All forms are found in the Module 3 appendix.</p>
5) Document the client understands his/her rights and responsibilities and the agency's rights and responsibilities.	Review and have client sign document. See examples in Module 3 Appendix.
6) Complete ARIES Client Intake and Assessment <u>and</u> Agency Intake Form (Not required)	The ARIES Client Intake and Assessment form has been provided to record this information for each client that will be entered into ARIES (see Appendix Module 3). The Acuity Scale is also completed. Both of these forms are required. <i>Be sure to collect additional locating information in the event the client leaves care services.</i> Agencies may elect to have their own Intake Form (this is optional – sample provided in Appendix)
7) Complete ARIES Contact Form	Record units of services provided to each client served and enter into the ARIES system.
8) Case Notes	Document what was done with the client in the case notes section remembering to sign and seal the entry in ARIES. This allows the note to be viewed if client elected to share.

IF CLIENT HAS DISABLED ID CARD
Request their disabled ID and make a copy for their file. If they have not obtained a disabled ID, provide the client with information on how to get one. This will be helpful should the client eventually need transportation assistance through the EFA program. Only provide disabled passes if the client has the appropriate ID.

Documentation Requirements

Paper Files	ARIES File <i>(Core element fields)</i>
<ul style="list-style-type: none"> • Documentation needs to mesh with ARIES Minimum Client Data to be Included in New Intakes (See checklist in Module 3 Appendix) • Consent Forms w/ client signature <p>Other Documents/Information</p> <ul style="list-style-type: none"> • ARIES Intake and Assessment Form • Work Phone Number (<i>whether or not they can be contacted there</i>) • Housing Status • Country of Birth. • Primary Physician, address, phone number. • Clinic/Hospital name, phone number. • Date of HIV Diagnosis, date of disabling HIV diagnosis; date of AIDS diagnosis, where diagnosis confirmed. • Emergency contact name, address, phone number, relationship, whether or not this contact is aware of HIV status. • A list of the other agencies a client has accessed including contact person and phone number. • Confirmation that a client has received tuberculosis (TB) screening: complete TB screening questionnaire (see Appendix Module 3 for form). • Additional locating information in case client becomes homeless or primary number is disconnected. (i.e. friends and relatives numbers/ addresses, hangouts, etc.) 	<ul style="list-style-type: none"> • Client Full Name including middle initial • Mothers maiden name (if not available, use client's last name) • Date of Birth • Gender • Program (ex. CMP, MCWP, Ryan White Part A, HOPWA, etc.) • Share/Non-Share Status • Agency/Staff • Date of Intake • Home Address • Home Phone Number (<i>whether or not they can be contacted there, whether the agency's name can be mentioned and/or their HIV status can in any way be referenced</i>) • Email, if available • Also Known As (AKAs) • Social Security Number • Race/Ethnicity • Housing Status • Letter of Diagnosis or lab results obtained • Picture ID (or other source of spelling of name) • Income amount and sources and poverty level • Health Insurance • CDC Disease Stage • Source (documentation of disease status) • Date of First HIV+ test result (if unknown, fill in earliest date of diagnosis) • ART Medications (See Guidance in Appendix) • Other Medications

Begin Needs Assessment in Module 4

