

A decorative graphic on the right side of the page features three blue circles of varying sizes and two thin blue lines. One large circle is at the top, a smaller one is in the middle, and another large circle is at the bottom right. Two thin blue lines intersect to form a V-shape that frames the circles.

Casewatch Handbook for HIV/AIDS Linkage Case Management

Automated Case Management Systems, Inc.
and the Division of HIV and STD Programs

Revised 12/18/2014

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GETTING STARTED

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 Linkage Case Management 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 Linkage Case Management 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 Linkage Case Management Module specifically.

Starting Casewatch

To start Casewatch, follow the steps below:

1. Double-click the Casewatch Millennium icon on your desktop.



The Casewatch login window appears.

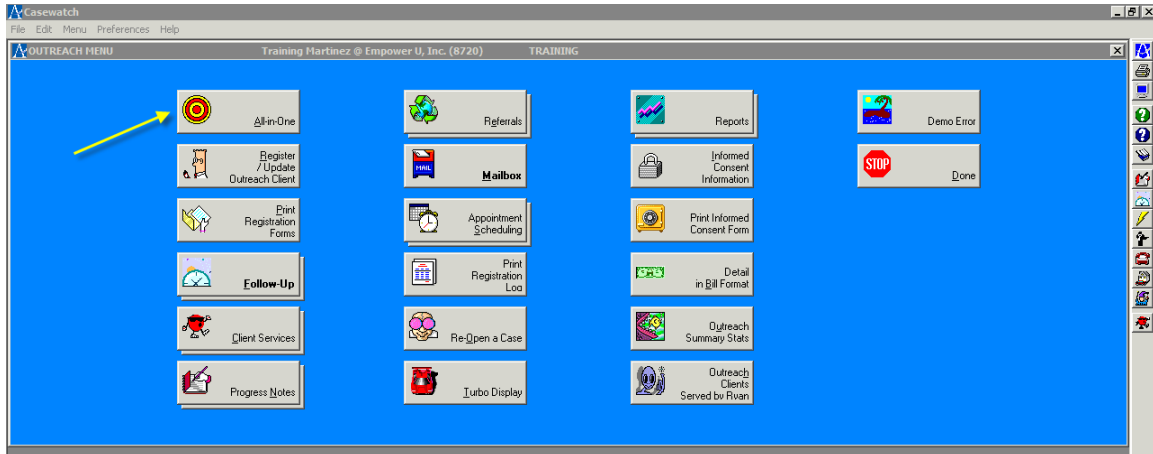


Note: If you do not know your user name and password, see your Casewatch System Manager.

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.

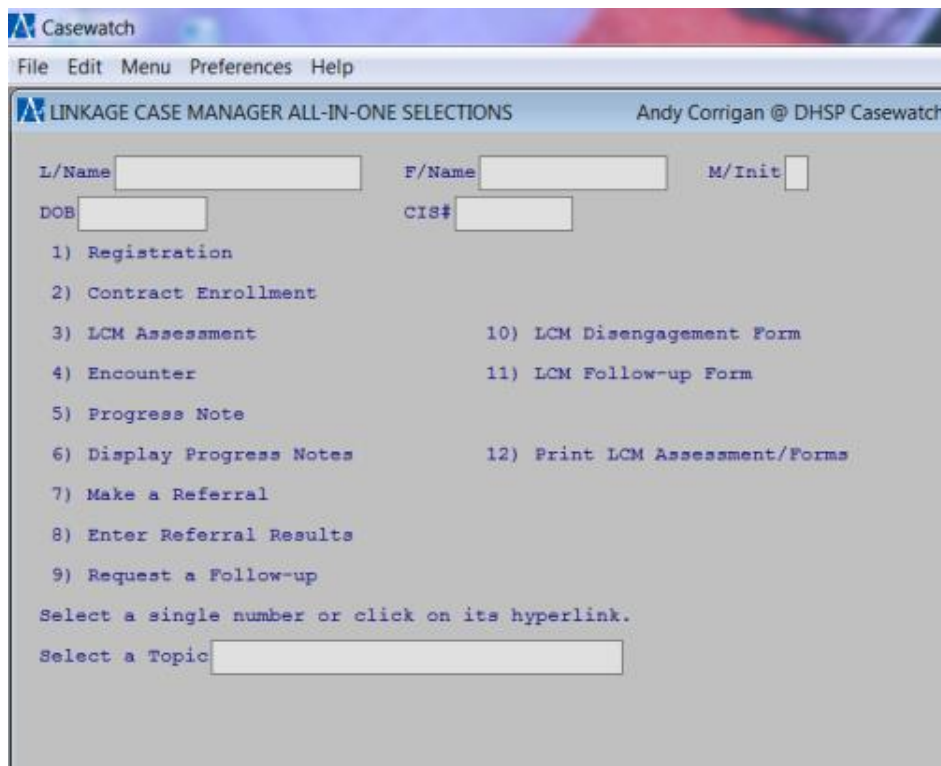


You will primarily use the All-on-One function for most of your work. **Click on All-in-One** from the main menu.



REGISTERING A CLIENT

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.



Use the Registration module to enter detailed demographic, financial and medical information about the client into the system. **Note:** Please be advised that a client must be registered before you can use the system to manage the case.

After a few moments, the Casewatch main menu will appear. You are now in Casewatch!



Casewatch main menu

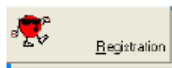
Note: The main menu shown above may not match what you see on your screen. Your Casewatch System Manager determines which modules you have access to, so some of the buttons above might not be available.

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**.



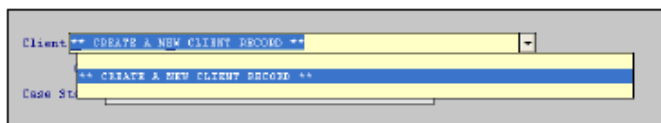
The Identify a Client screen will appear.

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**).

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

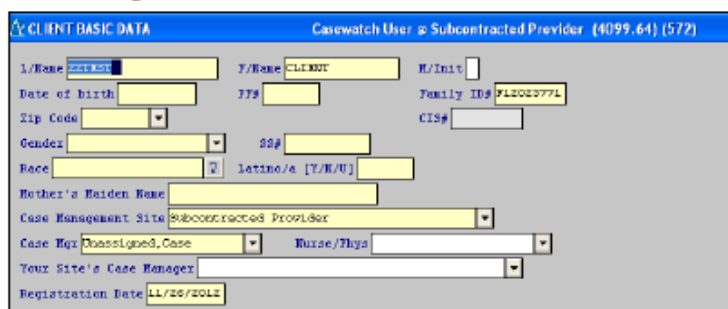


Create new client record

5. Click **Create New Client Record**. The Client Basic Data screen will appear unless the client's eligibility 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

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 has not listed, then click on "Create NEW Client Record."

This will take you to the Client Basic Data screen.

Client Basic Data

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



Has the client signed the Consent to Release and Exchange Information? YES

Previous Date Signed

At Site

New Date Signed (New form must be signed every year)

At Site

Informed Consent Last Updated

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.

Casewatch Consent to Release and Exchange Information Form



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

ENROLLING THE CLIENT

Casewatch
File Edit Menu Preferences Help

CONTRACT / GRANT STATUS Andy Corrigan @ AIDS Project Los Angeles (7054) (10520) PRODUCTION

L/Name LEE F/Name PINKY Case# AP00002 Page

Contract / Grant Name	Disenroll	Effective	Branch?
DENTAL YR 20 FOR APLA (03/01/10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEALTH YR 20 FOR APLA - (07/01/10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOPWA - FOOD BANK FOR APLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOPWA SHORT TERM HOUSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINKAGE CASE MANAGEMENT	Enroll	09/24/2014	<input type="checkbox"/>
MENTAL HEALTH - APLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH - PACIFIC CENTER PROGRAM ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTION FOR POSITIVES (MH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT EDUCATION PROGRAM (APLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE THAT YOU CAN'T PROCEED WITH ASSESSMENTS OR ENTERING SERVICES UNLESS THE CLIENT IS ENROLLED IN THE LINKAGE CASE MANAGEMENT CONTRACT.

LCM is used to connect HIV+ clients to care. Eligible clients are those who have been out of care for at least 7 months or who have been diagnosed with HIV for over 90 days and have never been in care.

In order to be enrolled in an LCM contract the client:

- Must NOT have a Viral Load or CD4 result in the system in the last six months
- Is NOT CURRENTLY enrolled in another LCM contract or
- Has PREVIOUSLY been enrolled in a LCM contract

ENTERING THE CLIENT ASSESSMENT

The screenshot shows the Casewatch application window. The title bar reads "LINKAGE CASE MANAGEMENT ASSESSMENT" and the user is identified as "Andy Corrigan @ Minority AIDS Project (8354) (3728)". The interface includes a menu bar with "File", "Edit", "Menu", "Preferences", and "Help". The main area contains several input fields: "L/Name", "F/Name", "M/Init", "DOB", "Case#", and "CA/ISP ID#". Below these is a text field for "Assessment Type" containing "Linkage Case Management", and two date fields for "Assessment Date" and "Last Worked". A list of topics is shown, starting with "1) Linkage Case Management Assessment *". A "Select a Topic" dropdown menu is present, followed by instructions: "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."

USING THE LINKAGE CASE MANAGEMENT MODULE AND ENTER THE INFORMATION INTO CASEWATCH.

HIV care status

- Previously in HIV Care**
- Never in HIV Care**

When did you first test positive for HIV

Enter the Month/year the client first tested positive for HIV.

How important is it for you to see an HIV doctor

- Not at all important
- Somewhat important
- Extremely important

Have you ever seen a doctor for your HIV?

Enter "Y" for YES or "N" or NO

If YES, when was the last time you saw an HIV doctor/specialist:

Enter the Month/Year

Is it difficult for you to see your HIV doctor as often as you like? Enter "Y" for "YES" or "N" for NO

Casewatch
File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8346) (8324)

Client Case#

5. What types of things got in the way or made it difficult for you to see your doctor as often as you are supposed to? (select all that apply)

If other

5b. Of the reasons you told me, which do you think is the main reason keeping you from seeing an HIV doctor?

8. Where did you go the last time you saw your HIV doctor?

Provider Name

9. How many times have you seen your HIV doctor in the past 12 months

10. Do you want to go back to that HIV Doctor/Clinic for your HIV care?

If No, why do you not want to go back (select all that apply)

Casewatch
File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8345) (8324)

Client Case# CIS#

ISP ID# Linkage CM Name

Assessment Date

HIV Care Status

(READ): I am going to ask you some questions about yourself to help me better understand how we can work together to get the health and support services you may need. Some of the questions I ask may be personal. You do not have to answer any questions you feel are too personal or that make you uncomfortable but your answers will help me to better understand your strengths and needs.

1. When did you first test positive for HIV

2. How important is it for you to see an HIV doctor

3. Have you ever seen a doctor for your HIV?

3a. If YES, When was the last time saw HIV doctor/specialist:

Date of most recent visit

4. Is it difficult for you to see your HIV doctor as often as you like?

What types of things got in the way or made it difficult for you to see your doctor as often as you are supposed to? (Select all that apply)

- Access to HIV provider
- Childcare
- Clinic Location
- Cost of HIV care/no insurance
- Disclosure
- Fear
- Health Status
- I don't need help with anything to see an HIV
- Living Situation
- Mental Health Status
- Stigma
- Substance Abuse
- Other

If other was selected, explain the reason here:

Of the reasons you told me, which do you think is the main reason keeping you from seeing an HIV doctor?

- Access to HIV provider
- Childcare
- Clinic Location
- Cost of HIV care/no insurance
- Disclosure
- Fear
- Health Status
- I don't need help with anything to see an HIV doctor
- Living Situation
- Mental Health Status
- Stigma
- Substance Abuse
- Other

Where did you go the last time you saw your HIV doctor? Specify the name of the Doctor or Clinic.

How many times have you seen your HIV doctor in the past 12 months? Enter up to 2 numbers.

Do you want to go back to that HIV Doctor/Clinic for your HIV care? Enter "Yes" or "No"

If No, why do you not want to go back (Select all that apply):

- Access to HIV provider
- Childcare Clinic Location
- Cost of HIV care/no insurance
- Disclosure
- Fear
- Health Status
- I don't need help with anything to see an HIV doctor
- Other

Have you ever been prescribed medications for HIV? Enter "Yes" or "No"

Are you currently taking HIV medications for HIV? Enter "Yes" or "No"

What, if any, are the types of things that you need immediate help with for you to see an HIV doctor (Select all that apply):

- Access to HIV provider
- Childcare
- Clinic Location
- Cost of HIV care/no insurance
- Disclosure
- Fear
- Health Status
- I don't need help with anything to see an HIV doctor
- Living Situation
- Mental Health Status
- Stigma
- Substance Abuse
- Other

In the past 6 months, have you experienced any emotional issues that got in the way of your daily routine or usual things that you do? Enter "Yes" or "No"

In the past 6 months, have you been in mental health therapy or seen a psychiatrist? Enter "Yes" or "No"

When did you last see a MH therapist or psychiatrist?: This field contains the Month/Year of the last visit.

Where did you last see a MH therapist or psychiatrist?

Enter the name of the client's mental health provider.

(READ ALOUD): The next questions I ask are about things that might have bothered you in the past six months. For each question, please tell me which answer best describes how much (or how often) you have been bothered by each problem during the past SIX (6) months.

Enter the answer which best describes how much (or how often) the client has been bothered by the problem listed in each question. Input required (if blank). All responses have the following responses:

- Slight (Rare, less a day or two)
- Mild (Several Days)
- Moderate (More than half the days)
- Severe (Nearly every day)
- None (None at all)

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8347) (3244)

Client Case#

--- ASK OF ALL CLIENTS [Never in care AND previously in care] ---

12. What, if any, are the types of things that you need immediate help with for you to see an HIV doctor (Select all that apply):

(READ ALOUD): As part of the assessment, I ask all clients about their mental health and any counseling or mental health services they may have received in the past 6 months. You don't have to answer any questions you feel are too personal.

13. In the past 6 months, have you experienced any emotional issues that got in the way of your daily routine or usual things that you do?

14. In the past 6 months, have you been in mental health therapy or seen a psychiatrist?

14a. When did you last see a MH therapist or psychiatrist

14b. Where did you last see a MH therapist or psychiatrist?

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8348) (3244)

Client Case#

(READ ALOUD): The next questions I ask are about things that might have bothered you in the past 6 months. For each question, please tell me which answer best describes how much (or how often) you have been bothered by each problem during the past SIX (6) months.

15. Little interest or pleasure in doing things

16. Feeling down, depressed, hopeless

17. Feeling more irritated, grouchy, or angry than usual

18. Sleeping less than usual, but still have alot of energy

19. Starting lots more projects than usual or doing more risky things than usual

20. Feeling nervous, anxious, frightened, worried, or on edge

21. Feeling panic or being frightened

22. Avoiding situations that make you anxious

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8349) (5164)

Client Case#

23. Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)?

24. Feeling that your illness not being taken seriously enough

25. Thoughts of actually hurting yourself

26. Hearing things other people couldn't hear, such as voices even when no one was around

27. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking

28. Problems with sleep that affected your sleep quality overall

29. Problems with memory (e.g. learning new information) or with location (e.g. finding your way home)?

30. Unpleasant thoughts, urges, or images that repeatedly enter your mind?

Questions 23-31

Enter the answer which best describes how much (or how often) the client has been bothered by the problem listed in each question. Input required (if blank). All responses have the following responses:

- Severe (Nearly every day)
- Mild (Several Days)
- Moderate (More than half the days)
- Slight (Rare, less a day or two)
- None (Not at all)

The screenshot shows a software window titled "Casewatch" with a menu bar (File, Edit, Menu, Preferences, Help). The main window title is "LINKAGE CASE MANAGEMENT ASSESSMENT" and the user is identified as "Andy Corrigan @ AIDS Project Los Angeles (8349) (5164)".

At the top of the assessment area, there are two input fields: "Client" and "Case#".

The assessment consists of the following questions, each with a dropdown menu for the answer:

- 23. Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)?
- 24. Feeling that your illness not being taken seriously enough
- 25. Thoughts of actually hurting yourself
- 26. Hearing things other people couldn't hear, such as voices even when no one was around
- 27. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking
- 28. Problems with sleep that affected your sleep quality overall
- 29. Problems with memory (e.g. learning new information) or with location (e.g. finding your way home)?
- 30. Unpleasant thoughts, urges, or images that repeatedly enter your mind?
- 31. Feeling driven to perform certain behaviors or mental acts over and over again

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT ASSESSMENT Andy Corrigan @ AIDS Project Los Angeles (8351) (9144)

Client Case#

(READ): Now I'd like to ask you a few questions about the types of people you have relationships with. These may be family, friends or other people.

38. Have you used drugs or alcohol in the past 6 months?

39. Have you injected any drugs in the past 6 months?

39a. If yes, did you share any of your injection equipment?

40. Are you currently trying to reduce or stop alcohol/drug?

(READ): Now I'd like to ask you a few questions about yourself and your partner

41. Are you single, married, in a committed relationship, separated, divorced, or widowed? (read all and check one)

If other

42. Do you consider yourself to be

If other

Questions 32-37

Enter the answer which best describes how much (or how often) the client has been bothered by the problem listed in each question. All responses have the following responses:

- Mild (Several Days)
- Moderate (More than half the days)
- Severe (Nearly every day)
- Slight (Rare, less a day or two)
- None (not at all)

Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?

Not knowing who you really are or what you want out of life?

Not feeling close to other people or enjoying your relationships with them?

Drinking at least 4 drinks of any kind of alcohol in a single day?

Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?

Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g. painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?

(READ): Now I'd like to ask you a few questions about the types of people you have relationships with. These may be family, friends or other people.

Have you used drugs or alcohol in the past 6 months?

Enter "Y" if the client has used drugs or alcohol in the past 6 months. Input required (if blank).

Have you injected any drugs in the past 6 months?

Enter "Y" if the client has injected any drugs in the past 6 months. Input required (if blank).

If yes, did you share any of your injection equipment?

Enter "Y" for YES or "N" for NO Input required (if blank).

Are you currently trying to reduce or stop alcohol/drug?

Enter "Y" or YES or "N" or NO Input Required (if blank).

(READ): Now I'd like to ask you a few questions about yourself and your partner.

Are you single, married, in a committed relationship, separated, divorced, or widowed? (read all and check one) Select the response that best describes the client's relationship status. Input Required.

- Divorced
- Married
- Partnered or in a relationship
- Single, never married
- Widowed
- Other
- If other, describe the relationship status here.

Do you consider yourself to be:

- Bisexual
- Don't know/Refuse to answer
- Gay/Lesbian
- Straight (Heterosexual)
- Other (If other was selected as a sexual orientation, describe here).

The screenshot shows a software window titled "Casewatch" with a menu bar (File, Edit, Menu, Preferences, Help). The main window title is "LINKAGE CASE MANAGEMENT ASSESSMENT" and the user is identified as "Andy Corrigan @ AIDS Project Los Angeles (8352) (9144)".

At the top, there are input fields for "Client" and "Case#".

The assessment questions are as follows:

- 43. During the past 6 months, have you had vaginal or anal sex with a partner? [input field]
- 43a. Number of partners in past 6 months [input field]
- 43b. Number of partners in past 6 months NOT used condom [input field]
- 43d. How many of your partners did you tell your HIV status [input field]
- 44. Have you been diagnosed with an STD in past 6 months? [input field]

Below question 44, there is a text instruction: "(READ ALOUD): I am going to now ask you some questions about your living situation:"

Question 45: "Where are you currently living:" followed by a large text input field.

Below question 45, there is a label "Other housing" followed by a text input field.

Question 46: "How long have you been homeless?" [input field] weeks

Below question 46, there are three text input fields for sub-questions:

- 46a. Where do you sleep? [input field]
- Where do you eat? [input field]
- Where do you hang out? [input field]

During the past 6 months have you had vaginal or anal sex with a partner? Enter YES or NO

Number of partners in past 6 months: Enter the number

Number of partners in past 6 months NOT using condoms: Enter the number

How many of your partners did you tell your HIV status?: Enter the number

Have you been diagnosed with an STD in the past 6 months? Enter YES or NO

(READ ALOUD): I am going to now ask you some questions about your living situation:

Where are you currently living?: Choices:

- Abandoned/vacant building
- Car
- Group/Foster home
- Hotel/Motel/SRO
- Live with family
- Live with friend
- Live with partner
- Other
- Outside/Street
- Own home
- Rental Unit alone
- Shelter
- Supportive housing
- Temp (friend-do not pay rent)*
- Transitional*
- Other housing If other was entered as the client's current living situation, describe the type of housing here.*

How long have you been homeless? Enter the number of weeks.

For homeless only: **Where do you sleep?** Describe where they sleep.

Where do you eat? Describe where they eat (i.e.)

Where do you hang out? Describe where they hang out.

Thank you for answering all of my questions. Is there anything else that I have not asked you about that you think would help you to see an HIV care provider?

Enter "Y" if there is anything else not discussed that the client thinks would help them to see an HIV care provider.

If yes, describe:

Describe anything else that might help the client to see an HIV care provider.

Summary Notes:

Enter any Summary Notes that summarize any observations about the client in relation to what the client's issues are in getting linked to HIV care.

The screenshot shows a software window titled "Casewatch" with a menu bar containing "File", "Edit", "Menu", "Preferences", and "Help". The main window title is "LINKAGE CASE MANAGEMENT ASSESSMENT" and the user is identified as "Andy Corrigan @ AIDS Project Los Angeles (8353) (9144)".

The form contains the following fields and text:

- Client:
- Case#:
- 47. Thank you for answering all of my questions. Is there anything else that I have not asked you about that you think would help you to see an HIV care provider?
- If yes, describe:
- Summary Notes:

CAPTURING SERVICE ENCOUNTERS

Casewatch

File Edit Menu Preferences Help

CLIENT SERVICES INFORMATION Andy Corrigan @ AIDS Project Los Angeles (5206.141) (10752) PRODUCTION

Client: LEE, PINKY Case#: AP00002

Encounter With: Corrigan, Andy Dept: LCM

Encounter at: LCM

Contact Type	73300001	Client's residence (home, Shelter, SRO, etc.)	Unknown
	73300002	Client's clinic (other than Agency Site),	Unknown
	73300003	HTS Site	Unknown
	73300004	Other social service agency	Unknown
	73300005	Other community setting (coffee shop, drop-in center)	Unknown

Casewatch

File Edit Menu Preferences Help

CLIENT SERVICES INFORMATION Andy Corrigan @ AIDS Project Los Angeles (5206.141) (10752) PRODUCTION

Client: LEE, PINKY Case#: AP00002

Encounter With: Corrigan, Andy Dept: LCM

Encounter at: Client's residence (home, Shelter, SRO, etc.) SPA

Contact Type: [Dropdown]

Last Edited On	4	Email	
	2	Face-to-Face	
	1	Telephone	
	5	Text Message	Pre-Print

The screenshot shows the Casewatch software interface. At the top, there is a menu bar with 'File', 'Edit', 'Menu', 'Preferences', and 'Help'. Below the menu bar, the title bar reads 'CLIENT SERVICES INFORMATION' and the user information is 'Andy Corrigan @ AIDS Project Los Angeles (5206.14) (11096)'. The main form contains the following fields:

- Client: LEE, PINKY
- Case#: AP00002
- Encounter With: Corrigan, Andy
- Dept: LCM
- Encounter at: Client's residence (home, Shelter, SRO, etc.)
- SPA: [Empty]
- Contact Type: Face-to-Face
- Last Edited On: 09/25/2014 at 03:17PM By: Corrigan, Andy
- Date of Encounter: 09/25/2014
- Pre-Print or Free Form [P or F]: Pre-Print

Below the form is a table with the following columns: SERVICES DELIVERED, UNITS, LAST DT, MTD, and YTD. The rows in the table are:

SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disclosure Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disengagement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Follow-up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV Education Session	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monitoring Client Progress	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risk Reduction Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SERVICE MINUTES/HOURS CAN BE ENTERED FOR **BRIEF INTERVENTION ACTIVITIES** FOR A PERIOD OF 90 DAYS FOLLOWING THE ENROLLMENT DATE.

SERVICE MINUTES/HOURS CAN BE ENTERED FOR **DISENGAGEMENT** FOR A PERIOD OF 120 DAYS FOLLOWING THE ENROLLMENT DATE. **DISENGAGEMENT SERVICES CAN'T BE ENTERED UNLESS THERE IS A DISENGAGEMENT ASSESSMENT.**

IF DHSP GRANTS A 30 DAY INTERVENTION EXTENSION YOU CAN ENTER BRIEF INTERVENTIONS FOR UP TO 120 DAYS. DHSP NOTIFIES ACMS, INC. AND THE EXTENSION IS THEN PUT INTO CASEWATCH USING THE DHSP EXTENSIONS FUNCTION.

DISENGAGEMENT SERVICES CAN THEN BE ENTERED FOR UP TO 150 DAYS AFTER ENROLLMENT.

WHEN THE LCM HAS COMPLETED WORKING WITH THE CLIENT A DISENGAGEMENT FORM MUST BE ENTERED INTO CASEWATCH.

REFERRAL MODULE

USE THE REFERRAL MODULE TO MAKE REFERRALS FOR THE CLIENT. THERE ARE FOUR REFERRAL CATEGORIES IN LINKAGE CASE MANAGEMENT:

- MEDICAL CARE
- MENTAL HEALTH
- ADDICTION TREATMENT
- HOUSING

USE THE .REF SCREEN COMMAND FOR QUICK ACCESS TO THIS FUNCTION.

The screenshot shows a software window titled 'Casewatch' with a menu bar (File, Edit, Menu, Preferences, Help) and a title bar (MAKE A REFERRAL, Andy Corrigan @ AIDS Project Los Angeles (5350.700) (9980), PRODUCTION). The form contains the following fields:

- Case#
- Client
- Referral ID#
- Referral Category
- Referring to Provider
- Contact Name Tel#
- Referral Site AIDS Project Los Angeles Tel# 213-201-1600
- Made by Corrigan, Andy Dept LCM on
- Referral Reason(s) / Case Note:
- Print Referral Letter? [Y/N]
- If response is expected, by what date
- Queue a Follow-Up for Date
- Entered Worked

DISENGAGEMENT FORM

The screenshot shows a software window titled 'Casewatch' with a menu bar (File, Edit, Menu, Preferences, Help). Below the menu bar is the title bar 'LCM DISENGAGEMENT FORM' and the user information 'Andy Corrigan @ DHSP Casewatch (8357) (7)'. The form contains several input fields and dropdown menus:

- Client: [text box]
- CIS#: [text box]
- CIS#: [text box]
- Form ID#: [text box]
- Linkage CM Name: [dropdown menu] (selected: Corrigan, Andy)
- On: [text box] (mm/dd/yyyy) the above client was disengaged from the LCM program due to:
- [dropdown menu]
- Linked to HIV medical care at:
- HIV/AIDS Clinic: [dropdown menu]
- Phone: [text box]
- Address Line 1: [text box]
- Line 2: [text box]
- City: [text box]
- State: [text box]
- Zip Code: [text box]
- Contact Name: [text box]
- Medical Visit Date: [text box]
- Comments: [large text area]

On: Enter the date the client was disengaged from the LCM program.

Enter the reason:

- Completion of maximum number of LCM sessions without being linked to HIV care
- Incarceration
- Linked to HIV medical care
- Lost to follow-up/unable to locate
- Relocation outside of LA County
- Request to no longer be part of the LCM program
- Other

Linked to HIV medical care at:

HIV/AIDS Clinic: Enter the HIV/AIDS clinic where the client was linked to HIV medical care.

Phone: Standard system formats for telephone numbers are as follows:

1.) 213-226-2400 2.) 213-226-2400 X1200

Address Line 1:

City:

State:

Zip Code:

Contact Name: Enter the name of the contact at the HIV/AIDS clinic where the client was linked.

Medical Visit Date: Enter the date the client was linked to medical care.

Comments: Enter any comments regarding the client's LCM disengagement.

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGER ALL-IN-ONE SELECTIONS Andy Corrigan @ DHSP Casewatch

L/Name F/Name M/Init

DOB CIS#

1) Registration
2) Contract Enrollment
3) LCM Assessment
4) Encounter
5) Progress Note
6) Display Progress Notes
7) Make a Referral
8) Enter Referral Results
9) Request a Follow-up
10) LCM Disengagement Form
11) LCM Follow-up Form
12) Print LCM Assessment/Forms

Select a single number or click on its hyperlink.

Select a Topic

FOLLOW-UP STATUS

NINETY DAYS AFTER DISENGAGEMENT THE CLIENT FOLLOW-UP STATUS IS ENTERED INTO CASEWATCH. THE FOLLOW-UP ASSESSMENT CAN'T BE ENTERED UNLESS THE DISENGAGEMENT ASSESSMENT WAS ENTERED PREVIOUSLY. SERVICE DELIVERY IS USED TO RECORD FOLLOW-UP MINUTES. YOU CAN ONLY ENTER THESE SERVICES FROM 90 TO 120 DAYS AFTER DISENGAGEMENT.

LCM Follow-Up Date: Enter the LCM client follow-up date

Casewatch

File Edit Menu Preferences Help

LINKAGE CASE MANAGEMENT CLIENT FOLLOW-UP STATUS Andy Corrigan @ Minority AIDS Project (8358) (3616)

Client Case# CIS#

ISP ID# Case Manager

Assessment Date

LCM Follow-Up Date

Client WAS CONTACTED at 90 days (select one)

Client was NOT contacted at 90 days because:

--- CLIENT STATUS ---

Was client LINKED to HIV Medical Care?

If yes, where (clinic)

Was a Viral Load Test Completed? VL Value copies/ml

Was client prescribed ART?

Did the client see an HIV PCP at this clinic?

If NOT LINKED, what were the reasons client not linked to medical care

Is client interested in attending an HIV medical appointment?

If yes, LCM refered client to

Client WAS CONTACTED at 90 days

- By phone
- In face to face meeting

Client was NOT contacted at 90 days because: Enter the reason.

Was client LINKED to HIV Medical Care? Enter "Y" or "YES" or "N" or "NO"
 If yes, where (clinic): Enter the name of the clinic.

Was a Viral Load Test Completed? Enter "Y" or "YES" or "N" or "NO" **VL Value:** Enter #

Was client prescribed ART? Enter "Y" or "YES" or "N" or "NO"

Did the client see an HIV PCP at this clinic? Enter "Y" or "No"

If the client was not linked to medical care, enter the reasons why.

- Childcare
- Disclosure
- Felt Fine
- Living Situation
- Mental Health Issues
- Stigma
- Substance Abuse
- Transportation
- Working
- Other

Is client interested in medical appointment with HIV PCP 2. No 1. Yes

If yes, clinic LCM Referred client to: *If yes, enter the name of the physician where the client was referred.*

TRACKING OUTREACH TIME

USE WORKLOAD STATISTICS TO RECORD TIME SPENT ON OUTREACH ACTIVITIES THAT ARE NOT DIRECTLY RELATED TO A SPECIFIC CLIENT.

The screenshot shows the Casewatch application window. The title bar reads "Casewatch". The menu bar includes "File", "Edit", "Menu", "Preferences", and "Help". The main window title is "WORKLOAD STATISTICS" and the user is identified as "Andy Corrigan @ AIDS Project Los Angeles (5200.14) (9692)". The current view is "PRODUCTION".

Fields for data entry include:

- Workload for User: Dept:
- Occurrence at: SPA:
- Workload for Date: Contract: Occurrence:
- Information Filed:

Workload Stat	Units	People	Last Dt	MTD	YTD
Outreach	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

USE THE .WS SCREEN COMMAND FOR QUICK ACCESS TO THIS FUNCTION.

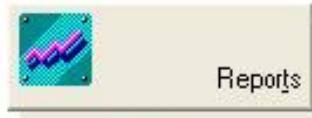
REPORTS

The Reports module contains several functions to print exception reports, management control reports, statistics reports on client demographics and service utilization. These pre-programmed reports will allow the user to define the criteria of the report. For example, you can print a report for a selected group of clients, such as black women over the age of 30. In addition to the pre-programmed reports, the module contains Ad Hoc reports, which are used for complex reporting requirements. All reports are generated in basically the same manner.

Running a Report

Follow the steps below to run a report for a client.

1. Sign on to Casewatch. The main menu will display.
Click the **Reports** button on the main menu.



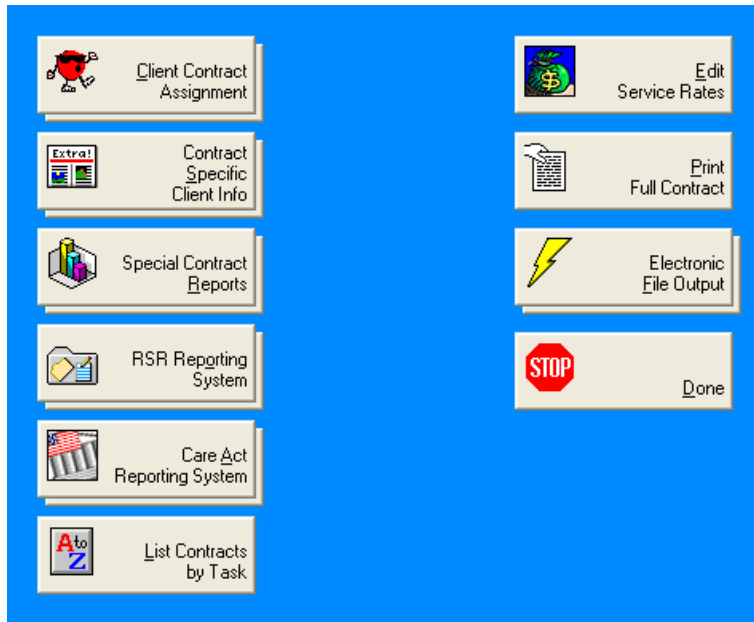
2. The Reports Options menu will display.



3. Click the A/R Contracts Grants button on the menu.



The A/R Contracts & Grants menu appears.

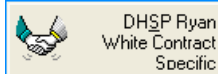


4. Click the Special Contract Reports button.

Another menu will open with more buttons:



5. Click the DHSP Ryan White Contract Specific button.



The Grant Reports screen will display.

Grant Reports Casewatch User @ Subcontracted Provider (5227) (4040)

Report File Name: 9101

Special Criteria? [YES/NO]: NO

Report for Contract/Grant: 795 - Medical Out Client

Services Delivered by User: User, Casewatch

Services Delivered by Site: Subcontracted Provider

Delivered by Department: Medical*Ophthalmology

Month/Year: January/2013

Compile Report From: 01/01/2013

Through: 01/28/2013

Okay to Compile? [YES/NO]: NO Last compiled: JOB 3516 on SERVER

Include Demographics Section? YES Include Names for Unreported [Y/N]:

Service Delivery Totals? YES Task Summary Page? [Y/N]: YES

Include Client Listing? NO Breakdown by Case Manager? :

Print Full Name List? [Y/N]: Client ID# List? :

Print Caseload Names [Y/N]: Exclude MAI Section IV [Y/N]:

Limit to Section: Print SPA 0 only? :

Print on Device: SPECIAL

THE LAST SECTION OF THE REPORT SHOWS CASES THAT ARE MISSING ASSESSMENTS:

LINKAGE CASE MANAGEMENT ASSESSMENT REVIEW
 Reporting Period: 09/01/2014 - 09/14/2014

	# Clients	% Total
# Clients missing LCM Assessment	2	28.57%
AA69651 AA69653		
# Clients missing LCM Disengagement.....	1	14.29%
AA12313		
# Clients missing LCM Follow-Up	3	42.86%
AA67530 AA67787 AA68531		