

# ILLINOIS RYAN WHITE PART B CASE MANAGEMENT

## Module 3

### Case Management Activities: Intake



# **CASE MANAGEMENT ACTIVITIES**

## **INTAKE**

# CASE MANAGEMENT ACTIVITIES

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- Case Management requires a comprehensive intake process to understand new program participant needs and determine what services will be provided.
- Staff conducting the intake may include case managers, medical benefit coordinators, retention specialists, peer navigators, and program participant representatives.
- During the intake, staff must review, discuss, and have several forms completed. These forms outline and document a program participants acceptance of Program operations and procedures and are required to establish and maintain eligibility.

# CASE MANAGEMENT ACTIVITIES

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## Differences between Intake and Recertification

- **Intake** – refers to the initial enrollment process for new clients and for clients returning to the program after discharge.
- **Recertification** – refers to the process of re-determining eligibility for clients currently enrolled in the Program, which is done every six months.
  - If insurance information changes within the client's 6-month eligibility period, a Health Benefit Update (HBU) must also be submitted.

# CASE MANAGEMENT ACTIVITIES

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## **Intake Activities**

- Explanation of Program and Requirements
- Acknowledgement of Mandated Reporter
- Client Rights, Responsibilities, and Grievance Procedures
- Discussion on Confidentiality and Security
- Acuity Assessment
- Eligibility Assessment
- Creation of Care Plan (if required)

## **Post-Intake Activities**

- Sexual Health History
- Linkage to Care
- Treatment Adherence
- Partner Services
- Service Delivery

# INTAKE ACTIVITIES

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## Explanation of Program and Requirements

- Case Managers are required to provide program participants with information about the Program including its structure, purpose, available service provisions, unallowable activities, behavior expectations for both Program staff as well as the program participant, consequences for non-compliance, etc.
- Case Managers are required to inform program participants that discussions on the following topics will take place.
  - Program participant's health status,
  - Barriers to care,
  - Current treatment regiment and compliance,
  - Risk factors and behaviors, and
  - HIV education/awareness.
- Program participants must be fully aware of Program operations before agreeing to participate in the Program.

# INTAKE ACTIVITIES

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## Acknowledgement of Mandated Reporter Status

- Case Managers are required to discuss their responsibilities as Mandated Reporters with program participants during intake and at every eligibility determination. This is documented by having program participants complete the [Mandated Reporter Acknowledgement](#) form.
- This form provides program participants with information about Program staff responsibilities as a Mandated Reporter and, when signed, documents their acknowledgement and understanding of how these responsibilities affect their relationship with the Case Manager.
- ✓ **Case managers must sign a separate form for personnel files that indicates they are aware of their duties as Mandated Reporters.**

# MANDATED REPORTING



# MANDATED REPORTING

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In Illinois, certain professionals are required to immediately report any reasonable cause to believe that a child or adult known in their professional or official capacities may be abused or neglected.

Included are the fields of medicine, social services, mental health, crisis intervention, education, athletics, child care, law enforcement, medical examining, funeral preparation, and religion.

State law protects the confidentiality of all reporters, and the reporter's name is never disclosed. The law protects mandated reporters from civil liability for any call made in good faith.

- [https://www2.illinois.gov/dcfs/safekids/reporting/Documents/cfs\\_1050-21\\_mandated\\_reporter\\_manual.pdf](https://www2.illinois.gov/dcfs/safekids/reporting/Documents/cfs_1050-21_mandated_reporter_manual.pdf)

# MANDATED REPORTING

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- All Program staff, including all case managers, must complete the Illinois Mandated Reporter online training.
  - <https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>
- The online training includes pre- and post- assessments and a certificate of completion that must be kept in staff personnel files.
- All Program staff must also complete the *Acknowledgement of Mandated Reporter Status* form prior to employment. This form must be kept in staff personnel files.

# MANDATED REPORTING

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- Program staff, including all case managers, must inform program participants of their responsibilities as a mandated reporter.
- Program participants must be made fully aware that RWPB staff must and will report any suspicions of abuse and/or neglect of a child or eligible adult related to this law.
  - Includes physical, sexual, and psychological abuse and neglect
- Notification must be given to program participants at enrollment and at each eligibility determination.
- Documentation of these conversations must be recorded in Progress Logs.

# MANDATED REPORTING



The RWPB staff member reporting abuse and/or neglect is required to provide any pertinent information to an investigator who contacts the reporter regarding the suspicions of abuse and/or neglect.



The RWPB staff member will agree to testify fully in any administrative hearing resulting from the report.



Any reference to a program participant in relation to their HIV disease must be termed “**communicable disease.**” Program enrollment information is only shared if required.

# **ABUSED AND NEGLECTED CHILD REPORTING ACT (ANCRA)**

# MANDATED REPORTING

## [Abused and Neglected Child Reporting Act \(325 ILCS 5/\)](#)

Emergency situations of child abuse or neglect must be reported immediately to the hotline.

In non-emergency situations, mandated reporters may report suspected child abuse or neglect online.

- <https://dcfs.partner.illinois.gov/OnlineReportingSite/SitePages/Index.html>



The screenshot shows a web browser window with the URL <https://dcfs.partner.illinois.gov/OnlineReportingSite/SitePages/Index.html>. The navigation bar includes a home icon, a highlighted "Abuse or Neglect" button, and buttons for "Account Information", "Help", and "FAQ's". Below the navigation bar is the DCFS logo and a paragraph of text: "Department of Children and Family Services has the primary responsibility of protecting children through the investigation of suspected abuse and neglect by parents and other caregivers in a position of trust or authority over the child. Your information could potentially help ensure that the child is safe and also help provide the child's family the services they need to provide a safe, loving, and nurturing home." To the right of the text is a photograph of a diverse group of smiling children and adults. At the bottom of the page, a red text box states: "To report the suspected abuse or neglect of a child, select the 'Abuse or Neglect' link in the upper left of the navigation bar. If you believe a child is in immediate danger of harm, call 911 first."

## Report Abuse or Neglect

This on-line reporting system is to be used only for non-life threatening and non-emergency incidents of abuse or neglect of a child. If you believe the abuse or neglect you are reporting requires immediate action, you **MUST** call the Child Abuse and Neglect Hotline at [800-25-ABUSE \(800-252-2873\)](tel:800-25-ABUSE).

[Report Abuse or Neglect](#)


# MANDATED REPORTING

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Report this information to the DCFS Hotline:



Names, birth dates (or approximate ages), addresses, races, and genders of all child subjects and alleged adult perpetrators, including current location(s)



Information on sibling or other family members, if available



Specific information about incident or circumstances contributing to risk of harm – for example, when incident occurred, extent of injuries, how child says it happened, and any other pertinent information

# MANDATED REPORTING

## Additional Resources

- 24-hour Child Abuse Hotline: **800-25-ABUSE**
- DCFS – Reporting Child Abuse and Neglect

<https://www2.illinois.gov/dcfs/safekids/reporting/Pages/index.aspx>

- Child Abuse Prevention and Treatment Act of 1974

<https://www.acf.hhs.gov/cb/resource/capta>

- Recognizing When an Injury is Caused by Abuse

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/243908.pdf>





# ADULT PROTECTIVE SERVICES ACT

# MANDATED REPORTING

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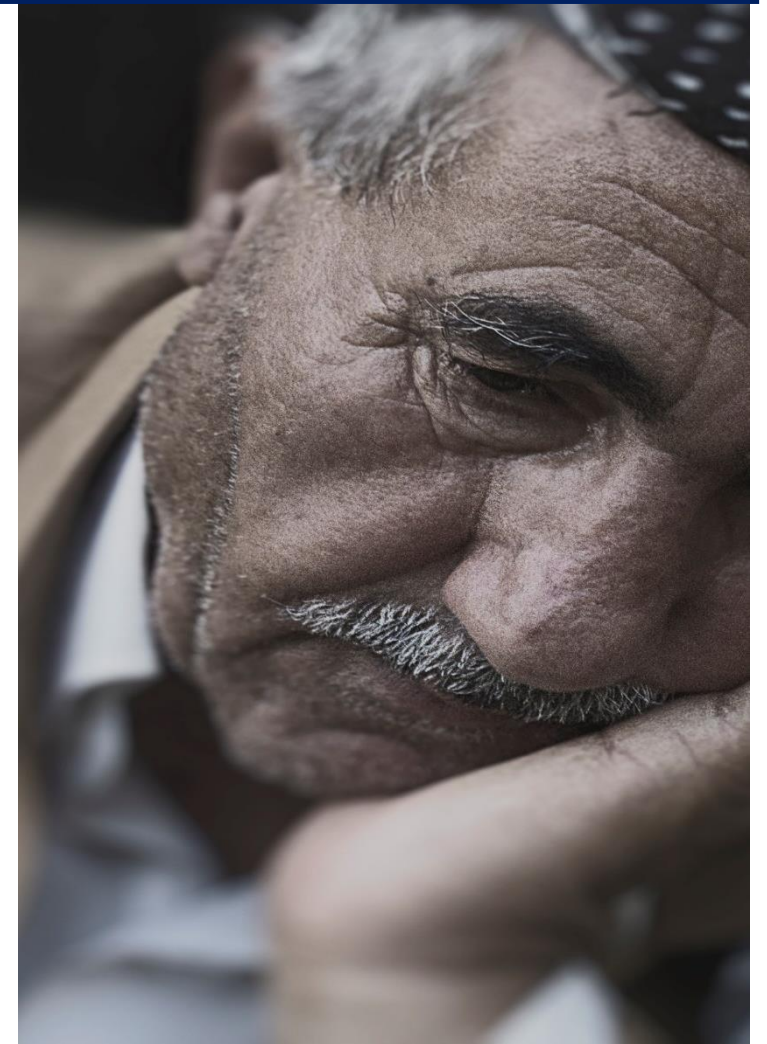
## Adult Protective Services Act

- Program participants must be fully aware RWPB staff must and will report any suspicions of abuse and/or neglect of an “eligible adult.”
- Adult abuse refers to mistreatment of any Illinois resident age 18-59 living with a disability or any adult 60 years of age or older who lives in a domestic setting.
  - **Abuse:** physical, sexual, or psychological maltreatment or willful confinement
  - **Neglect:** failure of a caregiver to provide an adult with the necessities of life (i.e. food, clothing, shelter, medical care)
  - **Financial Exploitation:** misuse or withholding of resources to the disadvantage of the adult or for profit of another

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1452&ChapterID=31>

# MANDATED REPORTING

- No Program staff member should attempt to investigate an incident themselves or inquire more than necessary to determine if an incident of adult abuse or neglect may have occurred.
- Program staff must review and follow the mandatory reporting requirements under this Act and not rely solely on Program information for all requirements under law.
- Any reference to a program participant in relation to their HIV disease must be termed “communicable disease.” Program enrollment information is only shared if required.



# MANDATED REPORTING

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## Reporting Abuse/Neglect of Eligible Adult

- Call the 24-hour Adult Protective Services Hotline: **1-866-800-1409, 1-888-206-1327 (TTY)**.
- For residents who live in nursing facilities, call the Illinois Department of Public Health's Nursing Home Complaint Hotline: **1-800-252-4343**.
- For residents in Supportive Living Facilities (SLFs), call Illinois Department of Healthcare and Family Services' SLF Complaint Hotline: **1-800-226-0768**.

# MANDATED REPORTING

## Report the following information to the Adult Protective Services Hotline:

- Names, ages, addresses, telephone numbers, genders, and general condition of alleged victim and alleged perpetrator
- Circumstances the reporter believes that the eligible adult is abused, neglected, or financially exploited, with as much detail as possible
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if any potential danger exists to the Adult Services case worker who will investigate
- Whether the reporter believes the program participant could make a report independently
- Name, telephone number, and profession of the reporter
- Names of others with information about the situation
- Any other relevant information



# MANDATED REPORTING

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## Additional Resources

- 24-Hour Adult Protective Services Hotline: **866-800-1409**
- Illinois Department on Aging
  - <https://www2.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse.aspx>
- IDPH Injury and Violence Prevention
  - <http://dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention>
- Domestic Violence and Sexual Assault Directories
  - <http://www.illinoisattorneygeneral.gov/women/dvsadir.html>
- SAMHSA-HRSA Center for Integrated Health Solutions
  - <https://www.integration.samhsa.gov/clinical-practice/intimate-partner-violence>

# DUTY TO REPORT/WARN

# MANDATED REPORTING

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## Duty to Report/Warn

- Any Program staff who learns of a program participant's credible plan that may result in harm or death to self or other persons, must immediately report this information to the supervisor.
- To protect program participants who desire to harm themselves, Program staff must immediately contact the appropriate entity in the area to assess for mental health treatment.
- Law enforcement agencies must be notified of any credible concerns of harm to others.



# QUESTIONS

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If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.



# CLIENT RIGHTS AND RESPONSIBILITIES

# INTAKE ACTIVITIES

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## Client Rights, Responsibilities, and Grievance Procedure

- The Program has developed a document to provide program participants that outlines their rights and responsibilities as a participant of the Program, as well as the process to follow if they choose to file a grievance.
- This document must be completed at intake and uploaded into the participant's profile in the data system. This document must also be reviewed and discussed with program participants at every eligibility determination.
- Failure to comply with the provisions in this document can result in disciplinary action toward the staff member, up to and including termination of employment, and/or suspension or termination of the program participant from the Program.

# INTAKE ACTIVITIES

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## Program Participant Rights

- To be treated with respect, dignity, consideration, and compassion
- To receive timely, respectful, high quality services from the staff of all providers free of discrimination based on race, sex/gender, ethnicity, national origin, religion, age, values or beliefs, sexual orientation, physical and/or mental ability, or marital status
- To participate in developing your Individualized Care Plan
- To receive current information and education about HIV, services, medications, and treatment options available to you
- To reach an agreement with your case manager about the frequency of contact you will have, either in person or over the telephone.
- To have your case management records be treated confidentially at all times
- To request copies of all signed documents and to review your entire service record with the exception of your medical and non-medical case management notes
- To appeal decisions with which you do not agree by following the grievance procedures outlined below
- To not be subjected to physical, sexual, verbal and/or emotional abuse or threats

# INTAKE ACTIVITIES

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## Program Participant Responsibilities

- Treating other program participants and service provider staff with respect and courtesy at all times. Threatening or abusive behavior or language will not be tolerated, and services may be suspended or terminated, and some cases referred to appropriate law enforcement
- Protecting the confidentiality of other program participants you may encounter during your enrollment in the program
- Participating in developing your individualized care plan
- Notifying the Program of any concerns regarding your care plan or changes in your service needs
- Keeping your appointments or call 24-48 hours in advance to cancel or change an appointment
- Informing the Program of changes in your address, phone number, income, or insurance coverage and responding to the case manager's calls or letters in a timely manner

# INTAKE ACTIVITIES

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## Program Participant Responsibilities

- Providing the Program with any requests for payment of bills or invoices within 30 days of the statement date
- Applying for all other service programs and obtain any available health coverage the Program asks of you to ensure the program maintains its status as the payer of last resort
- Properly filing your taxes each year and must provide the Program with your current tax returns if you are receiving premium assistance for an Illinois Insurance Marketplace plan
- Staying in care by visiting your doctor regularly and taking your prescribed medication to improve and maintain your health and well-being
- Recertifying your eligibility with the Program at minimum every six months by providing all documentation needed to complete and submit an Eligibility Assessment through your case manager, your eligibility specialist, or online at <https://iladap.providecm.net>
- May be responsible for a portion of the cost of the services you receive from the Program

# INTAKE ACTIVITIES

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## Grievance Procedures

Program participants or a representative who has just cause for protest, complaint, or disagreement with a decision regarding eligibility for the provision of services through the Illinois Ryan White Part B program can file a grievance with the Program. There are two methods to initiate a formal grievance.

### **Regional Level**

If you have been deemed ineligible for services by a sub recipient or grantee at the regional level, you will need to follow the grievance procedures set forth and provided to you by the sub recipient or grantee.

### **State Level**

If you have been deemed ineligible for Medication Assistance or Premium Assistance services, you will need to follow the grievance procedures outlined below:

1. You, or your representative, must supply to the Program, in writing, the reason that the Program should reconsider the initial decision to deny services.
  - This must be supplied to the Program within 10 business days of the initial denial.
  - The formal appeal must include your name, address, social security number (if applicable), date of birth, a detailed description of the issue or cause for appeal, and associated documentation available.
2. The Program will review the appeal, and a decision will be rendered within 5 business days.
  - If you were enrolled in the program at the time of denial, you may qualify for a temporary enrollment to allow for one medication shipment while the Program considers the appeal.
3. If additional documentation is requested, you will have 10 business days to supply new documentation for the Program to consider. Once this documentation has been supplied, the Program will render a decision within 10 business days. If at the end of the 10 business days you fail to provide the new documentation, you will be closed from the program. If you have elected to receive mail from the Program, a letter will be sent to you with the Program's determination. All determinations made by the Program during this phase are final.

# CONFIDENTIALITY AND SECURITY



# CONFIDENTIALITY AND SECURITY

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## Intimate Partner Violence (IPV) or Abuse

To be aware of IPV issues, Case Managers should:

- Build a rapport with program participants,
  - Create a safe space alone with program participants,
  - Gather information about partner(s) and living situation, and
  - Know available resources and referrals.
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- Connecting the program participant with an IPV resource immediately while the program participant is currently with the Case Manager in a safe environment is preferable.



# CONFIDENTIALITY AND SECURITY

## Health Insurance Portability and Accountability Act (HIPAA)

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations:

- Disclosure to the individual
- Treatment, payment, and healthcare operations
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities — for these national priority purposes:
  - When required by law
  - Public health activities
  - Victims of abuse, neglect, or domestic violence
  - Health oversight activities
  - Judicial and administrative proceedings
  - Law enforcement
  - Functions (such as identification) concerning deceased persons
  - Cadaveric organ, eye, or tissue donation
  - Research, under certain conditions
  - To prevent or lessen a serious threat to health or safety
  - Essential government functions
  - Workers compensation



# CONFIDENTIALITY AND SECURITY

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## HIPAA Security Rule

- While the HIPAA Privacy Rule protects health information (PHI), the Security Rule protects identifiable health information created, received, maintained, or transmitted in electronic form, or “electronic protected health information” (e-PHI).
- To comply with the HIPAA Security Rule, all covered entities must:
  - Ensure the confidentiality, integrity, and availability of all e-PHI,
  - Detect and safeguard against anticipated threats to information security,
  - Protect against anticipated impermissible uses or disclosures, and
  - Certify compliance by their workforce.
- Covered entities should rely on professional ethics and best judgment when considering requests for these permissive uses and disclosures. All complaints should be reported to the Office for Civil Rights.

# CONFIDENTIALITY AND SECURITY

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## Requirements for Program Staff

- Program staff are required to complete the Department's "IDPH Office of Health Protection Data Security and Confidentiality" training on an annual basis.  
<https://www.train.org/illinois>
- Any Program staff who becomes aware of a violation of HIPAA rules as it relates to a program participant must report these concerns immediately to the supervisor.
- The supervisor must send written notification to the Ryan White Program Administrator at IDPH within 5 business days of being informed of the violation.
- Any reference to a program participant in relation to their HIV disease must be termed "communicable disease."

# CONFIDENTIALITY AND SECURITY

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## Illinois AIDS Confidentiality Act

- The disclosure of HIV-related information, when allowed by this Act, shall be performed in accordance with the minimum necessary standard when required under HIPAA.
- No person may disclose or be compelled to disclose HIV-related information, except to the program participant or legally authorized representatives. These include, but are not limited to, health care providers handling patient care, IDPH and local health authorities, health facility staff for purposes of conducting program monitoring or service reviews, a court, temporary protective custody caretakers, and health care professionals or law enforcement officers involved in accidental direct skin or mucous membrane contact with blood or bodily fluids of program participant.

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1550>



# QUESTIONS

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If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.



# This concludes Module 3 of the Illinois Ryan White Case Management Training.

Thank you for your attention today. The Program looks forward to your regional webinar where we will listen and address any comments or questions that emerged from Module 3.

Module 4: **Enrollment and Eligibility Activities** is the next training in the Case Management series.

