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.

   ![Casewatch Logo](image)

   The Casewatch login window appears.

   ![Casewatch Login Window](image)

   **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.

   ![Username and Password Fields](image)
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!

*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.

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 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.

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

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 certify 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 DHSP/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 be shared only 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 __________________________ Date __________________________

Agency Name __________________________

Signature __________________________ Date __________________________

CDPH 12/01 (Rev 5/2012)
ENROLLING THE CLIENT

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

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

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

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

(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.

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):

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?
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Little interest or pleasure in doing things</td>
<td></td>
</tr>
<tr>
<td>16. Feeling down, depressed, hopeless</td>
<td></td>
</tr>
<tr>
<td>17. Feeling more irritated, grouchy, or angry than usual</td>
<td></td>
</tr>
<tr>
<td>18. Sleeping less than usual, but still have a lot of energy</td>
<td></td>
</tr>
<tr>
<td>19. Starting lots more projects than usual or doing more risky things</td>
<td></td>
</tr>
<tr>
<td>20. Feeling nervous, anxious, frightened, worried, or on edge</td>
<td></td>
</tr>
<tr>
<td>21. Feeling panic or being frightened</td>
<td></td>
</tr>
<tr>
<td>22. Avoiding situations that make you anxious</td>
<td></td>
</tr>
<tr>
<td>23. Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)</td>
<td></td>
</tr>
<tr>
<td>24. Feeling that your illness not being taken seriously enough</td>
<td></td>
</tr>
<tr>
<td>25. Thoughts of actually hurting yourself</td>
<td></td>
</tr>
<tr>
<td>26. Hearing things other people couldn’t hear, such as voices even when no one was around</td>
<td></td>
</tr>
<tr>
<td>27. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking</td>
<td></td>
</tr>
<tr>
<td>28. Problems with sleep that affected your sleep quality</td>
<td></td>
</tr>
<tr>
<td>29. Problems with memory (e.g. learning new information) or with location (e.g. finding your way home)</td>
<td></td>
</tr>
<tr>
<td>30. Unpleasant thoughts, urges, or images that repeatedly enter your mind</td>
<td></td>
</tr>
</tbody>
</table>
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)
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.

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

Do you consider yourself to be:

  o Bisexual
  o Don’t know/Refuse to answer
  o Gay/Lesbian
  o Straight (Heterosexual)
  o Other (If other was selected as a sexual orientation, describe here).
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.
CAPTURING SERVICE ENCOUNTERS
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.
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.

**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
**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 ACTIVITES THAT ARE NOT DIRECTLY RELATED TO A SPECIFIC CLIENT.

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.

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.

**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**

<table>
<thead>
<tr>
<th># Clients missing LCM Assessment</th>
<th>2</th>
<th>28.57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA69651 AA69653</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Clients missing LCM Disengagement</th>
<th>1</th>
<th>14.29%</th>
</tr>
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<tbody>
<tr>
<td>AA12313</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th># Clients missing LCM Follow-Up</th>
<th>3</th>
<th>42.86%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA67530 AA67787 AA68531</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>