What is Care Coordination?

- Care Coordination is a specialized form of case management that links individuals living with HIV into services. It is a partnership between the client and the case manager.

- The goal of the program is to ensure continuity of care, promote self-sufficiency, and to enhance the quality of life for individuals living with HIV.

- This program is the gateway into services (e.g., Medical Services, SPSP, CRCS, etc.). It is a state-wide network with one Care Site in each region, except for region 7 where there are four.
Client Eligibility

- Must be HIV Positive
- Must be a resident of the state of Indiana
- Must sign the care sites Informed Participation Agreement
- Must complete an intake with a Care Coordinator and provide factual information
- Must agree to full program participation
- Must agree to abide by the established guidelines for conduct
- Must provide Medicaid documentation
Service Parameters

• Care Coordination is a FREE service to eligible individuals.
• There is no restriction on the length of time that a client may receive services.
• Continuation of services is dependent on the client’s willingness to actively participate in the program.
• The client may choose to terminate services at any time.
• The care site may be obligated to terminate a client’s services under certain circumstances.
• The care site is obligated to provide a full array of services throughout each county of the agency’s designated region.
• The care site may serve individuals outside of the designated region, but care sites are not expected to conduct home visits outside of their region.
• Clients can access care coordination services from only one agency at a time. Clinical sites are the exception since the services offered are specialized, short-term medical services for patients in the clinic or hospital settings.
The Role of the Care Coordinator and Client

- To assist in the development of an individualized care plan.
- To assist in determining which needs are the most important.
- To assist in locating resources to meet the clients' needs.
- To assist the client in accessing the resources.
- To monitor the client’s progress until goals are met.

Please keep in mind that sometimes resources are not available to meet every need identified by the client.
• The Case Manager will review with the client all of the services relative to the particular care site and region.
• The Case Manager will present the client with the resources available statewide (i.e., Indiana Medicaid, HIV Medical Services Program, HOPWA and ICHIA).
• The Case Manager will interview the client using the official ISDH Client Assessment Form.
• The case manager will present the client with the Informed Participation Agreement for discussion and signature.
• The Case Manager will explain the program’s grievance policy to the client.
• The Case Manager will explain and provide written documentation regarding the Consumer Advisory Bureau (CAB) as a source of information, support, and consumer advocacy assistance.
Care Plans

- As the assessment is completed, the Case Manager and the client will begin to formulate a realistic individualized care plan (ICP) according to the client’s needs and the available resources.

- As the ICP is implemented, the Case Manager must make reasonable attempts to monitor the client’s progress. Feedback should be solicited from the client and the various services providers to evaluate the care plan.

- Every 90 days, an official face-to-face review and re-evaluation of the client’s situation must be completed and recorded in the case file. Any new areas of concern or changes to the Plan of Care can be updated at this time.
Limits of Care Coordination

- Sites are limited in the amount of transportation that can be provided to clients.
- Some sites are limited on the # of home visits that can be conducted (e.g., location or caseload size)
- Sites are limited in the amount of auxiliary services that can be offered to clients due to limited funding (e.g., bus passes, food vouchers, holiday assistance, social gatherings, etc.)
- Direct Emergency Financial Assistance (DEFA) and Housing Opportunities for Persons with AIDS (HOPWA) have limited funds available. These programs are not funded by ISDH and we do not supervise these programs.
ISDH-Funded Care Coordination Sites

- AIDS Ministries/AIDS Assist – Region 2
- AIDS Resource Group - Region 12
- AIDS Task Force of Northeast Indiana – Region 3
- Aliveness Project of Northeast Indiana – Region 1
- Aspire (Central) – Region 6
- Aspire (Southeast) – Region 9
- Aspire (West) – Region 4
- Bloomington Hospital Positive Link – Region 10
- Clark County Health Department - Region 11
- Concord Center Association – Region 7
- Housing Authority of Terre Haute – Region 8
- LifeCare of Clarian Health – Region 7
- Damien Center – Region 7
- Meridian Services Corporation – Region 5
- Wishard Health Services – Region 7
Indiana HIV Care Coordination Regions

By Region

1. Aliveness Project of Northwest Indiana
2. AIDS Ministries/AIDS Assist
3. AIDS Task Force of Northeast Indiana
4. Aspire - West
5. Meridian Services Corporation
6. Aspire-Central
7. Concord Center Association
8. Damien Center
9. LifeCare of Clarian Health
10. Wishard Health Services
8. Housing Authority of Terre Haute
9. Aspire - Southeast
10. Bloomington Hospital Positive Link
11. Clark County Health Department
12. AIDS Resource Group
The HIV Care Coordination Program is supported by two funding sources:

1. Family and Social Services Administration (FSSA)
2. State of Indiana
Unduplicated Clients Served

First Quarter: 1 July 2010 through September 2010

- AIDS Ministries AIDS Assist – 265 Active
- AIDS Resource Group – 173 Active
- AIDS Task Force of Northeast Indiana – 340 Active
- Aliveness Project – 392 Active
- Aspire (Central) – 132 Active
- Aspire (Southeast) – 81 Active
- Aspire (West) – 92 Active
- Bloomington Hospital Positive Link – 177 Active
- Clark County Health Department – 215 Active
- Housing Authority of Terre Haute – 49 Active
- Concord Center Association – 284 Active
- Damien Center – 839 Active
- Meridian Services Corporation – 75 Active
- Wishard Health Services – 839 Active
Tips for Clients

- Keep your appointment
- If you cannot make your appointment, please call your Care Coordinator to reschedule.
- Prepare a list of questions to ask your Care Coordinator.
- Never leave an appointment with your Care Coordinator if you are confused about something.
- Make sure you meet with your Care Coordinator as needed.
- Learn about the services available to you since your Care Coordinator does not know everything.
- Be an active participant in your own care.
- Speak up and inform your Care Coordinator of your needs.
- Be respectful of your Care Coordinator since they are trying to help you.
- Be patient when you are applying for services since things do not happen overnight.
The Care Coordination Staff

Kristi Montgomery
HIV Care Coordination Program Manager
- Social worker
- Works at Children’s Bureau part time
- Likes Elvis (the King of rock n’ roll!) & shopping
- Capricorn

Meredith Upchurch
HIV Care Coordination Specialist
- Social worker
- Does volunteer work with refugees
- Likes industrial music & riding motorcycles
- Gemini
Questions?

Contact Information

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