

# Does this client need Case Management services?

Does the client fit any of the below criteria?

- Homeless
- Recently released from incarceration
- CD4 count below 200, or Viral Load > 10,000 copies/ml
- Untreated mental illness (including substance use disorders)
- Newly diagnosed
- New to Antiretroviral therapy
- Not in care/re-engaging in care
- Non-adherence to HIV medication
- Unable to navigate System of Care due to language

**NO**

**YES**

Does the client have a primary care provider for their HIV and are they retained in care? (at least 2 appts in the last 12 month period)

**YES**

Does the client have ongoing access to a payer source for their HIV medications and understand how to utilize it? (THMP, ACA, Medicaid, etc.)

**YES**

**Client NOT indicated for case management services at this time.**

**NO**

**Client indicated for CM services. Perform full comprehensive assessment**

**Enroll client into Medical Case Management (MCM) services with bi-weekly contact. Reassess at 3 months.**