



# Case Routing and Assignment

After the initial assessment through the intake process the resulting case next passes on to a caseworker. There are a number of ways this assignment can be effected. Some of the routing options are diocese level configurations whereas some are configurable at the conference level - and they are not all necessarily exclusive.

In many instances the end of the intake process is also the end of the job for the intake worker. They have no involvement in this routing process at all. In some conferences the intake worker is given the authority to assign cases - whether to themselves or to some other caseworker (assuming the intake worker is also enrolled as a caseworker for the conference).

Through varying role assignments and configurations the Agular CMS system for St Vincent de Paul has a number of possible paths for this to work - all configurable at the conference level to best fit the needs of those closest to the work at hand.

## **Direct Assignment**

This is the simplest and most direct approach to the process. In it, the intake worker either simply assigns the case to themselves, or they assign it directly to a caseworker whom they know to be able to perform the casework. Conferences have a number of configuration options that either allow or disallow this functionality. If the conference is configured to allow this - then it will happen at the tail end of the client intake process during case submission.

## **Pool Assignment**

Cases are submitted to a shared worklist for caseworkers to examine and assign to themselves as they see fit. There are many factors that contribute to these decisions; a client might be labeled as 'Spanish only' or live in a part of town that is less safe than another. Perhaps a caseworker recognizes that a particular client is someone they've interacted with previously, or perhaps cases are divided up by proximity. In conferences configured for pool assignment, caseworkers review the case details and take the cases they can work.

## **Case Manager Assignment**

Conferences may assign individuals to the role of case manager. If a case manager is present in the conference makeup, then all casework that is unassigned upon leaving intake will be placed in the case manager team assignment worklist. These individuals are tasked with reviewing cases as they come in and assigning them to caseworkers. Often these are used in larger conferences that service larger geographical areas to help group visits based on location affinity or availability of ideal caseworker pairings.

### Centralized Intake Assignment

A centralized intake conference can be created - allowing for intake to be handled in one location - a hotline or by trained intake workers who are better able to assess the intake workers in a centralized environment submit the cases to a centralized case manager - who then makes decisions as to which conference the case should be routed. From there, depending on the conference configuration, it can go to a conference case manager or to a shared worklist (centralized case managers do not assign directly to caseworkers).

Cases that are sent to a conference shared worklist are made available exactly like Pool Assignment above. Cases that are sent to a conference that has case managers assigned will have the cases appear for the conference case manager to review and distribute as they see fit.

Centralized case managers may wish to review which cases have been sent to a conference that remain unworked. To accomplish this they press the [Search] button at the top of the screen, followed by Search for Cases. From there simply explore the unassigned cases for the conference in question. If the casemanager feels a case has languished they can reassign cases from that conference to another by using the [Reassign] button for that case.

## Case Routing in Action

### Direct Assignment (Self or Pool based)

In the simplest scenario - such as in rural conferences with low membership counts, the intake workers simply assign the case to the caseworker (often themselves) and carry on with the process.

The screenshot shows a web interface titled "Case Intake Completed". At the top right are buttons for "Accept", "Assign", and "OK". Below these are dropdown menus for "Case Worker", "Case Manager", and "Secondary". The main content area is titled "Case" and has a tabbed interface with "Submitted" selected. The text in the "Submitted" tab reads: "The case intake has completed. The case has been filed to a work list for assignment to a case worker. As a Case Worker in South, you may go ahead and assign this case to yourself right away, using the Accept button above. If not, the case will be available for any Case Worker in this conference to assign to themselves. If you assign yourself to this case now, please designate a secondary case worker and case manager from the lists above, if applicable. You can also assign this case to another case worker. To do so, select a Case Worker above, and, optionally, select Case Manager and Secondary. Note: You must use the ASSIGN button to have this assignment take effect. Clicking ACCEPT will assign the case to yourself regardless of case worker selection. Clicking OK will leave the case in the unassigned list. Consult the accordions below to review your fellow Vincentians availability when making these selections." Below the text are three accordions labeled "Availability", "Case Instructions", and "Past Assistance".



**Note:** The example of the intake 'Submitted' screen above demonstrates a conference where intake both assigns and self-assigns. Different conference configurations will result in the presentation of different functionality.



When a case is due to be assigned - whether for case managers, intake workers with the right to assign, or caseworkers selecting their home visit partner, the availability information collected from the individual profiles is displayed in a series of accordions at the bottom of this screen. The accordions are tapped and swipe up from below - to detail not only the self-designated availability but the last date a case was assigned to any particular worker.

### **Intermediary Assignment**

Other conferences will further diversify - adding a casemanager to the mix. These individuals have their own worklist of unassigned cases that have come from intake. They pick up the cases from this list, review them, and share them out to caseworkers based on their own evaluations. It may be they want to assign them to caseworkers familiar with the situation, it may be based on which caseworkers are available on a given day.

Finally, some diocese may use centralized intake for a metropolitan area - where a hotline or call center of trained intake workers will collect information and then managers will evaluate the assistance requests and send them to the conferences best able to help.



**Note:** Centralized intake is a fairly advanced approach to this process. For details on operating a centralized intake center in the Agular CMS system, please see Appendix B: Centralized Intake at the end of this manual.

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### **Case Manager performs Intake**

Very rarely conferences use their case managers to perform all intake in a conference. This is a very uncommon scenario and should not be applied without careful consideration between your conference and your Diocese administrator.

The benefit of this approach is that the person who performs intake stays with the case in an oversight capacity as case manager from the beginning to the end, providing a sense of continuity. As such, this person also normally assigns the caseworker immediately upon completion of the intake. This configuration recognizes the process by formalizing and automating key aspects of it. With this configuration, case managers are solely responsible for the intake function instead of the traditional intake or case worker.



**Note:** This is a configuration option that suggests the use of more highly trained individuals performing the intake process from the start - so it is rare for this to be a scenario that is a good fit. The biggest advantage is in moving the decision making that case managers were performing forward by placing the entire intake process on the case manager.

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