

# Pre-visit Implementation Plan – New Client 1.0 | 2011

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Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: <a href="http://www.scdhec.gov/rwhopwa">www.scdhec.gov/rwhopwa</a>
<b>1.0 Prior to Initial Visit</b>					
Agency receives call for a newly referred client;  An initial appointment is set with/for the client	MCM 1.1 (initial contact and register-not to exceed 2 working days)	Support Staff, Linkage Case Manager		Linkage, De-duplication of service	<ul style="list-style-type: none"> <li>- SC RW B Standards (provide guidance for contact &amp; registration timeframe)</li> <li>- Agency policies/procedures for referrals (is there a standard form that is used for the collection of demographics and information)</li> </ul>
Action Steps:  Obtain basics to register in PE. The system checks for previous registration statewide	MCM 1.1 (initial contact and register)	Support Staff, Linkage Case Manager		When a client is previously registered, the previous agency will require a signed authorization from the patient. This can be obtained when the visit-date arrives.	<ul style="list-style-type: none"> <li>- SC RW B Standards (provide guidance for contact &amp; registration timeframe)</li> <li>- PE Technical Assistance training module (Using PE to Share/Exchange Client Centered information)</li> </ul>

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<b>1.1 Documentation Process Checklist - New Client – Kept Appointment Intake/Initial Visit</b>					
Check-in: Client comes in for initial visit with Medical Case Manager	MCM 1.2 (Intake-completed within 30 days of registration date)	Support staff, Scheduling staff		Ensures accurate tracking of caseloads.	<ul style="list-style-type: none"> <li>- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable)</li> <li>- RW Service Definitions</li> <li>- Core vs Support Services handout</li> <li>- HIV Continuum Circular</li> </ul>
Action Steps: 1) Create Provider Relationships 2) Address forms needing client signature (e.g. Authorization for release)	MCM 1.2 (Intake)	Medical Case Manager, Support Staff, Supervisor		Ensures accurate tracking of caseloads.	<ul style="list-style-type: none"> <li>- PE Technical Assistance training module (Using PE to Share/Exchange Client Centered information)</li> </ul>

1.1 Document the Intake and Encounter:					
Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: www.scdhec.gov/rwhopwa
Enter Client information from Intake	MCM 1.2 (Intake)	Medical Case Manager, Support Staff			- MCM Intake/Assessment Instructions
Create Action Plan	MCM 2.2 (Action Plan-guide for services provided )	Medical Case Manager		Ensures a client-centered Action Plan for future review with client. (Most often is not signed by client at this time)	- PE Action Plan Manual
Create Ryan White Progress Log (PL Funding Source = Ryan White)	MCM 4.0 (Documentation progress log)	Medical Case Manager		Ensures documentation for client-level reporting in accordance with Program Guidelines.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable)
Go through Progress Log tabs - Services, Care Actions, Applications, Create Referrals (Link PL to goal in Action Plan)	MCM 2.3 Referral-follow up within 30 days)	Medical Case Manager		Ensures documentation of a wide-range of services.	- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable) - RW Service Definitions - Core vs Support Services handout - Statewide Master Service Glossary (provides definition of SC services) - Agency service glossary (agency definitions) - PE Action Plan Manual - PE Referrals 101

1.1 Housing Documentation (If applicable per Housing Screening in Intake)					
Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: <a href="http://www.scdhec.gov/rwhopwa">www.scdhec.gov/rwhopwa</a>
Create “Program Enrollment Housing (PEH)”	MCM 1.2 and/or 1.3 (intake and assessment)	Housing Case Manager, Medical Case Manager		Ensures documentation of eligibility for Housing Case Manager and/or Housing Assistance.	<ul style="list-style-type: none"> <li>- HOPWA TA</li> <li>- MCM Intake/Assessment</li> <li>- MCM Intake/Assessment Instructions</li> </ul>
Create HOPWA Progress Log (PL Funding Source = HOPWA)	MCM 4.0 (Documentation)	Housing Case Manager, Medical Case Manager		Ensures adequate tracking of HOPWA activities in proportion with HOPWA funding.	<ul style="list-style-type: none"> <li>- Appendix I: MCM Progress Log Documentation for PE (provides definition of contact type and identifies which service should be used if applicable)</li> <li>- HOPWA TA - HOPWA guidelines</li> </ul>
Action Plan – Housing component	MCM 2.2 (Action Plan)	Housing Case Manager, Medical Case Manager		Ensures adherence to HOPWA Program requirements (per HUD)	<ul style="list-style-type: none"> <li>- PE Action Plan Manual</li> <li>- HOPWA TA - HOPWA guidelines</li> </ul>



**1.1 Supervisor Review Process**

Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: <a href="http://www.scdhec.gov/rwhopwa">www.scdhec.gov/rwhopwa</a>
From the Client Profile in PE, review run "Action Check for Completeness"		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures all critical data is entered, Streamlines reporting	
Complete Supervisor sign-off of Action Plan		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up to obtain client signature for Action Plan;  Establishes on-going visit schedule for client	

Review requirements of client documentation (HIV Verification, Income documentation etc)		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up to obtain client documentation	<ul style="list-style-type: none"> <li>- Ryan White Part B – DHEC - Case Management Chart Review Tool</li> <li>- Provide Enterprise – Client Service Profile – Tab-Intake Documentation Checklist</li> </ul>
Review Housing aspects of Intake to ensure proper enrollment in HOPWA ( if applicable)		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up	<ul style="list-style-type: none"> <li>- HOPWA TA (HOPWA guidelines)</li> <li>- MCM Intake/Assessment</li> <li>- HOPWA – HOPWA Chart Review Tool</li> </ul>
Establish visit frequency		Lead Medical Case Manager/Medical Case Management Supervisor		Ensures continuous follow-up	

**1.2 Documentation Process Checklist - New Client – Post-Initial Clinic Visit**

Activity	MCM Standard Met	Typically Done By	Assigned To	Benefit of Action	Tools: <a href="http://www.scdhec.gov/rwhopwa">www.scdhec.gov/rwhopwa</a>
Create Medical Encounter and enter clinical activities provided during Initial Visit to Medical Care <i>(Note: It is not necessary to do a Medical Encounter pre-visit for 1<sup>st</sup> clinical appointment)</i>		Clinical Support Staff		Ensures documentation of clinical quality for client-level reporting and SC Quality Management, in accordance with Program Guidelines.	<ul style="list-style-type: none"> <li>- PE TA (Training module, session 1: Medical Encounter Form)</li> </ul>
Medical		Clinical Support		Ensures	

<p>Encounter – “Encounter” type = “Monitoring” or “Medical Care”</p> <p>Note: 1) “Monitoring” should be used in the Medical Encounter for pre-visit activities 2) “Medical Care” will report as an “Outpatient Medical Visit” and should only be used when agency is provider or payer for medical services</p>		<p>Staff, MCM</p>		<p>documentation of clinical quality for client-level reporting and SC Quality Management, in accordance with Program Guidelines.</p>	<p>- Agency service glossary (agency definitions)</p>
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**1.2 Shortcuts: Provide Enterprise (PE)**

a. Medical Encounter – Sample text may be used in the notes section for Medical Encounters. Submit the sample language you wish to use. It will be added to list of text.

b. Informed Consent – Default Templates can be established to auto-select items for release to a particular organization. Demo this feature by testing an Informed Consent to ADAP Enrollment.

c. Standardize Documentation in Medical Encounter (e.g.) time in minutes, Encounter Type

d. Action Plan Templates are customizable in Provide Enterprise.

**Qualitative: Provide a response to the questions below:**

1. Document your agency’s process to obtain information specific to clinical services at first visit.

2. Document any problems you experienced while implementing any of the above processes, e.g. Informed Consents.

3. How can solutions to these

problems be integrated into the Pre-visit process?	