

# **OPERATIONS MANUAL**

## **CARE CONNECTIONS PROGRAM**

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

### **SECTION: PATIENT REFERRAL and INTAKE PROCEDURES**

# 1 CCP Referral Procedure

Referrals for the Care Connections Program can be made by any care team member, including the Primary Care Provider (PCP), clinic staff (i.e. nurse care manager), or Community Health Worker (CHW). Referrals are often made following a clinic appointment, when a provider is worried about a patient, after a patient has had a recent ER or UR visit and/or upon hospital discharge. Hospital/clinic staff members submit referrals via an ORCHID message to the CCP Medical Director, Dr. Heidi Behforouz. Dr. Behforouz reviews the patient's chart to ensure that the patient meets the program criteria within five business days. Once Dr. Behforouz approves that the patient meets the program's inclusion criteria, the patient's chart is sent to the Program Manager for randomization. Half of referred patients will be randomized into the program and half will be randomized out. If the patient is randomized, the referral will be sent by CCP Administration to the assigned CHW, which will indicate assigned date, patient name, patient MRUN, patient CCP ID, and the reason that the patient is being referred. The CHW then has 72 hours to document making attempts to contact with the patient.

## Patient Inclusion Criteria

1. *High-Utilizers* = 2 acute care utilization equivalents\* within the past year **OR**
2. *Uncontrolled Chronic Condition and Avoidable Utilization* = 1 acute care utilization equivalent\* within the past year PLUS a history of any one of the following "high- risk" conditions:

- Congestive Heart Failure ☐
- Diabetes with HbA1c>9 ☐
- Chronic Obstructive Pulmonary Disease ☐
- Asthma ☐
- Coronary artery disease ☐
- PVD ☐
- Cerebrovascular disease ☐
- Uncontrolled Hypertension with cardiac and/or renal complications ☐
- End-stage Liver disease ☐
- End-stage Kidney disease ☐
- Dementia that is progressive with worsening function ☐
- Failure to Thrive ☐
- Age >90 years old ☐
- Depression with functional impairment ☐
- Anxiety disorder with functional impairment/somatization ☐
- Bipolar disorder with functional impairment ☐
- Psychotic disorder ☐
- Substance use disorder ☐

**OR**

3. *Uncontrolled Chronic Condition with Mental Illness* = Diabetes with HbA1c>9 and co-occurring mental illness or substance use disorder

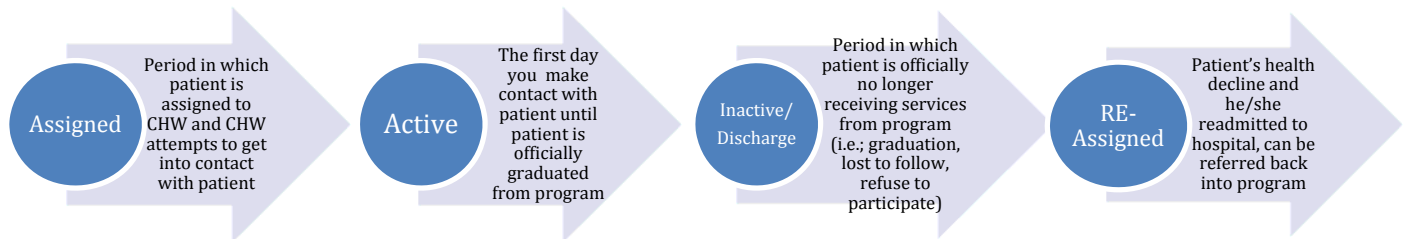
\*Note: One **acute care utilization equivalent** is:

- ☐ 1 Hospital admission OR ☐
- ☐ 2 ED visits OR ☐
- ☐ 4 Urgent Care visits OR ☐
- ☐ 1 ED visit and 2 Urgent Care visits ☐

## 2 Patient Status

Once assigned into the program, the patient can have one of the four statuses.

- **Assigned:** Patients who have been referred to the CHW before official program contact has been made with the patient
- **Active:** Patients in which *at least* one contact has been made by CHW (via phone or in person) to begin establishing relationship
- **Inactive:** Patients who meet criteria to be exited from program and no longer are on CHW caseload. Must get administrative approval before inactivating a patient from your caseload
- **Discharge:** Patients as determined by admin are discharged due to safety reasons, patients passed away. Discharge refers to any patient who is inactive who will not be re-referred or reapproved for program.



## 3 CHW Workflow Overview

Once the patient is assigned to the CHW, the CHW begins attempting to contact the patient. When contact is made, the CHW introduces the Care Connections Program and their role as a CHW. The following sections will detail all CCP protocols and forms used by the CHW during their work with a patient. Sections include:

- Client Intake
  - Patient Information Worksheet
  - Patient Personal and Emergency Contact
  - Patient Demographic Information
  - CHW-Patient Agreement
- Core Interventions:
  - Health and Wellness Care Planning
  - Medication Review
  - Care Transitions
  - Wellness Recovery Action Plans
  - Pre and Post PCP Visit Accompaniment Forms
  - CCP Inactivation of Patient Protocol
- CCP Policies and Procedures
  - Home Visit Guidelines
  - Mandatory Reporting Requirements

*All associated forms are attached in the appendix.*

## Client Intake

Client intake starts when the Community Health Worker (CHW) initiates contact with their assigned high-risk client. The purpose of intake is for the CHW, as a member of the Patient-Centered Medical Home (PCMH), to gather information available about the client using their patient chart in ORCHID and knowledge from the PCMH team, to introduce the role of a CHW to the client, and lay the foundation from which to earn the client's trust and build a relationship with the patient. This protocol describes our approach to optimize initial engagement and standardize client intake practices for the LAC Care Connections CHWs.

## Key Objectives

1. Complete the **CCP Patient Information Worksheet** in order to:
  - Identify primary medical, behavioral health, and social concerns
  - Understand clients' most important health needs from the PCP's perspective
  - Prepare for first meeting with the client
2. Introduce the CHW role as a member of the primary care team and additional support for the client (or patient). Complete the **CHW-Patient Agreement form** if the client agrees to participate in the Care Connections Program.
3. Complete the **CCP Patient Personal & Emergency Contact** form and **CCP Patient Demographic Information form** in order to verify the client's contact and demographic information.
4. Inform appropriate person/s of health concerns that may require immediate attention.
5. Begin to develop a trusting, long-lasting relationship with the client by confirming the best form of communication and next meeting.

## Client Intake Forms

- Patient Information Worksheet
- Patient Personal and Emergency Contact
- Patient Demographic Information
- CHW-Patient Agreement

## Protocol Steps

### Step 1: Receive Referral and Make Initial Contact with Patient (First 72 hours)

CHWs will first receive a patient referral from the CCP Administration staff via email. Upon assignment, the CHW should contact the patient via phone or in person in order to schedule an appointment. Initial contact with the patient should be made within 72 hours of receipt of the new referral. If initial contact with the client is in the clinic or you receive a warm hand-off from the provider, introduce yourself and the program briefly and schedule a follow-up appointment. Follow-up appointments should be scheduled at a location that is convenient for the client such as their home, a public community location, or at the clinic.

There are different scenarios from which the CHW may first meet and engage their clients. For instance, clients who come to the clinic for routine visits, clients who had a recent or current acute condition (e.g., in the hospital or recently had an ED/urgent care visit), or clients who do not have known contact with the health system.

### Step 2: Complete the CCP Patient Information Worksheet (First 72 hours)

A **Patient Information Worksheet** must be completed for all patients. This worksheet should be completed within 72 hours of receipt of referral, before the follow-up appointment, using information obtained from the patient chart in ORCHID and the PCMH team.

CHWs will start by recording background medical information and identified social concerns on the form. The **Problem List** in ORCHID summarizes the client's diagnoses and may list behavioral health concerns. Print out this list for your records. CHWs should print also out the client's "**Visit Summaries**" and **medication list** from ORCHID. The CHW should review the Patient Schedule in ORCHID in order to document recent and upcoming visits and gain an understanding of their client's utilization and clinical history. Using these ORCHID resources, fill out the appropriate sections of the Patient Information Worksheet.

The CHW should try to talk to the Primary Care Provider (PCP) or other members of the PCMH team, such as the Nurse Care Manager, to identify particular concerns about the patient that the CHW should look out for, any behavioral health concerns, and key signs or symptoms, "red flags," that should be looked out for, particularly on a home visit.

### Step 3: Meet with Patient and Complete Remaining Intake Forms

Once initial research and background information is understood, the CHW will continue to try to get in contact with the client to schedule an in-person appointment (if not completed already) in order to complete the rest of the Intake Forms. All intake paperwork should be completed within 30 days of your initial contact with the client. The completion of all the Intake Forms may require several encounters over the course of many weeks, however it is firmly recommended that the Intake Forms be completed within the first few contacts (particularly the Contact Information). For example, the CHW may speak with the client via phone, or have a brief face-to-face encounter in the clinic to set up a formal engagement encounter and then complete the rest of the intake process.

Once the CHW has made contact with the client, the client is considered "Active" in our database. The **CCP Patient Personal and Emergency Contact** form should be completed as soon as possible in order to identify the best mode of contact for the client and emergency contacts. The form also reviews with the client that the CHW will never share information about the client's health with anyone unless given permission from the client. Since CHWs make hospital and home visits, it is possible that neighbors, family, and/or friends will notice the CHW and ask whom they are and what you are doing. If the client has particular people whom they do not wish to find out about their health conditions or the fact that they are working with the CHW, the client can identify these people and tell the CHW what they should do if this person is around (i.e. if a neighbor asks who you are when walking up to the client's home, the client may want you to say that you are a friend instead of say that you are a CHW). The CHW will also ask the client to identify one or two health proxies, who are people whom the client would like to make decisions about their healthcare in the event that they are unable to (i.e. car accident).

The **CCP Patient Demographic Information** consists of standard personal information such as preferred language, marital status, education status, employment status, and health insurance information. The CHW should have the client fill out the form during one of their initial contacts with the client.

The **Community Health Worker (CHW)-Patient Agreement** form details the role of the CHW, the patient's rights, and the patient's responsibilities upon participation in the program. The CHW should review the information carefully with the client so they understand the appropriate services that the CHW offers the client and expectations from the client. Both the client and the CHW should sign the agreement.

CHWs will NOT start assisting their clients with services until the Intake Forms are complete. If you are unable to complete the Intake Forms within 30 days, notify your supervisor.

#### Materials Needed for Initial Client Appointments:

- Patient Information Worksheet (completed as best as possible from ORCHID)
- Business card
- CCP Intake Forms (Patient Contact, Patient Demographic Information, CHW-Patient Agreement)

#### Summary Steps

- 1) **Initiate contact** with the client to introduce the CHW role and determine a time to meet.
- 2) **Complete the Patient Information Worksheet** as best as possible based on the ORCHID records; the Patient Information Worksheet is to be used to gather and record necessary information about each client from ORCHID.
- 3) **Verify and complete the Patient Personal and Emergency Contact, Patient Demographic Information, and CHW-Patient Agreement** forms during the first visit(s). We want to be sure we have up-to-date information on the client and an agreement to participate in the program.

#### Appendix Forms

- Patient Information Worksheet
- Patient Personal and Emergency Contact Form
- Patient Demographic Information Form
- CHW-Patient Agreement

## **Care Connections Program INTAKE DOCUMENTS**

*DRAFT VERSION, 3-28-2016*

1. CHW Referral Information Worksheet
2. Patient Personal and Emergency Contact Information
3. Patient Demographic Information
4. CCP Community Health Worker's Role and Agreement

## CCP Referral Information Worksheet

CCP ID \_\_\_\_\_

To be completed within 72 hours of assignment with input from the patient chart in ORCHID and PCMH Team

Patient Name:	DOB (MM/DD/YEAR):	MRUN #:
Referring PCP:	CHW Assigned:	
Date Referred:	Date Assigned:	
What is the primary reason for the patient's referral? Referral note printed: <b>(INSERT CHECK BOX)</b>		
Empaneled PCP:	Care Manager Name:	
Actual PCP: (if relevant, seen at least 3 times)		

ORCHID Review Date: \_\_\_\_\_ Date of "Visit Summary" Print Out: \_\_\_\_\_

Make sure printout includes medication list and past/upcoming visits (which may or may not be complete)  
Note - You can also review Patient Schedule to note past/upcoming visits. Out of network utilization may not be listed.  
Conversation with Provider: What do you want me to look for? What should I look for at the house?

Primary Medical Conditions:	Primary Social Barriers and Concerns:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.



CCP Referral Information Worksheet

CCP ID \_\_\_\_\_

To be completed within 72 hours of assignment with input from the patient chart in ORCHID and PCMH Team

Behavioral Health Concerns (if applicable)		
<b>List any behavioral health issues</b> (e.g., mental health, substance use, etc..)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Name of BH clinician: _____		
Name of BH facility: _____		
<b>According to PCP/PCMH impressions or ORCHID notes....</b>		
Are there concerns about medication adherence?	Yes	No
Describe:		
Are there concerns about the patient attending their appointments?	Yes	No
Describe:		

## CCP Referral Information Worksheet

*To be completed within 72 hrs. of assignment with input from the patient chart in ORCHID and PCMH Team*

### PCP Concerns and Patient Warning Signs

**1. List “red flags” = key signs/symptoms to look for, particularly on a home visit.**

*Think about what might cause the person to become really sick or die in the next 6 months.*

a.

b.

c.

d.

**2. Identify WRAPS to be reviewed with patient and education/skills to build:**

a.

b.

c.

d.

**3. Key messages you want to leave with patient?**

**4. Any safety concerns for visiting the patient at home? Should you take a buddy?**

## CCP Referral Information Worksheet

*To be completed within 72 hrs. of assignment with input from the patient chart in ORCHID and PCMH Team*

List all Emergency Room (ER), Urgent Care (UC) and Hospitalizations (H) in the last 3 months (start with the most recent visit):			
Date	Location	Type (ER, UC, H)	Reason (Note whether it was preventable)

**If/when PT has an emergency, what is the PCP's EM/UC/H preference?**

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Reviewed with Provider Name:	Date Review Completed:
Provider Signature:	CHW Signature:

## CCP Referral Information Worksheet

*To be completed within 72 hrs. of assignment with input from the patient chart in ORCHID and PCMH Team*

### **Recent Visits:**

Name of Primary Care Provider	Location	Date of last visit	Reason for last visit	Desired Frequency	Show or no show
Name of Specialist	Location	Date of last visit	Reason for last visit	Desired Frequency	Show or no show

### **Upcoming Visits:**

Name of Primary Care Provider	Location	Date of next visit	Reason for next visit

Name of Specialist	Location	Date of next visit	Reason for next visit

CCP ID#: \_\_\_\_\_

Date Completed: \_\_\_\_\_

CHW Name: \_\_\_\_\_

### **CCP Patient Personal & Emergency Contact**

**Name** (Last, First, Middle Initial): \_\_\_\_\_

**Date of Birth** (MM/DD/YEAR): \_\_\_\_\_

**Address** (Street/City/Zip): \_\_\_\_\_

**Address type:** ☐ Permanent Residence ☐ Temporary Residence ☐ Institution/Community ☐ Other (specify): \_\_\_\_\_

**Phone Contact** (Please check the best number to reach you):

☐ Home: \_\_\_\_\_ ☐ Work: \_\_\_\_\_ ☐ Cell: \_\_\_\_\_

**May we send you text messages?** ☐ Yes ☐ No; **May we leave you voicemails?** ☐ Yes ☐ No

**What is the best way to get in touch with you?**

☐ In Person ☐ Phone Call ☐ Text ☐ Other (specify): \_\_\_\_\_

**What is the best time to contact you?** \_\_\_\_\_

**If we cannot reach you by phone or at your home, where are some other places you might be?** \_\_\_\_\_

**Where do you prefer to meet your CHW?**

☐ Home ☐ Work ☐ Clinic ☐ Other (specify): \_\_\_\_\_

**Please share at least 2 emergency contacts (to be used in the event you cannot be reached):**

Contact #1			
<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>E-mail:</b>	
Contact #2			
<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>E-mail:</b>	

CCP ID#: \_\_\_\_\_

Date Completed: \_\_\_\_\_

CHW Name: \_\_\_\_\_

We never share information about your health with anyone unless you give us permission. But when we make home or hospital visits it is possible that neighbors/friends/family will notice. If someone asks, what should I say?

☐ Community Health Worker ☐ Other (specify): \_\_\_\_\_

Are there particular people whom you do not wish to find out about your health conditions? ☐ Yes ☐ No

Person #1	
Name:	Relationship:
What should I do if this person is around?	

Person #2	
Name:	Relationship:
What should I do if this person is around?	

**Health Proxy: Who would you like to make decisions about your healthcare if you are unable to?** (For example: If you are hurt in a car accident, who do you want us to contact to make medical decisions for you?)

Contact #1			
Name:		Relationship:	
Address:			
Phone:		E-mail:	

Contact #2			
Name:		Relationship:	
Address:			
Phone:		E-mail:	

## **CCP Patient Demographic Information**

**Name** (Last, First, Middle Initial): \_\_\_\_\_

**What is your date of birth?** \_\_\_\_\_

**What is your zip code?** \_\_\_\_\_

**What ethnic or racial group do you most identify with? (Check all that apply to you)**

☐ African American   ☐ Latino   ☐ White   ☐ Asian   ☐ Other (specify): \_\_\_\_\_

**What is your preferred language? (Check all that apply)**

☐ English   ☐ Spanish   ☐ Other (specify): \_\_\_\_\_

**What gender do you most identify with?**

☐ Male   ☐ Female   ☐ Transgender   ☐ Other (specify) \_\_\_\_\_

**What is your marital status?**

☐ Married   ☐ Living with Partner   ☐ Has partner (living separately)   ☐ Single   ☐ Divorced   ☐ Widowed

**Do you have any children?** ☐ Yes ☐ No

**If yes, how many children do you have living in the home?** \_\_\_\_\_

**What is the highest level of education completed?**

☐ Some high school   ☐ High school graduate or equivalent   ☐ Some college   ☐ Associate degree   ☐ Bachelors degree   ☐ Graduate degree   ☐ Other (specify): \_\_\_\_\_

**What is your current employment status?**

☐ Employed   ☐ Unemployed   ☐ Student   ☐ Homemaker   ☐ Retired   ☐ Paid Leave  
☐ Other (specify) \_\_\_\_\_

**If employed, where do you work?** \_\_\_\_\_ **Hours worked per week** \_\_\_\_\_

**What is your total household income?**

☐ \$0-\$25,999   ☐ \$26,000-\$35,999   ☐ \$36,000-\$44,999   ☐ \$46,000-\$59,999   ☐ \$60,000-\$75,000  
☐ Above \$75,000

**What is your income source? (Check all that apply to you)**

☐ Employment   ☐ Retirement Income   ☐ Veterans' Payments   ☐ Government Assistance  
☐ Other (specify) \_\_\_\_\_

**Are you a Veteran?** ☐ Yes ☐ No

**What type of health insurance do you have (confirm via ORCHID)?** ☐ Yes ☐ No

**Primary Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Date Effective:** \_\_\_\_\_

## **Community Care Program- Community Health Worker's Role**

A Community Health Worker (CHW) works as an extension of the Patient-Centered Medical Home (PCMH), which is the Los Angeles County Department of Health Services primary care team model. The CHW's role, which is part of the Care Connections program (CCP), is to support patients of the system in making shared decisions with their provider about their health and well-being. The CHW's goal is to empower their patients with the necessary tools and resources to self-manage their health and wellbeing. A CHW is a representative of the medical team and any information shared with a CHW by a patient that is relevant to their health may also be shared with the patient's healthcare provider.

### **The CHW will assist patients with:**

- Medication management needs (including communications with pharmacy, medication scheduling, adherence barriers, side effects, etc.)
- Communication with Medical providers (primary and specialty care providers)
- Connections to resources that fit specific social needs (housing; mental health; substance abuse; food security; benefit counseling; legal services; etc.)
- Setting and achieving personal health goals

#### *\*Please note:*

- CHW's cannot provide direct transportation for patients, but can assist with linkage to public and private transportation services.
- CHW's cannot accept patient related phone calls after 4:30 PM or on weekends

### **Patients Rights**

- To be treated in a respectful, non-judgmental manner, in accordance with harm reduction principles;
- To receive supportive services that will help the patient achieve their health goals;
- To receive services in a safe and welcoming environment;
- To have any information shared remain confidential; the only time a CHW will report information against the wishes of a patient is if there are safety concerns for the patient or others.
- To participate in program development by providing feedback about services.
- To discontinue services at any time.

### **Patients Responsibilities**

Patients of the health care system will agree to work with their assigned Community Health Worker and Patient Centered Medical Home to make shared decisions about their health. In so doing, the patient will agree to the following guidelines.

- To provide the CHW with the information necessary to provide the patient with the proper services.
- To treat staff, interns, volunteers and other patients with respect; act in a non-disruptive and non-threatening manner to others.
- To honor the confidentiality of other CCP patients.
- To communicate with CHW about any potential safety risks in the patients home (such as active use of substance abuse, violence in the home, etc.).
- To actively work in partnership with the CHW and Medical Home team to develop a plan in order to achieve patient health goals through an action plan; Patient understands that CHW is required to communicate patient health (progress and concerns) with the healthcare team.



- Patient understands that they can meet with CHW before/after or during patient visits at the clinic and in the community or at the patient's home. The CHW may attend patient doctor's appointments if the patient would like.

If it is necessary for the patient to cancel a scheduled appointment with a CHW, the patient will do so at least 24 hours prior to the scheduled time. It is CCP policy that the patient will receive a 30-minute grace period if late to an appointment. If a scheduled appointment is not canceled as indicated, the CHW will contact the patient to reschedule the appointment as soon as possible.

If at anytime the patient chooses to end participation in the CCP program the decision will not affect their relationship with their provider and healthcare team. The patient can still receive any necessary medical care.

The CCP program also reserves the right to dismiss a patient from the program at any time (due to lack of engagement, disrespect, safety concerns, or any violation of this agreement contract).

If you have any concerns regarding the services you are receiving in the Community Care Program, you may contact Dr. Heidi Behforouz at (424) 338-2704 or Jenebah Lewis at (424) 338-2693. We will do our best to accommodate you.

My signature below means that I acknowledge and agree to the guidelines of this Patient agreement:

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**Patient Name (Print)**

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**Patient Signature**

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**Date**

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**Community Health Worker Name (Print)**

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**Community Health Worker Signature**

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**Date**