

MODULE TEN

Response Time

POLICY

Due to the nature of HIV medical case management, timely response to client enrollment requests and to referrals/transfers is critical to ensuring a client's continued participation in services and consistent access to medical services. Medical Case Managers are all required to respond to requests for an intake appointment for a potential ***new client by the next business day and to offer an intake appointment within three business days*** of contact with clients who are a priority for assessment and ***5 calendar days for those who do not meet the criterion for immediate prioritization (see next page)***.

Medical Case Management agencies are responsible for developing a back-up plan to serve clients whose providers are absent for more than 24 hours. Back-up plans may include the coverage of duties by a qualified colleague or supervisor who will also follow all Medical Case Management policies and procedures. Communication of the back-up plan should be made to all service providers and the contract monitor.

Procedure

All Medical Case Managers

For new clients to the system requesting an intake appointment



If the first contact is a voice mail message



Once in contact with the client (may be their first call if you are in at the time they call)→

Call/respond to the individual
by the next business day

Determine whether or not the client is:

- Priority for Assessment:
 - homeless (on the street without shelter)
 - recently released from prison/jail
 - newly diagnosed with no support (This will likely be a referral from another provider or client.)
- Offer a face-to-face intake appointment **within three business days**.
- For individuals with a medical crisis or contemplating suicide, call 911 or other crisis services.
- For others, offer a face-to-face intake appointment as soon as possible, but **no later than 5 calendar days** from your contact.
- Inform the client of all needed documentation: letter of diagnosis, proof of residency, and proof of income. The ARIES Core Elements must also be collected.

For existing clients requesting an appointment/service →

- Respond to all existing client calls **by the next business day**
- Offer the client an appointment as soon as possible, **no later than five calendar days** from your contact with the client, unless the client requests a later date.

For referrals from another provider →

- Respond to the other provider **by the next business day.**
- Obtain all contact information, eligibility documentation, and ARIES face page from the referring provider.
- Respond to the client, as appropriate, **within three business days** of receiving contact information. Enter a case note in ARIES regarding the result of the client contact.
- If a provider is referring a client with a medical emergency or is suicidal or homicidal, do not accept the referral. Inform the provider that they should **call emergency (911) or crisis services and refer the client once the immediate crisis is stabilized.**
- Complete the referral outcome tab in ARIES.

Referrals to Nurse Case Management (NCM) →

Assigned Nurse Case Manager will:

- Call and screen the client for appropriateness for NCM.
- If appropriate, offer a face-to-face intake appointment:
 - **within 2 working days** of Intake Coordinator contact with the client.
- Prioritize for NCM includes those:
 - newly discharged from the hospital
 - with a new medical regimen.
- If not eligible for Nurse Case Management, the Intake Coordinator will refer the client to an appropriate Medical Case Manager **within 1 working day of that determination.**

Back-up Plan

When a Medical Case Manager is out more than 24 hours →

- The agency should identify a back-up provider with adequate experience and knowledge of HIV medical case management to provide services during the absence and communicate it to the system of care and program monitor.
- The primary provider should make every effort to address current clients' immediate needs, including EFA, prior to going on leave. All case notes and documentation should be up to date and complete.
- The back up should only distribute EFA in an unforeseen emergency situation that cannot wait until the primary case manager's return.
- Orient the back up to any client issues that may arise during the absence and any administrative duties (i.e. charting/data entry, units of service reporting, medical rounds/coordination meetings, etc.) to maintain continuity of care.
- For EFA distribution by back-up:
 - Alert the Contra Costa AIDS Program monitor that there will be a back-up working during a specific timeframe. The monitor will communicate it to the system of care immediately.
 - Fill out all EFA requests and logs by using the back-up's name, on behalf of _____ (primary medical case manager's name)"
- For referrals/coordination of services, back- up will designate all requests, "Submitted by _____ for (primary medical case manager's name)".