



ACCEL Care Pathway
Obtaining Medical Home - OMH
Case Study

Milestone 0: Referral and Assignment of Pathway

1. Admission staff at ER faxes referral to ACCEL at Public Health Department because client has no medical home and may not have insurance.
2. Pathway Manager (Vicki) picks up fax and enters referral into iREACH.
See handout
“Referral Specialist: Making a New Pathway Referral in iREACH.”
3. Pathway Manager reviews referral and assigns to appropriate CHW by language, location, referral source and CHW work load.
See handout
“Pathway Manager: Assigning a New Pathway to CHW.”

CHW Instructions

1. CHW checks task list.
 - a. When referral comes in, check “notes” to see (1) if it is associated with an ER SHCC referral and (2) the CHW the SHCC referral is assigned to.
 - b. If it is associated with an SHCC referral, wait for tickler from SHCC CHW regarding status of insurance before initiating the OMH pathway.
2. The first call to parent/guardian should be made within **one** working day of receiving notification that client has insurance coverage.
3. After logging in, CHW reviews “My Tasks” on “List Section” of screen, clicks on “Task Tracking #” for OMH1 – Telephone Screening.

At bottom of detail screen, CHW:

- a. Reviews Milestone (task) steps, and then
- b. Clicks on client’s name in detail screen to pull up Client Info (seen on all 4 tabs).

Milestone 1: Telephone Screening

(1 Working Day to Complete)

1. Call parent for screening
 - a. If unable to reach the parent/guardian, change due date
[Module 3: Modify Milestone/Task/Tickler].

Repeat up to 3 times within 3 working days.
Document each call
[Module 1: Pathway Tracking].
 - b. If NO contact, terminate pathway
[Module 6: Terminate Pathway -
Barrier reason: "Loss of contact with parent"].
2. If you reach parent/guardian, conduct a quick assessment by asking if client has current health care coverage and PCP.
 - a. If client has health care coverage and a PCP,

Document call
[Module 1: Pathway Tracking],

Reinforce use and terminate pathway
[Module 6: Terminate Pathway –
Barrier reason - Inappropriate referral].
 - b. If client has no health care coverage but has a PCP,

Terminate pathway
[Module 6: Terminate Pathway –
Barrier reason - "Has a medical home"].

Start SHCC by making a referral. See handout:
"Referral Specialist: Making a New Pathway Referral in iREACH."
 - c. If client has health care coverage but NO PCP,

Complete Milestone
[Module 4A: Complete Milestone/Task/Tickler - Successful].
 - d. If client has no health care coverage and no PCP,

Complete Milestone
[Module 4A: Complete Milestone/Task/Tickler - Successful].

Milestone 2: Assess for Health Care Coverage

(1 Working Day to Complete)

1. While speaking with parent/guardian:
 - a. Review client data on referral and complete “red” fields on all 4 tabs.
 - b. On Demographics tab (4th tab), click on “Needs Assessment” box and complete the assessment questions.
2. Ask what type of insurance client is currently enrolled in.
 - a. Document client’s health care coverage, if any, and effective dates.
[Module 11: Client Insurance Policy].
 - b. Document siblings’ health care coverage, if any and effective dates.
[Module 11: Client Insurance Policy].
 - c. Complete Milestone
[Module 4A: Complete Milestone/Task/Tickler – Successful].
3. If client does NOT have insurance,

Document

[Module 1: Pathway Tracking – in “new event” drop down box – “waiting for SHCC Pathway completion”].

- a. Open a new referral for SHCC for the client and each of the siblings.
[CHW uses Referral Specialist handout:
“Making a New Pathway Referral in iREACH.”]

This referral goes to Pathway Manager to review and assign to appropriate CHW.

- b. Complete Milestone
[Milestone 4A: Complete Milestone/Task/ Tickler – Successful].

Milestone 3: Assign PCP for Client

(3 Working Days to Complete)

1. If waiting for SHCC confirmation, change due date of Milestone 3 to 30 working days.
2. Assess for Medical Home
 - a. Document sibling's PCP, if any
[Module 1: Pathway Tracking].
 - b. Document client's PCP, if any
[Client Info page, 1st tab].
 - i. If client has PCP and uses it regularly, reinforce how to use the medical home.
Terminate pathway
[Module 6: Terminate Pathway -
Barrier reason – “Has medical home” and
Pathway Termination reason - “Inappropriate referral.”].
 - ii. For clients who are not using their PCP or do not understand that they have a PCP:
Attempt to help them understand who their PCP is by asking:
 - 1) Has the child had previous medical attention in El Dorado County? If yes, what is the name and location of the practitioner who provided treatment?
 - 2) Has the child had a CHDP Gateway appointment in the last 12 months? If yes, what is the name and location of the practitioner who provided the treatment?
3. Assess for client's availability to use PCP.

Document answers to the following questions using
[Module 1: Pathway Tracking].
 - a. What are the best days and times in any given week for the client to be seen by a practitioner?
 - b. Does client have reliable transportation for getting to the appointment?
4. Document Health Education using
[Module 1: Pathway Tracking].
 - a. Educate parents on the importance of securing a medical home for the client's siblings.

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- b. Educate on the importance of a medical home and the need for regular health check-ups.
- 5. If client does not have a PCP,
CHW contacts Referral Specialist at PCP and informs her of ACCEL referral.
 - a. If the client's siblings have a PCP, even if they are NOT on the **ACCEL Participating Provider List** (Vicki has this list):
 - i. CHW will identify whether that PCP will accept the client.
If yes, document on [Client Info page – 1st tab](#),
[scroll down and enter non-ACCEL PCP name in field “Other.”](#)
 - ii. If the sibling's PCP will NOT accept the client:
Document
[\[Module 1: Pathway Tracking\]](#). Go to step 6.
 - b. If the client received care previously from someone on the ACCEL Participating Provider List, CHW will assign client to that provider for continuity purposes.

Document in
[\[Module 1: Pathway Tracking\]](#) and on
[Client Info page – 1st tab](#). Scroll down to field “Medical Home” and choose primary care provider from drop down list.
 - c. If the client has not received previous care in El Dorado County and has no siblings who have a PCP:
 - i. CHW reviews the ACCEL Participating Provider List and determines which practitioner is available to take the client.
 - ii. Document on
[Client Info page – 1st tab](#). Scroll down to field “Medical Home” and choose primary care provider from drop down list.
- 6. If the PCP will NOT take the client:
 - a. Document the refusal
[\[Module 1: Pathway Tracking\]](#).
 - b. Call the next available PCP on the ACCEL Participating Provider List.
Document each call
[\[Module 1: Pathway Tracking\]](#).
 - c. When a PCP accepts the client, document
[Client Info page – 1st tab](#). Scroll down to field “Medical Home” and choose primary care provider from drop down list.
- 7. Complete Milestone
[\[Module 4A: Complete Milestone/Task/Tickler – Successful\]](#).

Milestone 4: Make Appointment with PCP

(1 Working Day to Complete)

1. While talking to Referral Specialist, make an appointment on Appointment page. [Module 7A: Make New/Reschedule Appointments].
2. Generate Referral Letter from Appointment page [Module 7A: Appointments – Make New/Reschedule Appointment – Step 6].
3. Call parent/guardian and inform them of appointment date, time, location and name of PCP, and

- a. Educate parent on importance of keeping the appointment, and to call CHW if they know they won't be able to make the appointment so it can be rescheduled.

If client needs to reschedule appointment:

- i. Close out original appointment [Module 7B: Appointments – Document Final Outcome of Appointment]
 - ii. Call Referral Specialist and reschedule on Appointment page [Module 7A: Appointments – Make New/ Reschedule Appointment].
 - iii. Generate Referral letter from Appointment page [Module 7A: Appointments – Make New/ Reschedule Appointment – Step 6].
 - iv. Call parents to let them know of new time.
If parent/guardian is not reached, leave a message and document, but don't terminate pathway [Module 1: Pathway Tracking].
- b. Assist in evaluating barriers and support parent/guardian in developing an alternative plan. Educate parent/guardian regarding services available to overcome barriers. Document [Module 1: Pathway Tracking – Assist with pathway barriers].
4. When appointment date is made, iREACH automatically creates a tickler to make "reminder call" for upcoming appointment. Appointment Reminder Call (ARC) will appear on CHW task list one working day before appointment.
 5. Mail tool kit containing appointment Referral Letter with PCP name and location. Document date when package was sent [Module 1: Pathway Tracking].
 6. Complete Milestone [Module 4A: Complete Milestone/Task/Tickler].

Milestone 5: Confirm Attendance at PCP Appointment Milestone 5A: 1st Opportunity to Attend Appointment

(10 Working Days to Complete)

1. Based on Appointment Reminder Call (ARC) CHW will:
Call parent/guardian one working day in advance of appointment and reassess barriers.

Close tickler for ARC

[Module 4A: Complete Milestone/Task/Tickler Successful].

- a. If necessary, CHW calls Referral Specialist to reschedule.
 - i. Close out original appointment
[Module 7B: Appointments – Document Final Outcome of Appointment]
 - ii. Reschedule on Appointment page
[Module 7A: Appointments – Make New/Reschedule Appointment].
 - iii. Call parents to let them know of new time.
Document
[Module 1: Pathway Tracking].
 - b. If CHW doesn't reach parent/guardian:
Leave message if possible but don't terminate pathway.
Document
[Module 1: Pathway Tracking].
2. Confirm 1 day **after** appointment that PCP appointment was kept.
 - a. iREACH users:
 - i. CHW reassigns Milestone to Referral Specialist and changes due date to 1 day **after** appointment.
[Module 3: Modify Milestone/Task/Tickler].
Assignment of this task automatically sends email to Referral Specialist to login to iREACH.
 - ii. Referral Specialist receives e-mail to log into iREACH.
 - 1) Select "My Tasks" from left nav bar.
 - 2) Select "Task Tracking Number" for new Milestone.
 - 3) Click on client name, to load client into system.

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4) Verify that client **kept** appointment
[Module 7B: Documents Final Outcome of Appointment].

5) Referral Specialist completes Milestone as:

a) Successful if client **kept** appointment
[Module 4A: Complete Milestone/Task/Tickler – Successful].

b) Unsuccessful if client **missed** appointment
[Module 4B: Complete Milestone/Task/Tickler - Unsuccessful]

b. Non-iREACH users:

i. CHW calls the PCP Referral Specialist to verify appointment was kept.

Documents on Appointment page
[Module 7B. Documents Final Outcome of Appointment].

ii. Complete Milestone as

1) Successful if client **kept** appointment
[Module 4A: Complete Milestone/Task/Tickler – Successful].

2) Unsuccessful if client **missed** appointment
[Module 4B: Complete Milestone/Task/Tickler – Unsuccessful].

Milestone 5B: 2nd Opportunity to Keep Appointment

(14 Working Days to Complete)

1. iREACH users:
CHW checks Appointment page to see if client kept appointment.
If client **kept** appointment:
 - a. Complete Milestone as successful
[Module 4A: Complete Milestone/Task/Tickler – Successful].
 - b. Complete **Milestone 6** (below) as successful
[Module 4A: Complete Milestone/Task/Tickler – Successful].
2. If client did **NOT** keep appointment, CHW attempts to contact the parent/guardian up to 3 times within 3 working days to reschedule.
Document each call
[Module 1: Pathway Tracking].
 - a. If NO contact, terminate pathway
[Module 6: Terminate Pathway – Barrier reason – Appointment “no show” Termination reason – “Loss of contact with parent”].
 - b. If parent/guardian is reached, the client can have two “no-shows” before terminating this pathway.
Use **this Milestone** to reschedule 2nd appointment.
3. Document reasons for first “no-show” on Appointment page
[Module 7B: Appointments – Document Final Outcome of Appointment]
and
Follow the process for rescheduling an appointment
[Module 7A: Appointments – Make New/Reschedule Appointment].
4. Repeat steps 1 & 2 in Milestone 5A

Milestone 6: Pathway Finalization

(1 Working Day to Complete)

1. CHW checks Appointment page to see if client kept appointment.
 - a. If client kept appointment, complete Milestone as successful
[Module 4A: Complete Milestone/Task/Tickler – Successful].
 - b. If client did NOT keep 2nd appointment, complete Milestone as unsuccessful
[Module 4B: Complete Milestone/Task/Tickler – Unsuccessful].

OMH PATHWAY COMPLETED