Service Blueprint: Journey of a homeless client that enrolls in Medi-Cal by visiting BHAC

Arrival and Waiting

Time: Day 1 — 30 mins

Touchpoint: Greeter; Waiting Room, Magazines, and Brochures

Client Actions:
- Client walks in. Clinic is not open yet.
- Client states that she wants to talk to someone.
- Client waits for 30 minutes, until the clinic opens.

Front Stage Actions:
- Greeter says hi. "What brings you here today?"
- Greeter has Client sign her name on a sheet to the waiting room.

Back Stage Actions:
- Clinic opens.

Supporting Systems:

Required Client Information:
- First Name
- Last Name Initial

Pain Points:
- Wait time for Clients might be too long for serious situations.

Observations:
- Homeless Outreach Team (HOT) asked them to go to encampments with them and connect people directly. They tried it but did not find it successful. They also collaborate with them at Navigation Centers.
- In the waiting room there are newspapers and a TV.

Rules | Decisions | Protocols:
- Behavioral health serves in mental health and substance abuse.
- 2/3 of services are contracted out to community based organizations. These include residential, outpatient, and entire substance abuse treatment services. 1/3 of services are provided in house. There are 12 civil service mental health clinics.
- Specialty mental health services are offered to individuals with moderate to severe mental health conditions who require medical necessity to get services through the managed care system. Clients can self refer themselves, but a clinician must do a clinical evaluation of Client can determine their necessity.
- You can self refer by walking into the Behavioral Health Access Center. Most of the clinics have walk-in hours, where people come in, and wait for someone to come and talk to you. Most outpatient clinics aren't allowed to do walk-in hours to provide timely care. Anybody that walks in the door is not guaranteed to be seen the same day.
- Mental Services are not administered by the two managed care plans available in San Francisco: there is a county mental health plan that is run with the provider and the insurance system."
- Affordable Care Act brought coverage for mild mental health and substance services, which are offered through a company called Beacon Health Options.

Interaction: Intake

Time: 40 mins — 50 mins — 55 mins — 90 mins — Day 3

Touchpoint: Front Desk + Clerk; Intake Documents; Front Desk + Clerk; Waiting Room, Magazines, and Brochures; Front Desk + Clerk; Waiting Room + Magazines, Brochures; Intake Evaluation Room + OD; Appointment Card; Notification of appointment

Client Actions:
- Client walks up to the desk to speak with Clerk.
- Client states that she wants to fill out forms to see if she is eligible for services that are missing information. Client also states that she qualifies to Clerk on missing sections.
- Client tries to fill out forms in the waiting area, but gets stuck.
- Client fills out forms to the best of her ability, and returns them to Clerk.
- Client fills out missing portions of the form.
- Client says she doesn't have any insurance.
- Client waits.
- Client talks with Clerk.
- Client waits until OD is available.
- Client walks with OD to room.
- Client talks with OD.
- Client waits.
- Client takes the appointment card, and leaves the clinic.
- Client doesn't go to HSA.
- Client receives a reminder call or phone for her upcoming appointment.

Front Stage Actions:
- Clerk calls Client to desk.
- Clerk greets Client, and asks if she has been there before.
- Clerk hands the intake documents to Client, and asks Client to fill them out.
- Clerk slows through the intake documents, and asks Client for missing information.
- Clerk asks about Client Insurance, and if she is already started on the Face Sheet form.
- Clerk asks Client to wait while she checks if Medical Office of the Day (OD) is available to see her.
- OD walks up to the desk, and asks to Clerk about Client.
- Clerk points OD to Client.
- OD walks up to Client. Client follows OD to intake evaluation room.
- OD performs intake evaluation. Based on the conversation, Client doesn't need urgent care.
- OD asks Client to wait while OD checks if she can speak with Clinician to schedule an appointment.
- OD gives an appointment card to Client, and informs her of the time of the appointment next week.
- OD asks Client to go to the Front Desk + Clerk Station, to check into Medi-Cal. The HSA office is very close by (0.5 miles).

Back Stage Actions:
- Clerk inputs the information in the intake forms into Avatar, and creates Client file.
- Clerk verifies Client information in the systems he has access to. Client does not have Medi-Cal, or any other guarantor.
- OD becomes available.
- OD talks to Clinician to set up appointment.
- Clinician books the time for the appointment, and writes an appointment card for the Client.
- RAMS (or 2003 EMC) is not available at the clinic.

Supporting Systems:
- Avatar
- Claim Remedy
  Mail
  Medicare Website
  Medi-Cal Website
  Healthy SF Website
  Health Worker Website
  + others
- Avatar
- Avatar Scheduler

Required Client Information:
- New or Existing Client
- Name / DOB / SSN (if available)
  Contact Information
  Income
  Insurance Status

Pain Points:
- There isn't a standard process for intake across mental health clinics, including the civil service clinics.
- The sample intake packet from one of the clinics is 40 pages long, with information redundancy.
- "Our infrastructure as a system is very, very, very archaic. We have no technology. Everything is on paper. So the ability to track what happens to those things are happening is much more complicated than it might be. Claims get lost."
- Bringing the Client data captured through paper forms creates latency.
- Avatar allows sharing of information, but it is not known how much sharing is done across different departments of Client information.
- There isn't a single source of truth for verifying Client information. Clerk needs to verify the eligibility of Client from 6-7 databases: "Having to look back across 7 different databases is not realistic."
- "This is all in theory. There is no quality assurance. We don't know how many Clients are actually going through the process of pulling the information needed for verifying eligibility."
- State has shut out access to Medi-Cal users. This means the newly hired Eligibility Workers can't access Medi-Cal.
- "We don't have access to the databases that we need to be able to be receiving services right away because they don't know if the people are fine are not enrolled yet, or they have fallen off from the Medi-Cal system. They continue providing care to people, but providers don't have no way of telling what is going on, and then claims get denied."
- Claim Remedy pulls eligibility data from multiple databases, which is slow. Often the information is dated (30 days old), not real-time.
- Some clinics are very short staffed, where the Clerk may not have time to check eligibility for all Clients. "There is no quality control, no QA, no auditing. Some clinics don't even have full-time clerks. The clerks are not trained."
- "What can you train Clerks on without a standardized practice?"
- "If you go work at the Chinese-side Factory, they give you 40 hours of training and you learn 100 menu items. We only give you 40 hours of documentation training to our clinicians for a very complex system."
- HSA location may not be near Client, or a clinic.
- No full time onsite enroller.
- They don't walk with Clients, or ensure that Clients get to HSA.
- RAMS enrollers are here less than 20 hours a week and certain hours only.
- There hasn't been a lot of Medi-Cal Eligibility Workers to schedule time with RAMS, for them to visit Homeless Outreach Teams. Clients, it is not clear how well they are deployed.
- In pattern cost, $800/day. The cost gets quite high for a patient that stays for 30 days.
- They don't want to take chances by having the Clerk make the difficult allocation for Clients. During Medi-Cal audits, eligibility assists are one of the top reasons that get flagged. Eligibility assists are discouraged, and even retired.
- They tell Clients to go to HSA and get Medi-Cal, but they don't have a mechanism to confirm that it ever happened.
- Focus is on treatment, not enrollment. Clients may not want to go to HSA, thus never enroll in Medi Cal. There is no incentive for Clients to go, as they still receive care at the clinics.
- It can be difficult to reach homeless clients, if the clinic needs to communicate with them. A lot of people have phones, but the numbers change often.

Observations:
- Intake Documents from South of Market Mental Health Clinic:
  - Welcome Form
  - Face Sheet Form
  - Client Registration Form
  - Client Rights
  - Determination
  - Episode Guarantor Determination
  - Authorization to Release
  - Information for Billing and Assignment of Benefits
  - Consent for Community Mental Health Services
  - Acknowledge of Receipt of Materials
- Their electronic health record system is a hybrid. The assessment, treatment plans, and all progress notes are electronic.
- The intake documents are kept in a paper chart. When the client comes back, they pulled out all the documents that required a signature were not signed.
- They recently rolled out signature pads to all civil service clinics to make the process easier. Treatment plan easier, without the need to print it out. Since intake work flows, and contexts are different across clinics, it is hard to roll-out signature pads for this step without having a standard system.
- Every day 150-200 new people are added to the system across BH clinics.
- There are a total of 4 individuals that are responsible for the new records to make sure the information that is entered into the system is correct, and perform a complicated set of operations for billing.
- At any point, there are 1,000 people open in the system.
- A survey is planned to ask Clerks in all of the BH clinics which databases Clerks currently have access to and use.
- Clerk enters the relevant code for Client's eligibility status into Avatar for billing.
- "Civil service clinics have more money, but poor infrastructure. CBO run clinics have more money, but better infrastructure. CBOs have more flexibility in how they do things, but in what they invest in in terms of tools, roles, etc."
- "If you want to make a change, you have a lot of friction from the unions. When Avatar first came out, it disrupted work. As civil service clinics, we had to go through battles with the unions to make it. So many clinics people had to do on Avatar for certain workflows. This is not a reality for CBO run clinics."
- An initial intake conversation is done to make sure Clients are not in crisis, and that they are not a danger. These are usually done by the officer of the day (OD). OD asks Clients the reason of their visit, and has the initial conversation before assigning the Client to a Clinician.
- Each day or shift a different OD Clinician is picked as the OD.
- If it is a critical situation, the officer of the day would spend more time with the Client.
- If they are part of another clinic, they can refer them (to enroll or transfer counties, they ask questions such as, Are you going one-on-one with a Clinician?, "Are you on medication?".
- "The last thing we want someone to have to do is cut their access, and then they have to go to a transfer, and then they don't have eligibility."
- "Even though the Avatar Scheduler would allow it, I'd be surprised if CDA in the Avatar system scheduling appointments for Clinicians, since Clinicians are pretty protective of their schedules."
- RAMS: Richmond Area Multi Services
- RAMS Project was extension of the State funded expansion to have 2 Eligibility Medi-Cal Workers, and have them be available to go to behavioral health clinics for enrollment and eligibility support.
- At the end of the fiscal year, the State funding (RAMS) will run out, where the 2 Peer Navigators will then be replaced by the 3 newly hired Eligibility Workers.
- If Client does not have Medi-Cal, they are possibly given the phone number for the Healthy San Francisco or the Positive Resource Center (for people living with HIV, or at risk of AIDS). If RAMS is available, they may do the enrollment steps on site.
- The Peer Navigator/RAMS on site sometimes sends Clients to HSA, as the face-to-face process may be faster.
- They have a Client facing platform where Clients can go online and sign up for appointment reminders.

Rules | Decisions | Protocols:
- Anyone who is receiving mental health services, and coming to the Mental Health Access program, must have a PFI and UMDAP.
- PFI: Personal Financial Inventory.
- UMDAP: Universal Method for Determining Ability to Pay
- Avatar is the EMS available for the Mental Health system. It provides visibility on patients to multiple organizations, staff at different levels. They've been using it for the last 3 years. It's ancestor was Insyst. Avatar is being phased out 2020, and replaced by EPIC. EPIC will be implemented and shared by a wider range of users: mental health, substance abuse, Zuckerberg General, Laguna Honda Hospital, primary care clinics.
- Drug Medi-Cal vs. Mental Health Medi-Cal: "It mandates that records related to substance use disorder and mental health treatment are not grouped together. So their databases are not allowed to talk. This poses a challenge, as we have very few times where you have substance use cases that are complicated by a wider range of users: mental health, substance abuse, primary care, Laguna Honda Hospital, primary care clinics.
- Access Line: A 24 hour line that connects people in crisis with Clients, and refer Clients to a clinic based on their conversation. "It is not a crisis line, but an access line." They perform a similar function to the office of the day, without being able to schedule an appointment.
- Avatar Scheduler: The Avatar appointment system that most civil service clinics use. Before this, all appointments were scheduled and tracked on paper.
- Short Doyle Medi-Cal is not a program that actively enrolls in, it is just the pot of money that the county uses to pay for mental health services.
- When a Client is enrolled in Medi-Cal, the Client is eligible for a standard types of services, including medical care and mental health care. There are Medi-Cal plan where a Client would only be eligible for community mental health care but no other services, and likewise, no Medi-Cal plan where a Client would only be eligible for medical care but not mental health care.

Arrival and Waiting

Time: Day 5 — 5 mins

Touchpoint: Greeter; Front Desk + Clerk; Waiting Room + Magazines, Brochures

Client Actions:
- Client comes to the Appointment.
- Client signs in, and waits in the waiting room. She walks up to Clerk to check in.
- Client waits.

Front Stage Actions:
- Greeter greets Client, and asks Client to sign.
- Clerk greets Client, and asks Client for appointment time and information.
- Clerk asks Client to take a seat.
- Clerk contacts Clinician.

Back Stage Actions:
- Clerk verifies Client information in the systems he has access to. Client does not have Medi-Cal, or any other guarantor.
- Clinician is available.

Supporting Systems:
- Avatar
- Claim Remedy
  Mail
  Medicare
  Medi-Cal
  Healthy SF
  Health Worker
  + more

Required Client Information:
- First Name and Last Name Initial
- Name / DOB / SSN

Pain Points:
- 20% of appointments are no shows. "Clients coming back is a very big challenge."
- "It is very possible where someone comes in, says they want to be seen, they have an appointment, and they never come back for their appointment."
- "If HSA knows that a Client's renewal time is approaching, couldn't they tell us 30 days before the time? There is no communication between organizations."

Observations:
- There are Clients who are not organized enough to have scheduled appointments so they mostly come in without an appointment. Sometimes they are from outside of the open hours, so they just wait.
- Most civil service clinics have psychiatrists on site. Most of them are split between Adult and Children Psychiatrists.are expensive, so it is harder for CBOs to have them on site. "Everyone wants to work at Kaiser instead."
- If Client needs medication, they would get it from the pharmacy at the clinic regardless of their insurance. If a pharmacist at another clinic can subscribe a medicine, and the Client at that current is in the BHAC and get their medication.

Rules | Decisions | Protocols:
- If you don't come back within 90 days, your case gets closed.

Interaction: Medical Care

Time: 5 mins — 90 mins

Touchpoint: Appointment Room + Clinician; Appointment Card

Client Actions:
- Client goes to the room with Clinician.
- Client talks to Clinician
- Client leaves.
- Client goes to HSA.

Front Stage Actions:
- Clinician meets Client, and takes Client to appointment room.
- Clinician completes intake forms, and reminds Client to go to HSA to enroll into Medi-Cal.
- Clinician schedules next appointment with Client.

Back Stage Actions:
- Clinician reviews Client Intake and Avatar Records.

Supporting Systems:
- Avatar
- Avatar Scheduler

Required Client Information:

Pain Points:
- A common claim denial reason for them is around claims submitted beyond the 90 day limit.

Observations:
- Triage is not based on "first come, first serve". Some have priority in care, because they have a more severe illness. These "Cold Card Clients" are:
  - Clients receiving inpatient care at SFGH/CCSF, whose medical conditions are stabilized, but they have no place to go.
  - Clients from Navigation Centers
  - Clients from Behavioral Health Court

  Clients that are pregnant, or have a chronic condition such as hepatitis, HIV, or Diabetes also triage to the top.

  Lower priority clients can wait to get a spot for 2-8 weeks, depending on program needs. On the other hand, average wait time for a bed is 1-2 days from discharge for hospital patients.
- The assessment can last 60 days. But the assessment periods vary greatly based on the mental health condition.
- Pre-care is a helpful stage for patients before they go into residential treatment, and after residential treatment. With residential treatment, some quit after 1-day, not being able to deal well with the highly restricted environment.

Rules | Decisions | Protocols: