Appendix B

Procedures Manual
# PROCEDURES MANUAL

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PROCEDURES MANUAL

HOURS OF OPERATION

- Monday: 9 a.m. – 4:45 p.m.
- Tuesday: 12 noon – 4:45 p.m.
- Wednesday: 9 a.m. – 4:45 p.m.
- Thursday: 12 noon – 4:45 p.m.
- Friday: 9 a.m. – 4:45 p.m.
- Saturday: Closed
- Sunday: Closed

SERVICES OFFERED

- Acupuncture
- Case Management
- Medication Dispensing and related RN services
- Health Education Group
- Support Group
- Pharmacist Consultation

A. Acupuncture. Acupuncture will be offered on a drop-in and appointment basis Tuesday and Thursday from 1:00 p.m. until 4:00 p.m.

B. Case management. Each client will be assigned an Action Point Case Manager. This case manager will either act as the client’s primary case manager or as a contact person, as determined by the Case Manager who conducts the client’s intake interview. The Case Manager will base this decision upon whether the client receives case management services in the community. Cases managers will assist clients with housing issues, substance use issues, money management issues and support issues. If a client requires case management services when the client's Action Point Case Manager is absent, another Case Manager will provide services.

C. RN Services. Each client will be assigned a primary nurse. The nurse will meet with the client as frequently as the Care Plan indicates to assess the client’s medication adherence, plan interventions to improve the client’s adherence, and assess the client’s miscellaneous medical needs. The nurses will also
act as liaisons between clients and primary care providers and between clients and pharmacies, and between clients and other service providers as necessary. One RN will be assigned to each client as the principal RN contact at Action Point. When a client requires RN attention when the client’s principal RN is not at Action Point, another RN will see the client.

D. **Health Education Group.** Each Tuesday from 3:00 p.m. until 4:00 p.m. a nurse will facilitate the health education group open to all Action Point clients and their guests. Guest speakers will often be invited to share their expertise with the group. Health Education topics include: HIV and the Immune System, Managing and Preventing Opportunistic Infections, Having Sex and Staying Safe, etc. Light snacks will be provided.

E. **Support Group.** Each Friday, from 3:30 until 4:00 the case managers will facilitate a support group open to all Action Point clients. Activities will include discussions, movies, and other forms of therapeutic activities. A maximum of 10 clients may participate in the group. Participants will be determined on a first-come first-served basis. Light snacks will be provided.

F. **Pharmacist.** A pharmacist will be at Action Point on Mondays from 12 noon until 2:00 p.m. to consult with clients.

**ENROLLMENT – Intake Slots**

*Note: At times, due to high utilization of Action Point Services, Action Point will temporarily suspend intake of new clients. If this occurs, greatest care will be taken by Action Point staff to notify providers.*

During enrollment periods, prospective clients who wish to enroll in Action Point may drop-in a little before 10 a.m. on Mondays. If more than one client wishes to have an Action Point intake on the same day, the clients’ names will be placed in container. The front desk staff member will randomly pick two names. One person picked will have intake interviews that day. The other person picked will have intake interviews the following Wednesday.
ENROLLMENT-- Eligibility

Each prospective new client must meet the following Action Point eligibility criteria:

A. The prospective client must currently be taking anti-HIV medications or be about to start taking them.

B. The prospective client must not be currently accessing any medication adherence services that duplicate the services offered by Action Point. If the client is currently accessing other medication adherence services in the community, such as Continuum or TARC’s nursing services, the client should choose which service they wish to utilize.

PRE- ENROLLMENT PROCEDURES.

At intake, the front desk person will fax the following forms to the client’s primary provider:

A. Release of Information, permitting the exchange of pertinent information regarding the prospective client between the client’s providers and Action Point (see Appendix C of program manual).

B. Cover Letter (see Appendix C of program manual).

C. Provider Intake Form (see Appendix D of program manual).

PRE-ENROLLMENT REQUIREMENTS.

Before an individual becomes a fully enrolled Action Point client, eligible for services, stipends, and a pager, the following must occur:

- Client completes an Case Manager Intake.
- Client completes an RN Intake.
- APC receives the Provider Intake form. This document contains diagnosis, lab, TB clearance, medication, and allergy information. We must receive this document within 6 weeks of the intake interviews.

TB PROTOCOL
For Intake:

A. PPD non-reactive in past;

Clients must present evidence of a non-reactive PPD within the past month and a negative CXR (PA and LAT) within the past 3 months. An APC RN will do a symptom screen upon enrollment, which must be negative. This
screen should include a weight. Clients may be accepted PROVISIONALLY without the CXR, but must get one within 1 month or be suspended until they do. Clients will be referred to TOPS if the symptom screen is positive. Clients may go to TOPS for a PPD and/or CXR referral, or they may obtain these from their Primary Care Provider.

B. PPD reactive in past:

Clients need a negative CXR within past 3 months and symptom screen negative upon enrollment. The symptom screen should include a weight. They may go to TOPS or their Primary Care Provider if they don't have the CXR - they will not be accepted provisionally.

ONGOING FOLLOW-UP:

C. PPD non-reactive in past

Clients need a PPD and symptom review every 6 months. APC RN to do these. If previous CXR was questionable AT ALL, should receive a f/u CXR, at least a PA view.

D. PPD reactive in past

Clients need a symptom review every 6 months. APC RN to do this. If previous CXR was questionable AT ALL, should receive a f/u CXR, at least a PA view.

Fever: higher than 101, recurring within 24 hours of last one
Cough: compare to last screen to see if has changed
Weight loss: 10% of bodyweight over a month

TB clearance documentation will be kept in the red chart and the APC RNs will keep track of clearance due dates.

CONDUCTING ENROLLMENT INTERVIEWS:

A. Case Manager Intake New clients will be scheduled for a Case Manager Intake with one of the Case Managers. Many clients obtain primary case management services through other programs. If this is the case, the APC case manager will function as a secondary Case Manager and refer back to the primary case manager as appropriate.

B. RN Intake Interviews Each new potential client will be scheduled for a RN Intake Interview.

C. Interdisciplinary Care Plan Guidelines The first Action Point staff member to conduct an intake interview with a new potential client will review the Care Plan with the client.

D. Staff meeting discussion At the next staff meeting, the Case Manager and RN will present the potential client to the staff who will decide if the person is an appropriate APC client.

E. Urban Health Study Baseline Interviews Urban Health Study interviewers will ask each potential new client to participate in the Urban Health Study Action Point Project. Clients are not required to participate. Urban Health Study interviewers will see the client after the case manager intake interview. If it is the case that they see the client again before the RN intake interview or before the client has been reviewed at the staff meeting, they will reinforce with client that their APC enrollment remains pending.
ONGOING LABS AND PROVIDER VISITS

Clients must visit their primary care provider and obtain labwork as per the primary care provider’s wishes. The frequency of visits and labwork will be reflected in the client’s care plan. If a client wishes to provide lab results more frequently, such as from CHAT or REACH studies, these results will be recorded at APC but they do not serve as a substitute for labwork from the PCP.

The client’s Care Plan will include target dates for labwork and provider visits. When clients review their care plan with the RN and/or CM, they will be reminded if these are due. When these tasks are completed, the care plan will be revised to reflect new target dates.

Lab results are kept in the red chart. The CD4 and VL are entered in CIS by the front desk person.

CLIENT DIS-ENROLLMENT/SUSPENSION/RESTRICTION OF SERVICES

A. Definitions
   1. Client Dis-enrollment: client permanently terminated from AP services.
   2. Client Suspension: client temporarily suspended from AP and entire Collaboration (SFAF, AHP, and Shanti).
   3. Restriction of Services: client temporarily may not use AP services but may access services elsewhere in the collaboration.

B. All clients must be told about the dis-enrollment/suspension/restriction of services policy at the case manager intake interview.

C. There are three ways in which a client may be dis-enrolled/suspended/restricted from Action Point:

1. **Time**
   If a client does not show up to Action Point for six weeks after he or she is expected, and the client has not contacted the Action Point staff, a case manager will make three documented efforts to contact the client during the 30 days after the one-month absence.

   Case managers will attempt to contact clients by sending a letter to the client’s residence or to the client’s General Delivery address. Case managers will also page or call clients who have pagers and telephones. Case Managers may also contact other agencies where the client is receiving services - if the client has signed a Release of Information allowing Action Point staff to contact other agencies.
A client will be dis-enrolled if:
   a. the Case Manager is unable to contact the client or
   b. the client opts to be dis-enrolled.

2. **Inability to Achieve Goals:**
   If a client presents difficulties in achieving his/her goals in the Action Point Program, the client, the RN, and the Case Manager will meet together and make every effort to revise the Care Plan as needed. However, if after repeated revisions of the Care Plan the client has made no progress toward achieving their goals, then the client may be temporarily suspended or dis-enrolled. This decision will be made jointly by the Case Manager and RN and client.

3. **Inappropriate Behavior:**
   See Rules, Regulations, and Responsibilities (see Program Manual, Appendix C).

**GRIEVANCE PROCEDURE**
See Grievance Policy, Appendix C

**STIPENDS** (see How Money and Pagers Work, Program Manual Appendix C)

**Time of Payment.** Stipends will be distributed each Monday between 2:00 and 4:00 p.m. If Action Point is closed on a payment day due to an observed holiday, stipends will be distributed the following day that Action Point is open.

- $130 will be placed on account for active clients
- $10 may be withdrawn from the account every Monday
- Clients must pick up money themselves.
- Withdrawals can be made until the balance is $0 or until client becomes inactive.
- If the client ends service with Action Point before the balance is $0, the remaining money in the account will be held, should the client re-enroll. After re-enrolling, $10 per week may be withdrawn from the remaining money in the account.
- No client will receive more than $130 from Action Point no matter how many times they re-enroll.

**PAGERS** (see Program Manual Appendix C, How Money and Pagers work)

- A client may receive a pager if it is part of the care plan.
- There is no charge for pager rental.
- If a client loses a pager, he or she may receive another one after a month waiting period.
- If a client loses a second pager, he or she will re-evaluate with a nurse and case manager whether or not a pager should be included as part of the care plan.
• APC will program pagers to remind clients of medication times and to remind clients of various appointments.

**FOOD VOUCHERS and FOOD SUPPLEMENTS**

A. Food Vouchers will be given ONLY to case-managed clients, by the client’s Case Manager, with a maximum of 5 vouchers per client, per year.

B. Food supplements and/or vouchers are given to clients of Action Point if:
   1. A client has been unable to access food throughout city (i.e. St. Anthony’s, Glide or the Food Bank) due to unusual circumstances; or
   2. A client needs food or drink to be taken with medications;

C. When vouchers are utilized, the case manager will make or review a plan with the client regarding how to obtain food in the community for future needs.

**MUNI TOKENS**

A Client at Action Point may receive a MUNI token under certain conditions:

A. If a client does not have a Regional Transit Card.

B. Tokens will be provided to both case-managed and non-case-managed clients. Tokens will go to non-case managed clients only if the client has a provider appointment for THAT DAY.

C. Both case-managed and non-case-managed clients will be given Regional Transit Discount applications with the token. Clients will be given one month to obtain the card.

D. During the month case-managed clients can receive up to two tokens per day, and non-case managed clients can receive one per day. The need of the client to receive a token will be determined by the Case Managers.

E. If the client is ineligible for a Regional Transit Discount Card, the Case Managers will determine continuing need.

**SUPPLIES**

Staff must inform the front desk person what supplies are needed. The front desk person orders supplies twice a month, on the first and fifteenth of the month.

**FRONT AREA**

A. Clients waiting to be seen. The front desk person asks clients whom they are here to see and informs appropriate staff that a client is waiting.

B. Clients wait in front. Once the client has informed the front desk person of her/his reason for visiting Action Point, the client will be instructed to wait in the waiting area. No client should walk directly to the Action Point staff offices.
C. **Bathroom Use.** Only clients and clients’ guests may use the Action Point bathroom.

D. **Guests in waiting area.** Clients’ guests may wait in the front area until clients are finished at Action Point.

E. **Behavior in Waiting Area.** Clients and their guests will be asked to leave if their behavior becomes inappropriate or threatening.

F. **Telephone Use.** The client phone is available for use for clients and staff only. Calls must be kept to a 10-minute limit and calls may not be placed after 4:35 p.m.

G. **Computer Use.** Office computers are for Action Point staff use only.

**OTHER USES OF ACTION POINT SPACE**

A. **Needle Exchange.**

   Needle exchange is held in the adjacent space to Action Point at the following times:
   
   a. Tuesdays: 10 a.m. - 12 noon
   b. Wednesdays: 7 p.m. - 9 p.m.
   c. Fridays: 12 noon – 2 p.m.
   d. Saturdays: 3 p.m. – 5 p.m.

B. **Clinics**

   1. **Tuesday Morning Clinic.** Tom Waddell staff conducts a medical clinic from 10 a.m. until 12 noon. This clinic occurs simultaneously with needle exchange.

   2. **Wednesday Evening Clinic.** The UCSF Homeless Clinic operates at Action Point on Wednesday evenings 7 p.m. – 9 p.m. This clinic occurs simultaneously with needle exchange.

   3. **Saturday morning clinic.** The UCSF Homeless Clinic operates a women’s clinic at Action Point on Saturday afternoons, 3-5 p.m. This clinic occurs simultaneously with needle exchange.

**CLOSING UP.**

A. **Security Door**

   - When security door is in the locked position, the handle will be compressed. To release the lock, insert the hexagonal key (hanging from the side of the computer monitor) in the hole in door handle and turn key until the door handle decompresses.
   - To temporarily release the lock to permit entry into Action Point, use remote control located on computer desk.
• When locking up Action Point at the end of the day, lock both door lock and security door lock.
• Front door shade is pulled down.

B. Pharmacy (RN to close)
• Pharmacy shelves should be locked, pharmacy window latched, and pharmacy door locked.
• Refrigerator temperature should be checked and recorded each day.

C. Windows
• Upper windows in waiting area and needle exchange spaces should be latched.
• Door between waiting area and needle exchange spaces should be closed and locked.

D. Fans and Lights
• All fans off and lights out.

E. Computers
• Should be shut down or closed and ready for sign in by a new user.