

Care Team Flowchart

Red

Orange

Yellow

Green

Blue

Indigo

Violet

Pink

Core Clinic Care Team				Specialty Referrals	Case Management				
Provider License# NPI #	MA	LVN Care Coord.	RN Nursing Coordinator (Triage)	Specialty Referrals	MCM (RN)	PCM (MSW)	Case Manager (LVN)	Retention	
Medical Appointments	Daily Clinical needs with PCP. Appt prep and mgmt. Vaccines. Imaging Referrals.	<b>Point Person for PCP</b> Referral f/u; Pre-Op; Clinical/Case Mgmt Liaison	Urgent Clinical Questions Triage / STI Queue & follow up. Calls from outside Drs and Hospitals	Specialty Care Referrals; Referral extensions, change of specialty provider. <b>NO IMAGING.</b>	Chronic Disease & Population Disease Mgmt; LTC/RIC/TIC Appt; Hosp. f/u; Inj. Teaching	Psychosocial needs; Housing/transportation; Gender & Name Change letters; Social Services	HIV+ (MCC) Only Referral f/u, Dx forms, SSI/SSDI & Disability Forms <i>Initiate Historical Records Request</i>	HIV+ (MCC) Only Retention for established Pts who have been <u>lost to care</u> = 6+ months with no labs or PCP visits	
Provider	Medical Assistant	LVN Care Coordinator	2 RN Care Coordinators cover all teams	1 Specialty Referral Coordinator	HIV	1 RN Case Manager covers 2 teams	1 MSW or LCSW Per Team	1 LVN Case Mgr	1 Retention Coordinator
	PC				2 RN's for all Teams	See LVN Care Coord. Or RN/MSW			
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>>> Staff Limited to HIV Status

Important Phone Numbers				
<b>SECURITY:</b>				
Main	<b>Main Phone: Option 3 = Call Center</b>			
Fax	<b>Main Fax: Hx Records Fax: Referral Consult Fax:</b>			
Front Office	<p style="color: red;">~Warm Transfer Only~</p> <b>Offsite Call Center - Internal ext:</b> Supervisor: <b>3rd Flr Front Desk:</b> Group ext: Manager: Supervisors:			
H. Service	Pharmacy Pt line: PCP line:	Medical Records Dept Ext.	Lab Ext.	Mental Health Internal only:
Misc	Legal Services:		Help Desk: HIS: IT:	
Personal	My Ext: _____ ; My Fax: _____ My Supervisor: _____ Other: _____			

[BENEFITS](#)      [Pharmacy](#)  
Sup: \_\_\_\_\_

[NURSING DEPT.](#)      [TB COMPLIANCE](#)  
Sup: \_\_\_\_\_  
[COORDINATOR](#)

[ICP CASE MGRS](#)  
Sup: \_\_\_\_\_

[Housing](#)  
Mgr: \_\_\_\_\_

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