| **#** | **What To Do** | | **Who Does It?** | **Supporting Docs & Tools** | |
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| Codac Thundermist Process and Procedure Workflow Document | | *Attach object for Workflow document* | | | Sample patient record in SMART: Pt # XXXXX |
| **PREADMISSION** | | | | | |
| 1 | Receives a cell phone call that THC has a Telehealth patient for Codac. | | Codac MA on point for the day | * Cell phone: XXX-XXX-XXXX * Voice Mail PW: XXXX * Voice Mail No.: \*XX * Thundermist Team Contact Info | |
| 2 | Access Provider schedule and establish appointment time for patient intake / Provider assessment  Document Provider appointment w/ Codac in SMART when patient admission is finalized and patient record is available in SMART | | Codac MA on point for the day | * Codac Telehealth Provider Schedule * SMART Telehealth Program: *TH Initial Contact* | |
| 3 | Request appointment information for patient THC PCP appointment (expectation is 10 days to 3 weeks in the future)  Document THC PCP appointment in SMART when patient admission is finalized and patient record is available in SMART | | Codac MA on point for the day | * SMART Telehealth Program * SMART Telehealth Program: TH Initial Contact | |
| 4 | Receive from THC in email a) “Codac First Contact Form,” b) THC summary of patient prescreen w/ documentation of patient verbal consent to contact Codac and PCP appt.  Place the documents in the TelehealthShare folder on the Codac share drive (Z Drive) in the New Patient Folder  Document that forms were received and placed in Share Folder when patient record is available in SMART. | | Codac MA on point for the day | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * email PW: XXXXXXXXXXX * CodacSharedDrive\Telehealthshare\Patient Tracking\New Patient | |
| 5 | Notify Kim Viau that patient is information is ready for pre-admitting a new THC patient in Telehealth  Inform Kim of Codac Provider Name | | * Codac MA on point for the day * Billing / Telehealth Admission Mgr. | * Kim Viau – 808-6538 * [kviau@codacinc.org](mailto:kviau@codacinc.org) | |
| 6 | Inform Codac Provider of pending appointment and that pre-admission documentation is available on the Codac Share Drive | | * Codac MA on point for the day * Codac Provider | * email, phone or SMART IM   (First provider will be Mary Walton ) | |
| 7 | Review received forms.  Create patient record in SMART and pre-admit patient  Upload forms to patient record  Create Share Drive Folder with patient SMART #. Transfer the documents to this folder and delete them from the New Patient Folder.  Notify Codac MA patient SMART ID (email) | | * Billing / Admission Manager | * email [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * CodacSharedDrive\TelehealthShare\Patient Tracking\New Patient * CodacSharedDrive\TelehealthShare\Patient Tracking\##### * Upload forms to patient record folder in SMART * Internal email to MA | |
| 8 | Receive pt SMART ID in email from Kim and note ID #.  Check Patient ID folder on Share drive.  **<END PREADMISSION>** | | * Codac MA on point for the day | * Internal email * CodacSharedDrive\TelehealthShare\Patient Tracking\##### | |
| 9 | **<NO SHOW FOR INDUCTION>**  Inform Billing Manager and Codac Provider of patient no show  **No Further Action Needed** | | * Codac MA on point for the day * Billing / Admission Manager | * Internal email, phone, IM, face-to-face as appropriate | |
| **INTAKE & ADMISSION** | | | | | |
| 1 | Receive call that patient is at THC for admission and intake and that Codac required forms for treatment are completed | | Codac MA on point for the day | * Cell phone | |
| 2 | Inform Codac Provider that patient is at THC | | Codac MA on point for the day | * Telephone, SMART IM, email or face-to-face | |
| 3 | Receive from THC: a) signed Codac Consent for Medication, b) signed Codac 2-way ROI, c) copy of Pt insurance card, d) copy of pt ID (drive license or other, e) copy of Codac consent to bill insurance.  Notify Kim that forms are in the patient folder so that she can complete the SMART admission and make the patient record available.  Document that the forms were received when the patient record is available in SMART  **If forms are NOT complete, contact Thundermist. CODAC CANNOT TREAT WITHOUT A COMPLETE SET OF SIGNED FORMS.** | | Codac MA on point for the day  Billing / Admission Manager | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * CodacSharedDrive\TelehealthShare\Patient Tracking\##### * SMART Telehealth Program: TH MA Intake Note * Kim Viau – 808-6538 * [kviau@codacinc.org](mailto:kviau@codacinc.org) | |
| 4 | Receive forms.  Conduct insurance verification.  Check the forms for completion and document that forms were received and insurance verification completed.  Upload forms to SMART case record  Admit the patient in SMART.  Document that forms were received / insurance checked / and patient admitted  Notify MA that patient record is activated | | Billing / Admission Manager | * CodacSharedDrive\TelehealthShare\Patient Tracking\##### * SMART Telehealth Program : TH Admission Forms Completed * Internal email | |
| 5 | Inform Codac Provider that patient is at Thundermist.  (During this time the THC NCM should be conducting the initial assessment with the patient. When the assessment is complete the THC NCM will send a copy of the assessment to the Codac Telehealth email address) | | Codac MA on point for the day  Codac Provider | * Telehealth Camera / Call Directory:   **Thundermist**  THCWoonsocket  THCWestWarwick  THCSouthCounty    **Codac**  Providence  Cranston  East Bay  Eleanor Slater  Pawtucket  Wakefield | |
| 6 | Receive the THC NCM assessment via the Codac Telehealth email address  Upload the Patient Assessment to SMART  Verify the THC Telehealth Camera location (Woonsocket, West Warwick, South County)  **Notify the Provider that the documentation is received and the patient is ready and confirm the THC site for the Provider.**  Place a copy of the Assessment on the Share Drive | | Codac MA on point for the day  Codac Provider | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * SMART patient case record STORED IMAGES tab * CodacSharedDrive\TelehealthShare\Patient Tracking\##### | |
| 7 | Review THC NCM assessment.  Call Telehealth Camera at appropriate THC location  Conduct Provider evaluation as appropriate to the patient needs determined by Codac Provider.  Document Patient evaluation / service in SMART  (If patient is referred to another program other than Codac THC Telehealth, document evaluation and referral as appropriate > END TELEHEALTH) | | Codac Provider | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * Telehealth Camera / Call Directory * CodacSharedDrive\TelehealthShare\Patient Tracking\##### * SMART Telehealth Program :   TH Provider Initial Assessment | |
| 8 | Upload the THC NCM assessment document to Patient SMART record  Document summary of actions taken in SMART  **<END TELEHEALTH>**  Engage with Provider as needed. | | Codac MA on point for the day | * SMART Telehealth Program :   TH Case Management | |
| 9 | Complete initial evaluation and prescribe as appropriate.  Forward documentation of evaluation and prescription to THC using REPLY function in encrypted email from THC sent to Codac. | | Codac Provider | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * Telehealth Camera / Call Directory * SMART Telehealth Program :   TH Provider Initial Assessment | |
| 10 | Intervene and follow up as needed for patient until medication protocol is complete.  (NOTE: Patient is expected to be Codac Telehealth for 2 to 4 weeks. Additional interventions on the part of the Codac Provider and the Codac MA may be needed.)  As appropriate, document additional interventions in SMART & transmit copies of documentation to THC > **END TELEHEALTH** | | Codac MA on point for the day  Codac Provider | * Encrypted email from THC to Codac email account: [telehealth@codacinc.org](mailto:telehealth@codacinc.org) * Telehealth Camera / Call Directory * SMART Telehealth Program : TH Provider Follow Up 15 Min or TH Provider Follow up 25 Min * SMART Telehealth Program : TH Case Management | |
| 11 | Track patient in SMART.  Document billable interventions as appropriate in Codac – THC spreadsheet tracker.  Include patient information in bi-weekly billing and reconciliation calls.  Document as appropriate in SMART | | Billing / Admission Manager | * SMART Telehealth Program: TH Case Management or Billing Notes Tab * Conference call | |
| 12 | At completion of patient THC-Telehealth Treatment, DISCHARGE the Patient from Codac Telehealth.  Document as appropriate in SMART > END TELEHEALTH | | Billing / Admission Manager | * SMART Telehealth Program: TH * Conference call | |
| 13 | **NO SHOW FOR PCP APPOINTMENT**  Inform Billing Manager and Codac Provider of patient no show for PCP appointment.  Go to step 12 and DISCHARGE | | * Codac MA on point for the day * Billing / Admission Manager * Provider | * Internal email, phone, IM, face-to-face as appropraite | |

1. If the patient is a **NO SHOW for the PCP Appointment**, Thundermist may refer the patient to Codac for treatment. At that time, the patient will NO LONGER be a THC patient. The patient would be considered a new admission into an appropriate treatment program, i.e. methadone, COE Suboxone, OBT Suboxone, or Drug Free depending upon intake assessment and physical.
2. **If the patient calls a Codac site regarding their medication during the period of treatment in Telehealth with Thundermist**, the patient should be directed to call:

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| Kayla Jimenez | Patient Care Coordinator | kaylaj@thundermisthealth.org | 401-615-2800 ext. 2310 |

Kayla will determine the appropriate action to be taken and coordinate this with the Codac Telehealth team.

Inform Hillary Torres or Stacey Oritiz, Codac Providence, that a call was received and redirected to Thundermist.