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# Contra Costa HIV/AIDS and STD Medical Case Management Program

Contra Costa County's HIV/AIDS and STD Program is committed to a partnership with clients and their support network that is mutually beneficial and respectful. As a client of ours, we want you to be aware of your rights and responsibilities. In addition, we want you to understand our program's Code of Conduct and Grievance Procedure.

### **Case Manager Responsibilities**

- 1. To provide unbiased and equal services without regard to race, ethnicity, national origin, immigration status, religion, sexual orientation, gender, educational background, economic status, marital status, or illness.
- 2. To provide respectful, professional, confidential, and timely communication and services that are client centered.
- 3. To offer services and communication in private locations and at convenient times whenever possible.
- 4. To conduct an intake, gather eligibility related documentation, complete annual assessments, produce referrals, and obtain signatures from clients on all documentation required by those receiving these federally funded services.
- 5. To provide and explain services, options, and all relevant information that would support the client in making their own decisions.
- 6. To involve the client in the development of their Care Plan and make any appropriate referrals in a timely manner.
- 7. To assure continuity of medical services during after-hours and weekends, the HIV/AIDS & STD Program will provide clients with information on their health plan's free 24-hour advice nurse lines whereby a registered nurse answers health related questions and assesses a patient's need for emergency medical care. For non-emergencies, clients can leave a voicemail on our mainline and receive follow-up on the next business day from the Officer of the Day. The Officer of the Day is always a Medical Social Worker.
- 8. To inform the client of all policies, procedures, rules and regulations.
- 9. To follow the grievance procedure and the Code of Conduct.

## **Client Rights**

- 1. To receive unbiased and equal services without regard to race, ethnicity, national origin, religion, sexual orientation, gender, educational background, economic status, marital status, or illness.
- 2. To receive services that are linguistically appropriate, including having full explanations of all services and options provided clearly in your own language and dialect. Note that the County's language translation services may be used.
- 3. To receive respectful and professional social services with the option to meet with a staff member with whom you feel comfortable, including the right to request a change in staff if you wish.
- 4. To meet with a staff member in a private space.
- 5. To have all communications and records pertaining to your services treated with complete confidentiality according to California Welfare and Institution code Section 5328. No information will be released to an agency or person outside of the Contra Costa Health Services (CCHS) HIV/AIDS and STD Program without your written consent, except in the case of medical emergency or as permitted by law.
- 6. To participate actively in decisions regarding your services.

- 7. To accept or decline CCHS HIV/AIDS and STD program services, communications and/or follow up.
- 8. To follow the CCHS HIV/AIDS and STD program's grievance procedure if you are dissatisfied with the services this program provided, or if you believe your right or the rights of someone else have been violated.

### **Client Responsibilities**

- 1. To provide requested documentation in a timely manner to verify your eligibility and begin Case Management Services.
- 2. To provide honest information regarding your eligibility. Giving false information regarding identity, HIV status, residency, or income may result in immediate termination of services or may affect the provision of financial assistance you receive. You agree to update Contra Costa HIV/AIDS and STD Program Staff about any changes in these details immediately or as soon as possible.
- 3. Provide staff with honest, accurate, and complete information, to the best of your knowledge, about current and past health, illness, medications, treatment, and services you received or are receiving.
- 4. To comply with all Contra Costa HIV/AIDS and STD Program policies, rules, and procedures.
- 5. To actively participate in the development and implementation of the Care Plan; working towards achieving the goals listed in it.
- 6. Communicate and seek clarification whenever you do not understand the information you are given.
- 7. Keep your appointments and commitments with the staff of this program or promptly inform the agency if you cannot do so.
- 8. To adhere to the Code of Conduct. Failure to do so may result in the termination of your services with the HIV/AIDS and STD Program. Subsequently, you could no longer be eligible for services that you may have been referred to with one of our collaborating agencies.

### **Code of Conduct**

- 1. Physical violence, direct or indirect threats of violence, weapons, intimidation, stalking, harassment, overt sexual behavior in the presence of a staff member, verbal abuse, profanity, and remarks that are derogatory, racist, sexist, or homophobic will not be tolerated. Conduct yourself in an appropriate, non-disruptive and non-threatening manner.
- 2. Alcohol, illegal drugs and/or drug paraphernalia on-site is prohibited. If you possess, consume, or appear to be under the influence of illicit drugs, alcohol, or any mood-altering drugs you will be asked to leave the site where you are engaging in services. If this occurs in your place of residence the staff member will immediately end their appointment with you. You may return and/or the staff member will re-engage with you when you are able to appropriately interact with others.
- 3. Destruction of Contra Costa HIV/AIDS and STD Program property or staff property will not be tolerated.
- 4. Violations of confidentiality of any person(s) you may see at the HIV/AIDS and STD Program, a Positive Health Clinic, Consortium meeting, support group or related event in the community will not be tolerated.

### Disenrollment

- 1. If you do not adhere to the Client's Responsibilities and Code of Conduct guidelines provided in this document then you will be disenrolled, and services from the HIV/AIDS and STD Program and said program's subcontractor will be terminated. Therefore, you would no longer be eligible for services that you may have been referred to with one of our collaborating agencies.
- 2. Upon disenrollment, you will be notified about of your new status telephonically and in writing if you consented to receiving mail and/or phone calls.



- 3. If applicable, the HIV/AIDS and STD Program will notify subcontractors of your disenrollment immediately.
- 4. Regardless of the reason for disenrollment (either by your choice or if by termination of services) the Medical Case Manager will carry out due diligence to provide you will information on outside resources.
- 5. You will be immediately disenrolled in ARIES (a centralized State HIV/AIDS client management database).

### **Grievance Procedure**

This procedure was developed to provide guidelines for the systematic receipt, evaluation, resolution and response to client, staff, or provider grievances.

### 1. Definition

A grievance is defined by the Contra Costa County HIV/AIDS and HIV Program as a client complaint or expression of dissatisfaction regarding service delivery. It could include a complaint or concern related to client conduct from a staff member of the HIV/AIDS and STD Program or subcontracted agency.

#### 2. Procedures

- a. A client, staff member, or service provider can express dissatisfaction verbally or in writing.
- b. A Contra Costa County HIV/AIDS and STD Program staff member will attempt to resolve the situation with the client, staff, or service provider.
- c. If this is not possible, then the Contra Costa County HIV/AIDS and STD Program staff who receives the complaint shall notify the Quality Assurance Coordinator who will document the complaints in the Grievance Log. The Grievance Log shall include the following information: (1) Client ID#, (2) Nature of Complaint, (3) Identification of those involved, (4) Date of Complaint received and by whom, (5) Summary of follow-up activities, (6) Date grievance referred to QA Committee, if necessary and (7) Date of resolution.
  - i. The Quality Assurance Coordinator is the Client Services Manager. In lieu of the Client Services Manager this will be the Deputy Director.
  - ii. The Quality Assurance Committee is comprised of the Client Services Manager, and the Program Director or Deputy Director in lieu of the Program Director. Participants cannot be people identified in the complaint.
- d. The Quality Assurance Coordinator will be responsible for collecting relevant information, taking action to resolve the grievance, and for documenting all progress and resolution.
- e. The Quality Assurance Coordinator will present the situation to the Program Director or Deputy Director in lieu of the Program Director for a decision if necessary.
- f. Thirty days after expressing a grievance, the complainant will receive all grievance facts and decisions in writing.
- g. The Grievance Log along with the outcome or decision will be made available to the client and any applicable service providers i.e. the HIV/AIDS and STD Program Director, the Medical Case Management Team and the Director of a subcontracting agency if relevant.
- h. This procedure will be provided to each client for their review. Agreement to these terms and conditions is required prior to a client receiving services from the HIV/AIDS and STD Program or any of the Program's subcontracted services i.e. food bank or housing advocacy. By signing this document, the client is agreeing to these terms and conditions.



## If this procedure is not clear, or you have any questions, please call (925) 313-6771.

# **Client Consent to Participate**

- 1. I have read and understand the rights, responsibilities, code of conduct, and grievance procedure explained in this document.
- 2. I have been given the opportunity to ask clarifying questions and/or obtain interpreter services in a language and dialytic of which I am most comfortable.
- 3. I have read and agree to adhere to the Code of Conduct and Grievance Procedure.
- 4. I am consenting to participate in HIV/AIDS and STD Program services, and I give the Contra Costa County HIV/AIDS and STD Program staff my permission to provide me with services including contact and follow-up.
- 5. If I requested a copy of this document, one has been provided to me by the Medical Social Worker or Supervisor within the HIV/AIDS and STD Program.

If these 5 statements are true, please print, sign, and date below to begin receiving services from the Contra Costa County HIV/AIDS and STD Program.

Printed Client Name:	
Client Signature:	Date:
Printed Case Manager Name:	
Case Manager Signature:	

