Partner Community

Referral Management User Guide

Table of Contents

Contents

An Overview of CIE

Welcome to the Community Information Exchange (CIE). You are now part of a network of partners who have agreed to share client/patient information through the CIE platform as part of a regional movement for service providers to coordinate care across agencies.

This cross-sector collaboration has statistically shown to improve client outcomes and to reduce hospital readmissions.

To view a current list of CIE Partners: please visit ciesandiego.org/partners

Core Features

CIE Partners are granted access to the CIE platform, called the Partner Community or sometimes referred to as the Partner Portal. When logged into the CIE, users can:

- **Look up** current clients/patients to learn more about their history of care
- Add a client/patient to the CIE with their **consent**
- **Refer** client/patients to other services
- **Receive Direct Referrals** (electronic referrals) from other CIE partners

CIE Login Credentials

To gain access to CIE, users must:

- ☐ Be an employee (or permitted contractor) of a CIE Partner
- ☐ Be authorized by their employer or contractor to get access to CIE for care coordination
- ☐ Complete an online training. For course completion credit, each person will enter their personal credentials and accept the terms of use at the end of the module.

Login Process

1. Visit: https://my211.force.com/s/login/
2. Enter your username (email address) and your password.
3. Click "Log in"

CIE Helpdesk

For support, email ciehelpdesk@211sandiego.org. The Helpdesk is monitored 8:00am - 5:00pm, Monday through Friday. You can expect a reply within the same business day.

Referrals Methods Overview

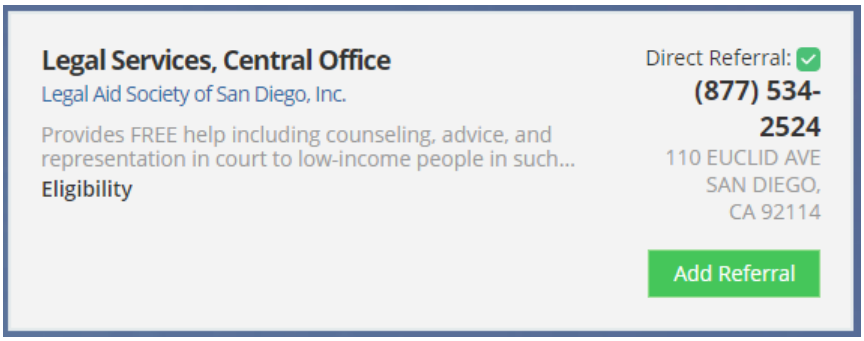
There are two types of referral methods in CIE: Direct Referral and an Informational Referral.

Direct Referral

Also known as Electronic Referral, Closed-Loop referral, warm handoff

An electronic referral, sent from one CIE provider to another, on behalf of the client. The receiving organization tracks their incoming Direct Referrals through their CIE Dashboard. Typically, the client is called within 2 to 3 business days of the Direct Referral being sent. Direct Referrals are a type of warm handoff.

Example

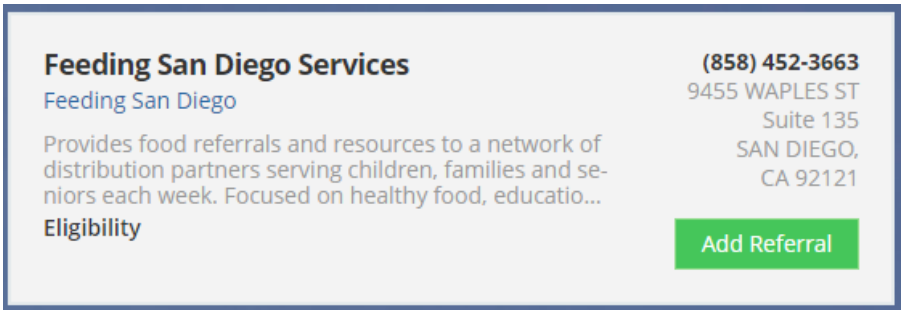


Informational Referral

Also known as Indirect Referrals, Non-direct

This describes when a client is offered information about a service. Through CIE, service providers have access to a resource database, and can print out information about Informational Referrals or email the client a link to the service listing. In this case, the client is responsible for reaching out to the organization.

Example



Providing Referrals through CIE

Background: The CIE is linked with the 2-1-1 San Diego Resource Database. CIE Partners with login access can use CIE to provide referrals to clients and save the referral history to the client's CIE profile.

To get started:

1. Visit the client's profile in CIE
2. Click "Find Referral" as found on the upper right corner of the profile page

This takes you to the resource database page. Notice in the screenshot, the client's name, Jay Pritchett, is displayed on the left side of the page. This means that any referrals that are sent, will be documented Jay's profile.

Searching the Database

There are two main ways to search for resources: using a keyword or by categories.

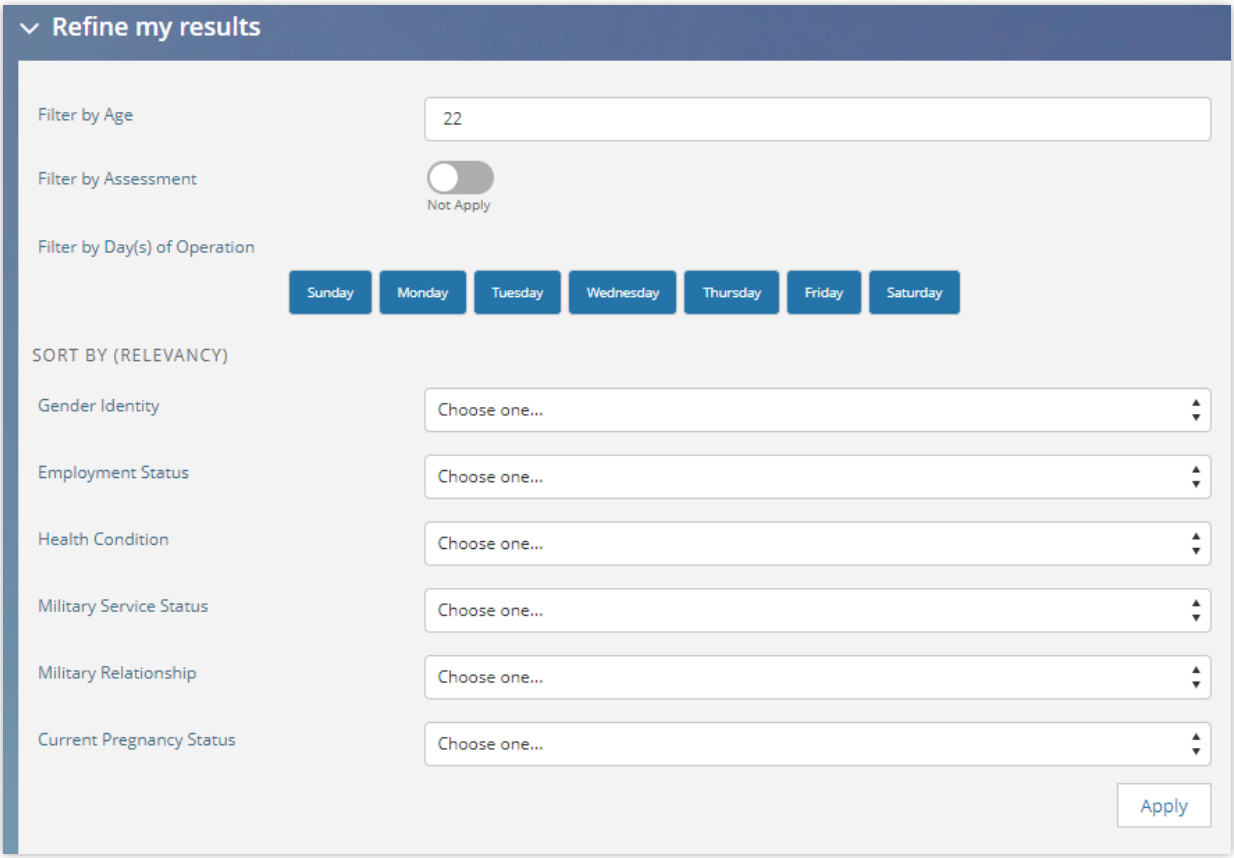
Keyword search: recommended when looking for specific types of resource or when the name of program or organization is known.

Category search: recommended if you would prefer to browse all available resources within a category, and drill-down to subcategory.

Best Practices:

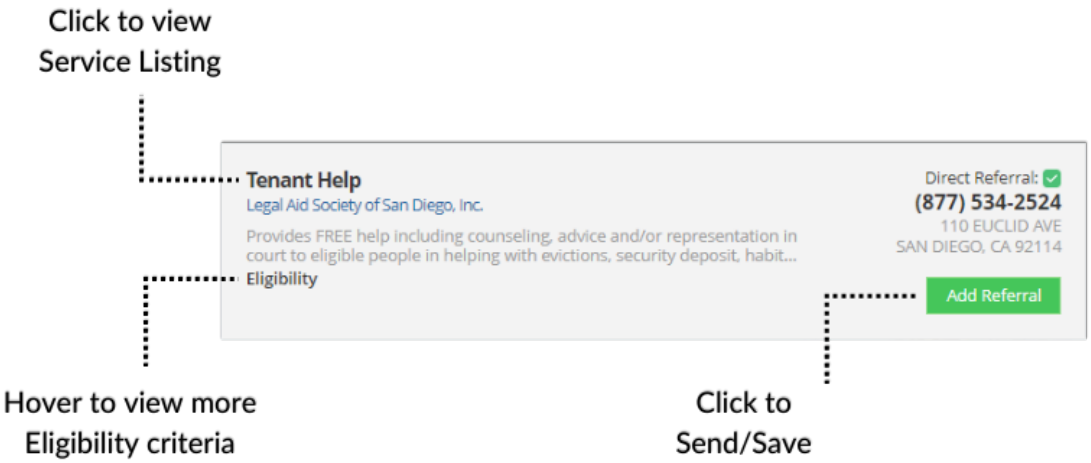
- Enter the client's zip code or location
- Sort by **Relevance** or **Distance**
- Select the **Direct Referral** checkbox to filter for available Direct Referrals

- Expand “Refine my results” to view other sorting options



- Alt-click the “Service Listing” to open it in a new tab or window.

Viewing Referral Search Results



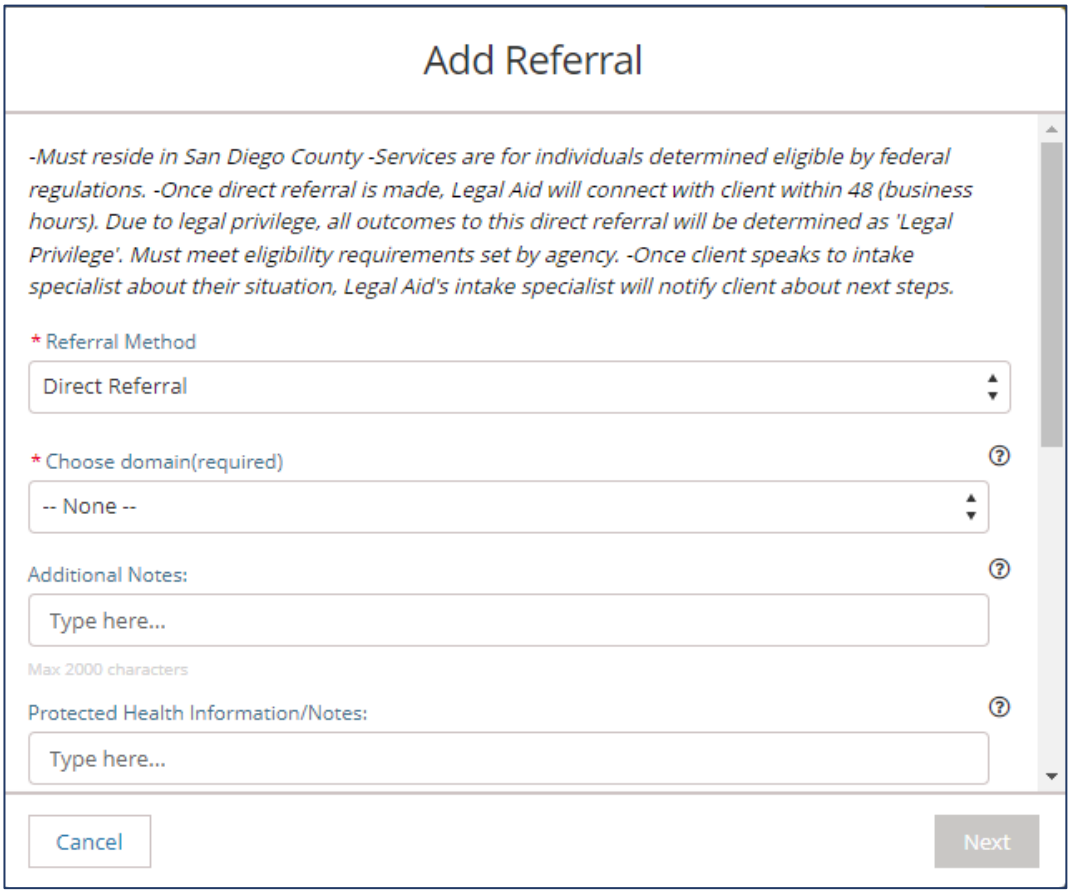
Providing Direct Referrals

Remember key steps:

- ☐ Visit the client's profile
- ☐ Click Find Referral
- ☐ Locate resources

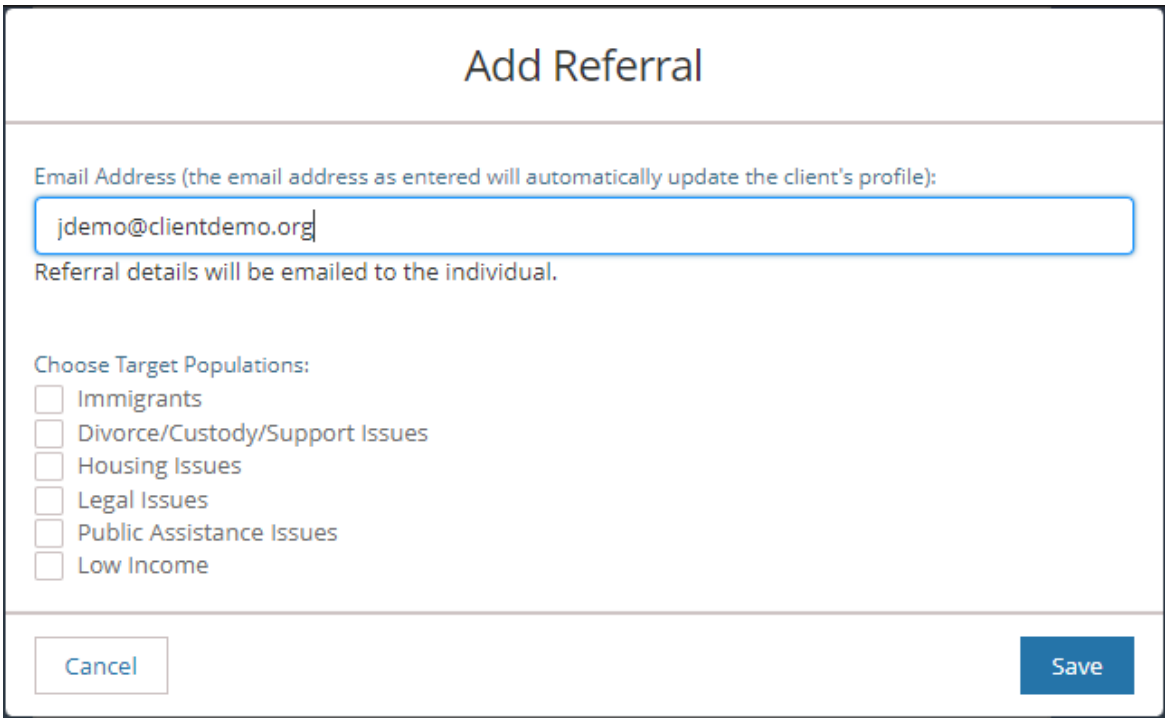
When you find a resource with a Direct Referral icon, do the following:

1. Click **Add Referral**
2. Read the "Internal Notes" within the pop-up page. This has key information about what makes the client eligible and when the client can expect a follow-up call.
3. Leave the **Referral Method** as "Direct Referral" (default)
4. Under **Domain**, choose the category of support e.g. Legal, Housing, etc.
5. Under **Additional Notes**, enter the best time to reach the client and any specific circumstances that support a successful connection, e.g. if a translator is needed.
6. Select checkboxes that describe the kinds of support or need related to this case (not pictured)
7. Click **Next**



On the next screen:

8. Update the client's email address (if available)
    - The client will receive a copy of the Service Listing link with a recap of the Next Steps. For example, the email will include how many days it may take for a follow-up call.
9. Select any checkboxes that describe that describe specialized services
10. Click **Save** to submit the Direct Referral



Best Practices:

- Ensure the client meets the eligibility criteria
- Make sure the client understands when to expect a follow up call from a representative from that organization.
- Only send a Direct Referral, if the client agrees to their information being sent to that organization.
- Ensure the client's profile contains contact information (phone and/or email)
- Ensure their profile contains key eligibility information (related to the referral)
- Encourage the client to reach out to the organization, if they miss their call or they have not seen a call in the expected timeframe.
- If you receive a notification that the Direct Referral was declined, or had an outcome "Did Not Receive Services," reach out to the client to discuss other supports.

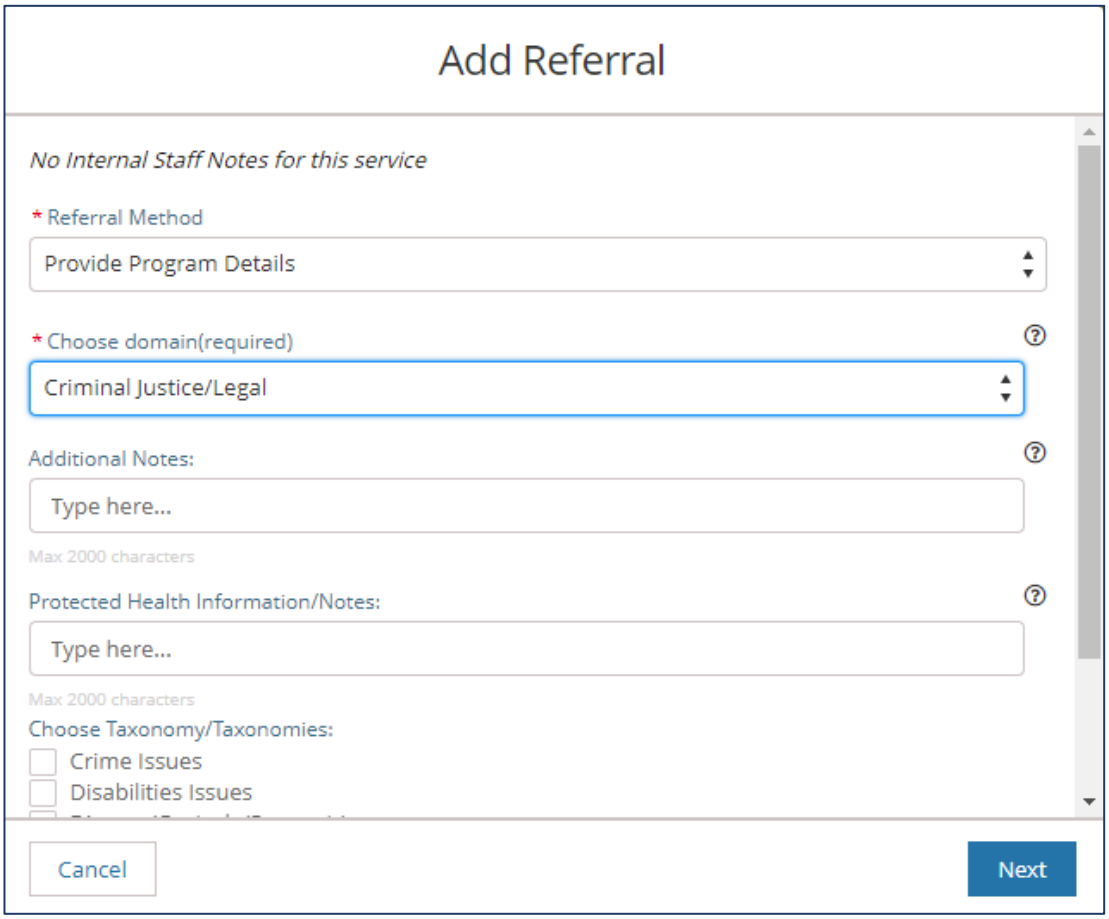
Providing Informational Referrals

Remember key steps:

- ☐ Visit the client's profile
- ☐ Click Find Referral
- ☐ Locate resources

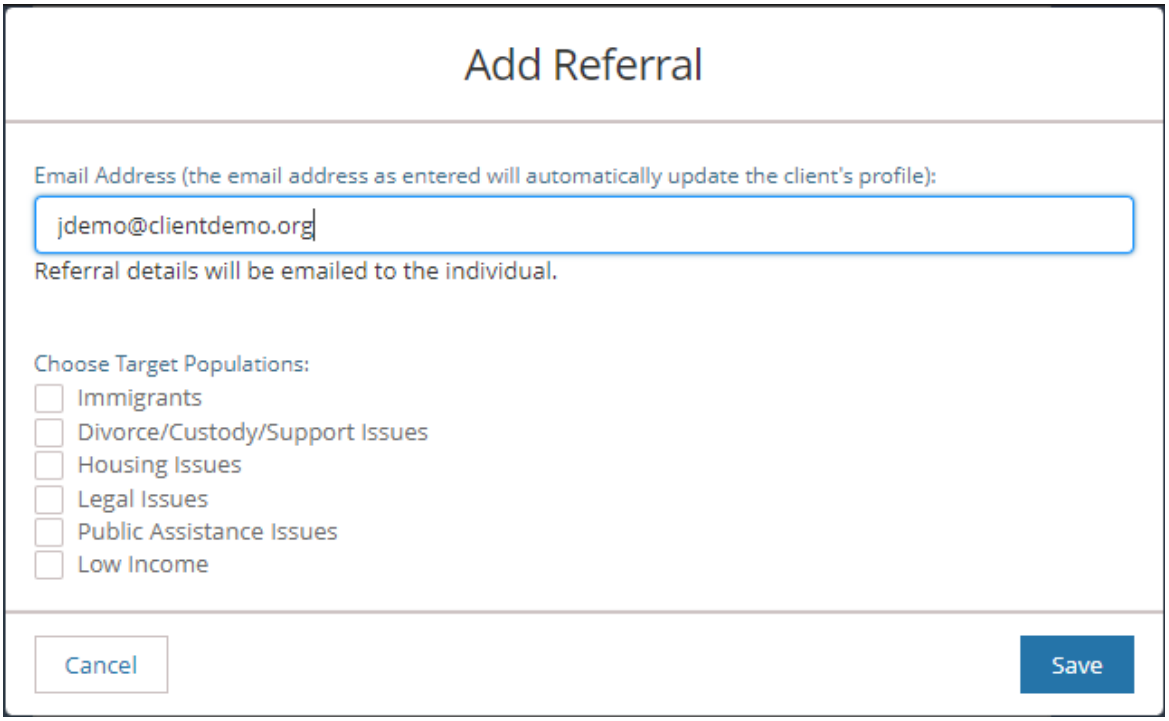
When you find a resource with <u>without</u> the Direct Referral icon, do the following:

1. Click **Add Referral**
2. Under **Domain**, choose the category of support e.g. Legal, Housing, etc.
3. Under **Additional Notes**, enter any notes for yourself or your team to reference during follow-ups (if applicable)
4. Select checkboxes that describe the kinds of support or need related to this case (not pictured)
5. Click **Next**



On the next screen:

6. Update the client's email address (if available)
    - The client will receive a copy of the Service Listing link.
7. Select any checkboxes that describe that specialized services needs.
8. Click **Save** to submit the Informational Referral to the client's profile.

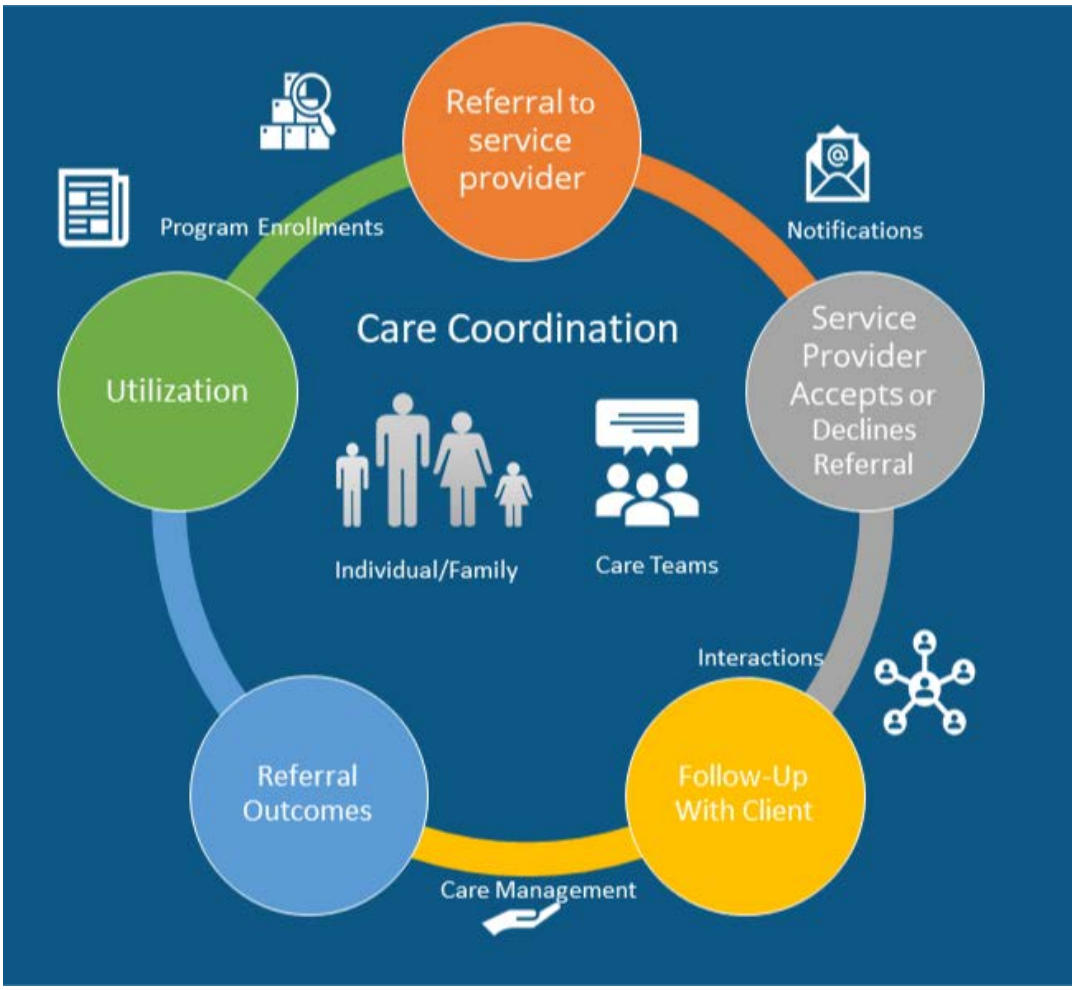


Best Practices:

- Ensure the client meets the eligibility criteria
- Make sure the client understands the intake process e.g. calling the agency, completing an application, visiting the organization during specified hours, etc.
- Encourage the client to complete the intake process and reach back to your team or 2-1-1 San Diego, if they find they need a different support.

Direct Referral Lifecycle

The direct referral lifecycle begins with a new Direct Referral. The referral will be reviewed, and either accepted or declined. Declined referrals return to the original sender. Accepted referrals indicate the provider is determining eligibility and is attempting to connect the client to services. The referral lifecycle ends with outcome information. In most cases, this is just one component within a larger set of care coordination activities.



The Value

- All coordinating partners have access to the latest case information within CIE
- Clients benefit from follow-up and tailored interventions
- Direct Referrals can lead to ongoing program enrollments
- Clients benefit from outreach and extra support, rather than having to self-navigate the screening and intake processes
- Providers can track outcomes for program evaluation

Direct Referral Set-up

1. **Ensure your service listing(s) are up to date**
   You can update your services electronically by logging into the partner community and clicking on "Agency Profile". More information on how to update your services here. Please note that direct referrals have a public listing on the 2-1-1 website. Here is an example service listing.

2. **Identify your Direct Referral Management Team(s)**
   Direct Referrals are associated to a single service listing. Organizations that have various programs may have more than one Referral Management team.

   Referral Manager(s)
   - Receives initial notifications
   - Can view all cases
   - Can assign cases to Care Coordinators person receiving direct referral alerts and assigning to Care Coordinators

   Care Coordinators – team processing referrals and following up with clients
   - Can view assigned cases
   - Evaluate eligibility
   - Coordinate outreach & enrollment
   - Updates outcomes in CIE

3. **Ensure your staff completes both of these trainings and has access to CIE**
   New CIE User E-learning: https://ispri.ng/p6qmx
   Referral Manager Module: https://ispri.ng/23VKz

Referral Appropriateness Response and Follow-up Time
- Identify the time-frame the referral manager will respond and accept or decline a referral (e.g. 48 business hours, 3 business days)
- Identify the likely time-frame that your team will follow-up with the client (e.g. 72 business hours)

5. **Identify a Start/launch date**

Or Submit a Direct Referral Set-up Request on the ciesandiego.org/partner-with-cie for a CIE team member to guide you through the process.

Once your Direct Referral has been set-up, see the following pages on how to manage and process the referrals from the CIE Dashboard.

Navigating the Dashboard

Background: Referral Managers and Care Coordinators have a slightly different view. This page describes the key ways to navigate the queue of incoming referrals.

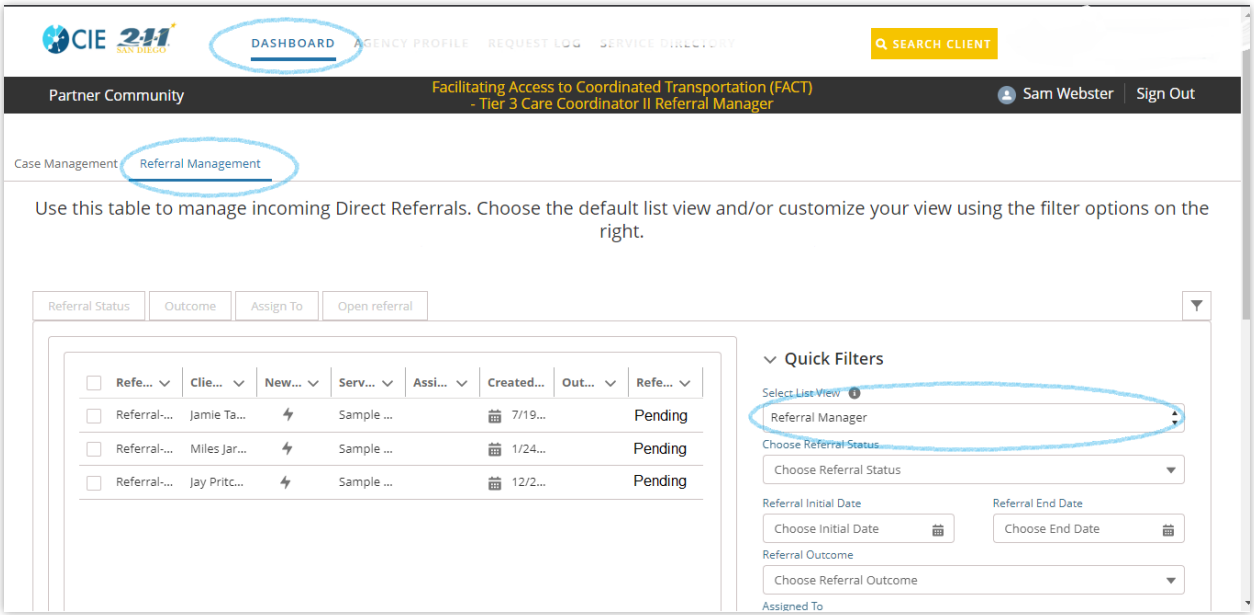
Steps:

1. Login to CIE
2. Click **Dashboard** on the top of the page
3. Click the **Referral Management** tab
4. Under Quick Filters, toggle between “Referral Manager” and “Care Coordinator” views
5. Click the client’s name to view their profile

Key differences:

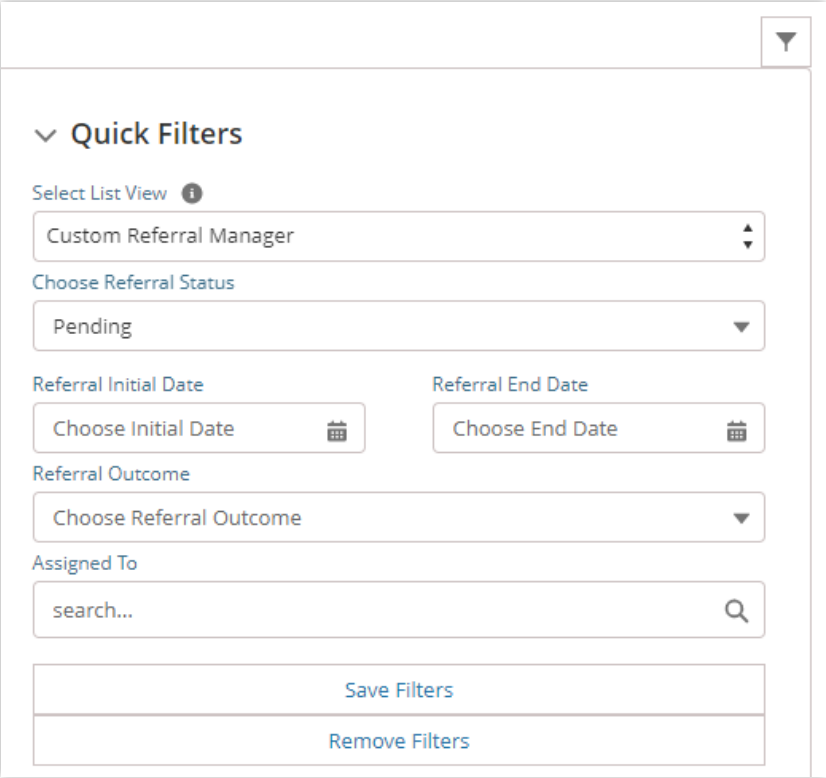
Referral Managers may toggle between the “Referral Manager” and “Care Coordinator” views. When using the filters or selecting new columns, a custom version of each view is created. This means Referral Managers can have up to 4 views (2 default views, and 1 custom of each).

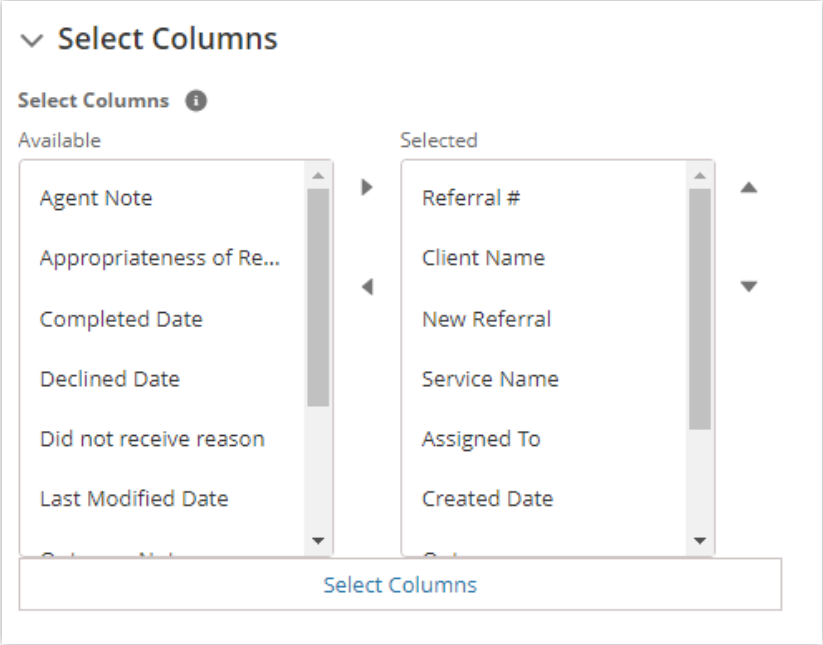
Care Coordinators may only access the “Care Coordinator” view. When using the filters or selecting new columns, a custom version is created. This means Care Coordinators can have up to 2 views (1 default view and 1 custom version).



Customizing your Referral Management view

Background: as more cases add to your queue, use the Quick Filters to manage the list. You can also choose to add, remove or reorder available columns. Anytime you update a filter and click "Save Filters" or "Select Columns," these changes will save to the custom copy of your view. Clicking "Remove Filters" will reset settings to the default view.





Managing Direct Referral Process- Referral Manager

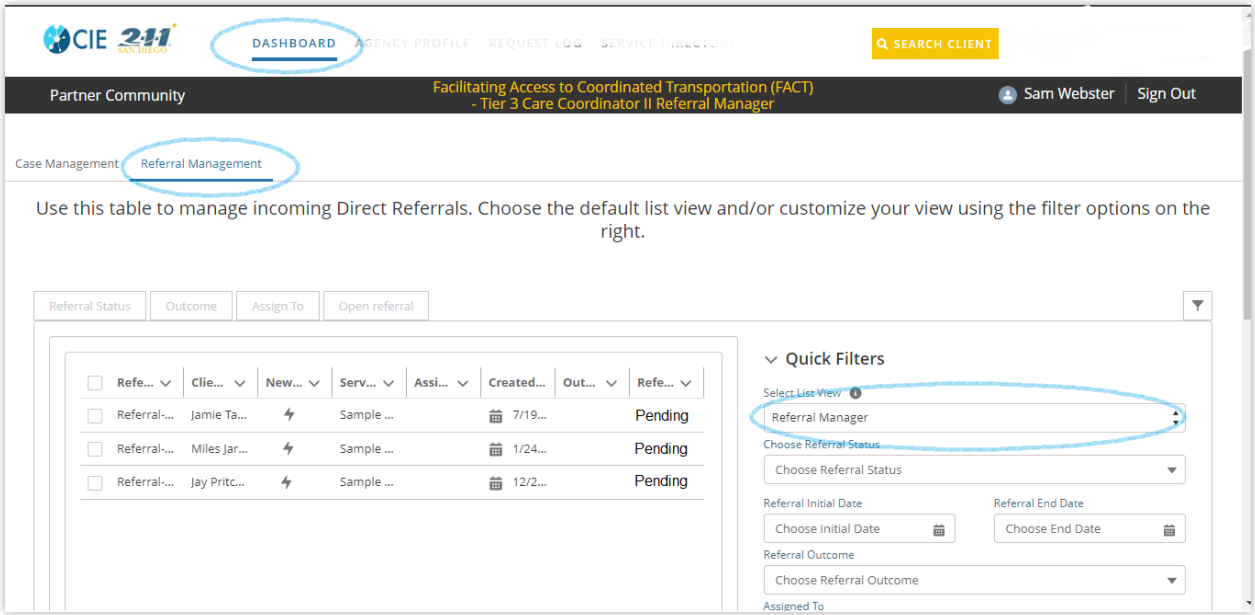
Referral Manager Role

The primary role of the Referral Manager is to:

- Review new referrals within the committed timeframe
- Accept or Decline the referral
- Assign referrals to other care coordinators
- Ensure clients are followed up with appropriately
- Ensure outcomes are completed

Reviewing New Referrals

1. The Referral Manager(s) will get an email notification each time a new Direct Referral has been added to your queue
2. Login to CIE to review the new referral on your dashboard (filter to "Pending" if needed)
3. Click on the client's name from your dashboard to view their profile
4. After viewing the client's information, determine if you will:
    a. Accept the case and assign it to someone or
    b. Decline the case



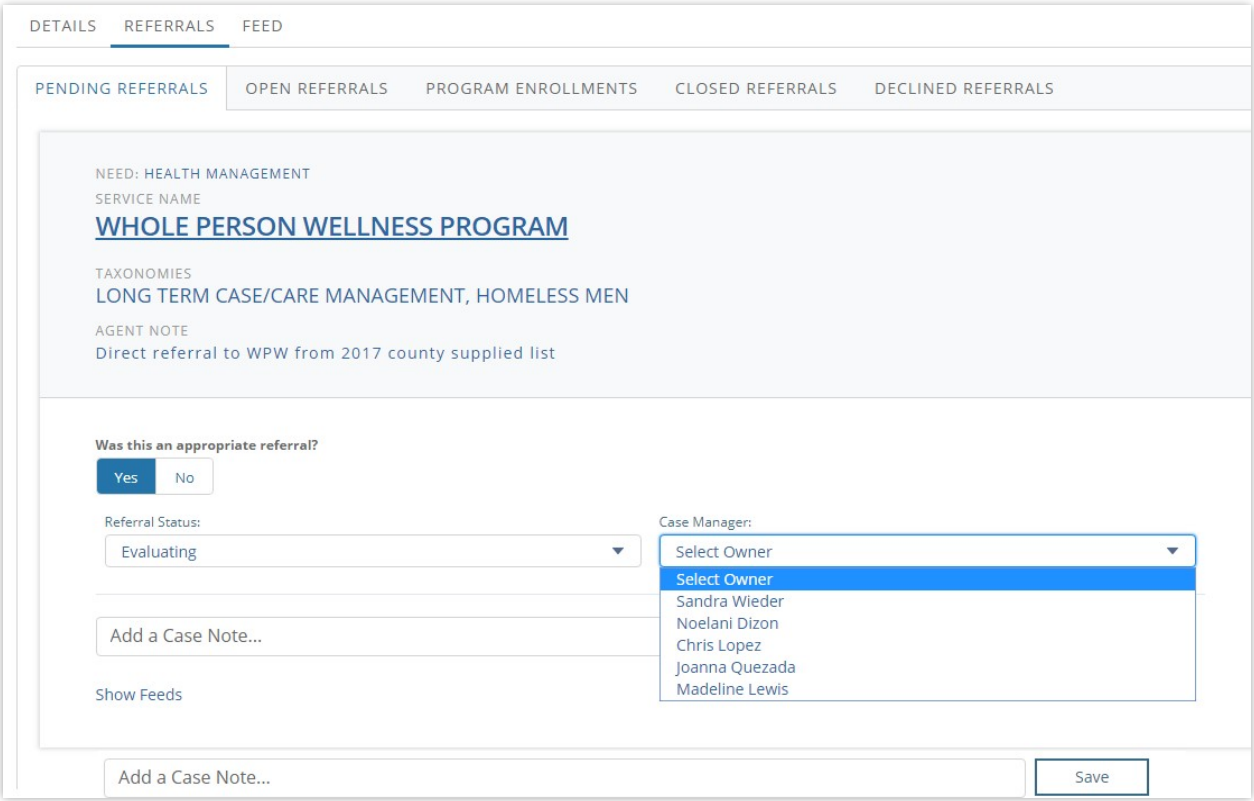
Based on the client's profile, review whether the client meets initial eligibility criteria e.g. HH size, income, etc.

Accept or Decline

There are two places you can process referrals. The first is from the REFERRALS tab on the client's profile. The other is from the Dashboard.

Individual Profile Process

1. Go to the **REFERRAL**S tab
2. To accept the referral, select "Yes" to indicate that the referral is appropriate.
3. You have two choices:
    a) Select "Evaluating" if more follow up is needed to determine an outcome. This is the most common status for an open case.
    b) Select "Pending Client Action", if the client is responsible for next steps. For example, if they need to go to a food bank to access services.
4. Under **Case Manager**, assign the team member that will follow-up and complete the outcome.
5. Click "Save." That team member will receive an email notification about the assignment.



Decline Process

- If the client is ineligible, select "No" for appropriateness and select "Declined-Ineligible" under the Referral Status. Please include a note explaining what made this person ineligible.
- If the client was referred to the same program more than once, select "No" and select "Declined- Duplicate."

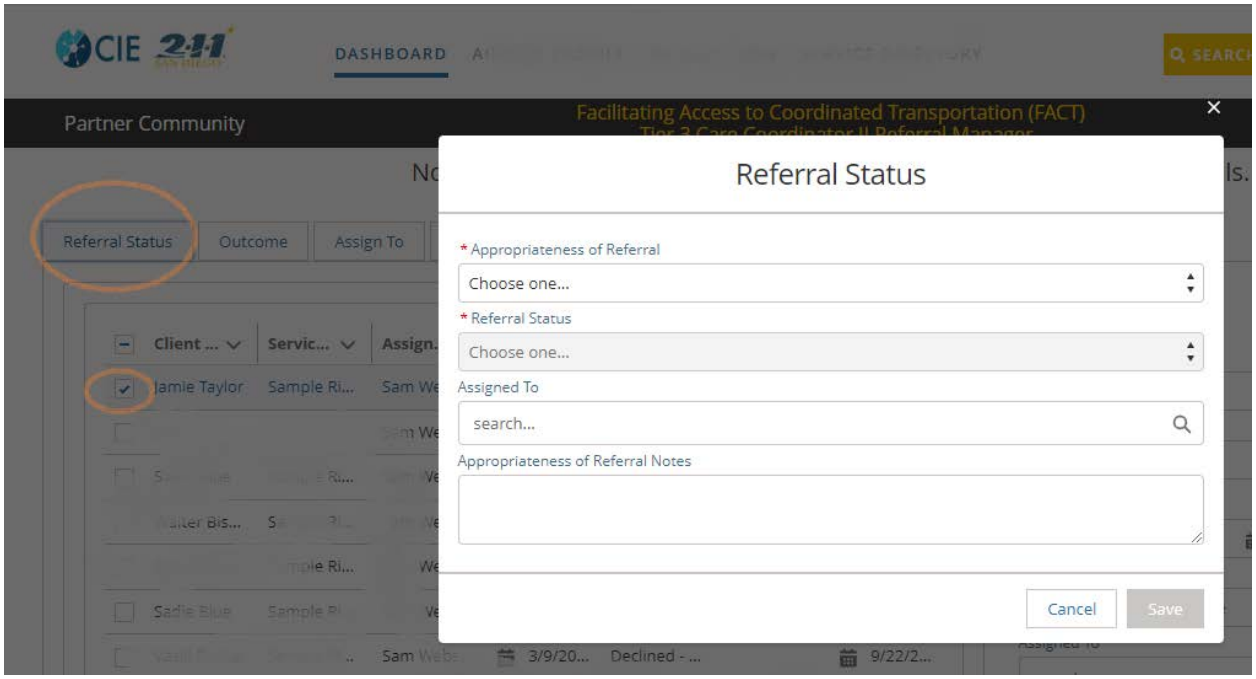
- If your program is no longer accepting new clients, and the client would otherwise be a good fit for your program, select “Yes” for appropriateness and select “Declined-No Capacity.”

Dashboard Bulk Updates

To accept the referral(s)

1. Go to **Dashboard**
2. Click **Referral Management** tab
3. Locate the referral record
4. Select the record(s)
5. Click the “Status” button
6. Select “Yes” to indicate that the referral is appropriate.
7. You have two choices:
    c) Select Evaluating if more follow up is needed to determine an outcome. This is the most common status for an open case.
    d) Select Pending Client Action if client is responsible for the next steps in their intake process. For example if they need to go to a food bank to access services.
8. Under Assigned to, type the name of the team member that will assign.
9. Click “Save.”

That team member will receive an email notification about the assignment.



To decline the referral(s)

1. Go to **Dashboard**
2. Click **Referral Management** tab
3. Locate the referral record
4. Select the record(s)
5. Click the “Status” button
   a) If the client is ineligible, select “No” for appropriateness and select “Declined-Ineligible.” Please include a note explaining what made this person ineligible.
   b) If the client was referred to the same program more than once, select “No” and select “Declined- Duplicate.”
   c) If your program is no longer accepting new clients, and the client would otherwise be a good fit for your program, select “Yes” for appropriateness and select “Declined-No Capacity.“
6. Click **Save**
7. Click **Continue**

The original sender will receive an email notifying them that the referral was declined.

Monitoring

In addition to updating the initial status, Referral Managers should actively monitor their team's ability to respond to Direct Referrals in a timely manner. Referral Managers are able to access all Direct Referrals throughout their life cycle and can reassign Direct Referrals to other team members when needed.

- Filter for Pending, Evaluating, and Pending Client Action to view open cases
- Check the Last Modified Date column to see when referrals were last updated

To Reassign Cases

1. Go to **Dashboard**
2. Click **Referral Management** tab
3. Locate the referral record
4. Select the record(s)
5. Click the “Assign to” button
6. Type the name of the team member
7. Click **Save**
8. Click **Continue**

Self-Assignment

Referral Managers may choose to assign the case to themselves. If doing so, they should refer to the instructions in the Care Coordinator section, to learn the remaining steps to provide outcomes.

Managing Direct Referral Process- Care Coordinator

Care Coordinator's primary role is to:

- Follow up with client
- Attempt intake and enrollment
- Update the outcome

Reviewing Assigned Referrals

1. The Care Coordinator will get an email notification each time a Direct Referral is assigned to them.
2. Login to CIE to review the referral on the dashboard
3. Filter to “Evaluating” or “Pending Client Action” (if needed).
4. Click on the client’s name to view their profile.
5. Review the details in the Referral and the profile
    a. Contact Information
    b. Demographics
    c. Notes about when to contact
    d. Notes about specialized services or needs

Outreach

At this stage, it is unknown whether the active referral will result in receiving services, a program enrollment, or another outcome. The assigned Care Coordinator should follow their organizational protocols to engage the client and conduct activities necessary for intake and enrollment. Typically, the Care coordinator will:

- ☐ Conduct 2-3 follow-up attempts
- ☐ Complete additional screening
- ☐ Attempt Enrollment for eligible clients
- ☐ Redirect clients to other appropriate services

Outcome

Once the Outreach stage is completed, or the Care Coordinator has made their final attempt to reach the client or complete their intake, the Care Coordinator will close out the referral by saving an Outcome. These are options to select from:

a) Receiving/Received Services
b) Did not Receive Services
c) On Wait List
d) Legal Privilege* Only applicable for legal service providers. This should be selected for all Direct Referrals made to legal services e.g Legal Aid Society of San Diego, Elder Law & Advocacy, etc.

Receiving Services

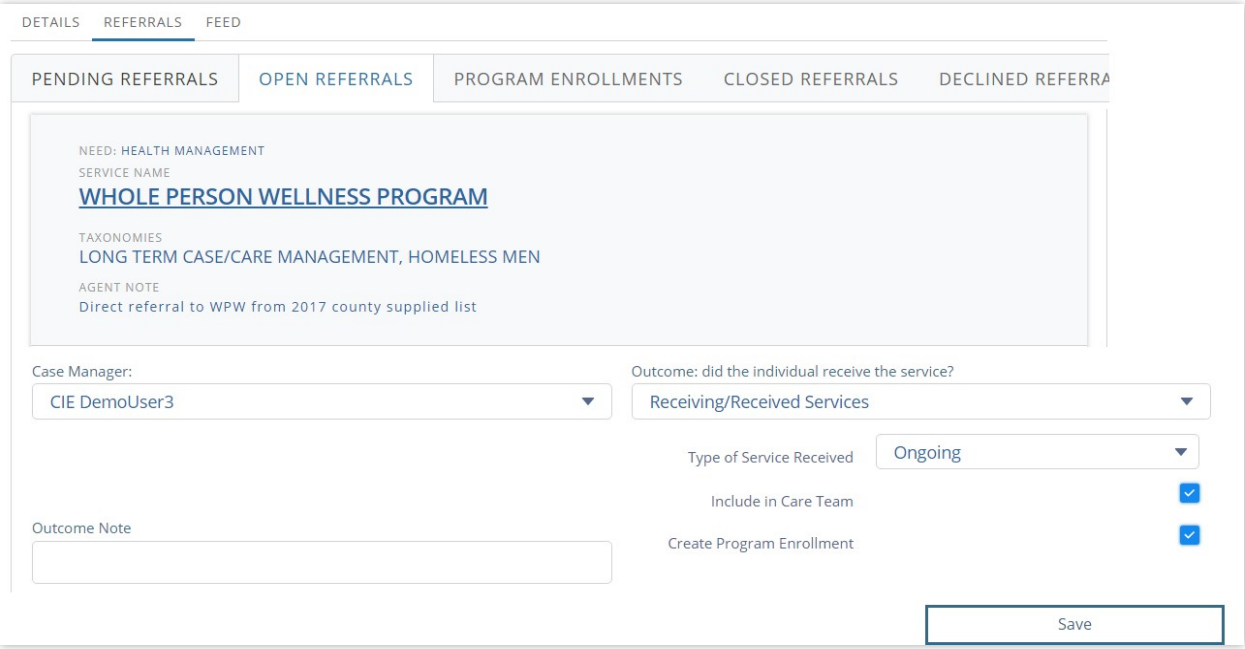
There are two places you can process referrals. The first is from the REFERRALS tab on the client's profile. The other is from the Dashboard.

Individual Profile Process

1. Go to the **REFERRAL**S tab
2. Go to the **OPEN REFERRALS** subtab
3. Under **Outcome,** select "Receive/receiving services"
    a) Select whether the service will be "Ongoing" or "One-time" assistance
4. Optional Steps (see Care Team and Program Enrollment pages for more detail).
    a) To add yourself as a Care Team member, select the checkbox
    b) To populate a Program Enrollment for this service, select the checkbox
5. Click "Save."

The following will occur:

- The original sender will receive an email notification, with the outcome
- Care Teams and Program Enrollments will populate on the profile (if selected)
- Existing Care Team members receive an email notification about hew new Care Team member
- The Outcome will save and the Referral Status will change to Completed
- The Referral Lifecycle is considered complete



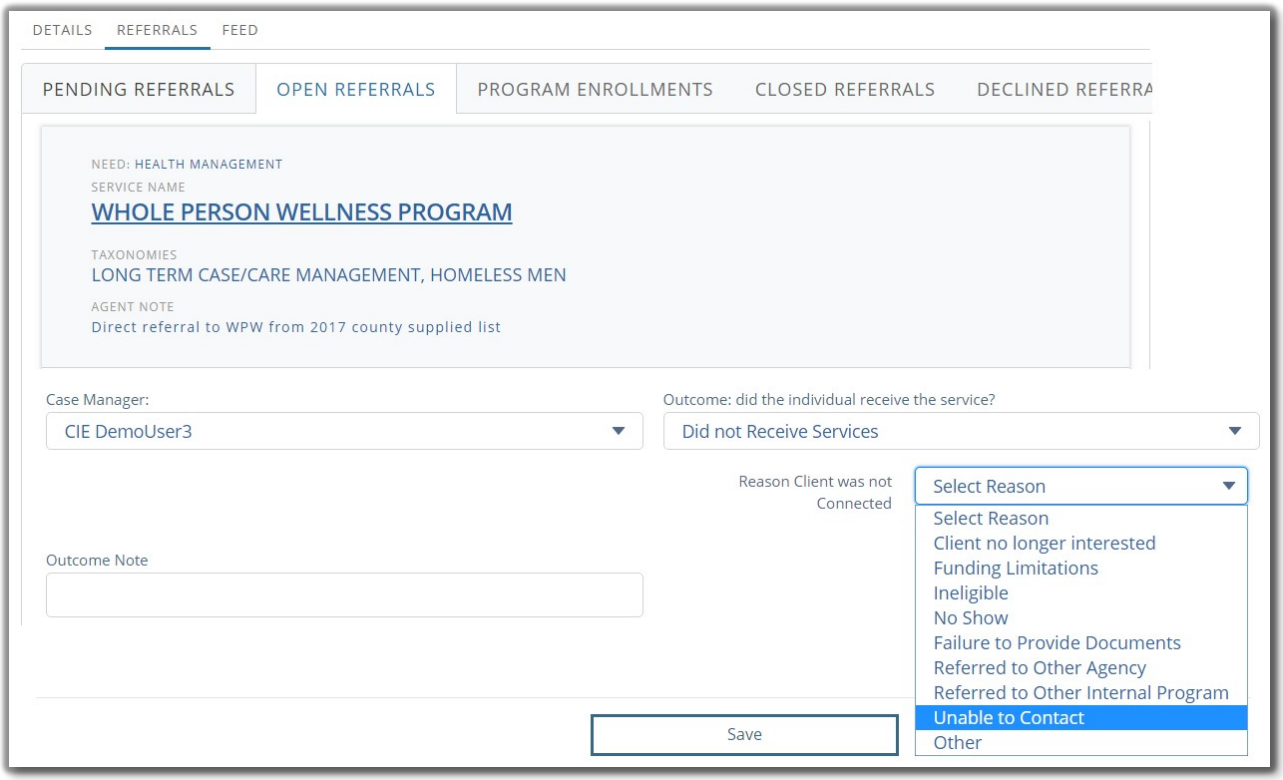
Did Not Receive Services

Individual Profile Process

1. Go to the **REFERRAL**S tab
2. Go to the **OPEN REFERRALS** subtab
3. Under **Outcome,** select "Did not Receive Services"
4. Select the reason the client did not get services
   a) Funding Limitations
   b) Ineligible
   c) No Show
   d) Unable to Contact
   e) Client Refused Services
   f) Referred to other Agency
   g) Referred to other Internal Program
   h) Other
5. Provide additional context in the **Outcome Note** e.g. If ineligible, briefly explain why.
6. Click "Save."

The following will occur:

- The original sender will receive an email notification, with the outcome
- The Outcome will save and the Referral Status will change to Completed
- The Referral Lifecycle is considered complete



On Wait List

Individual Profile Process

1. Go to the **REFERRAL**S tab
2. Go to the **OPEN REFERRALS** subtab
3. Under **Outcome,** select "On Wait List"
    a) Select whether the service will be "Ongoing" or "One-time" assistance
4. Optional Steps (see Care Team and Program Enrollment pages for more detail).
    a) To add yourself as a Care Team member, select the checkbox
    b) To populate a Program Enrollment for this service, select the checkbox
5. Click "Save."

The following will occur:

- The original sender will receive an email notification, with the Outcome
- The Outcome will save and the Referral Status will change to Completed
- The Referral Lifecycle is considered complete

Legal Privilege

Individual Profile Process

1. Go to the **REFERRAL**S tab
2. Go to the **OPEN REFERRALS** subtab
3. Under **Outcome,** select "Legal Privilege"
4. Click "Save."

The following will occur:

- The original sender will receive an email notification, with the Outcome
- The Outcome will save and the Referral Status will change to Completed
- The Referral Lifecycle is considered complete

Dashboard Bulk Updates

1. Go to **Dashboard**
2. Click **Referral Management** tab
3. Locate the referral record
4. Select the record(s)
5. Click the "Outcome" button
6. Choose the appropriate Outcome.
7. Click Save

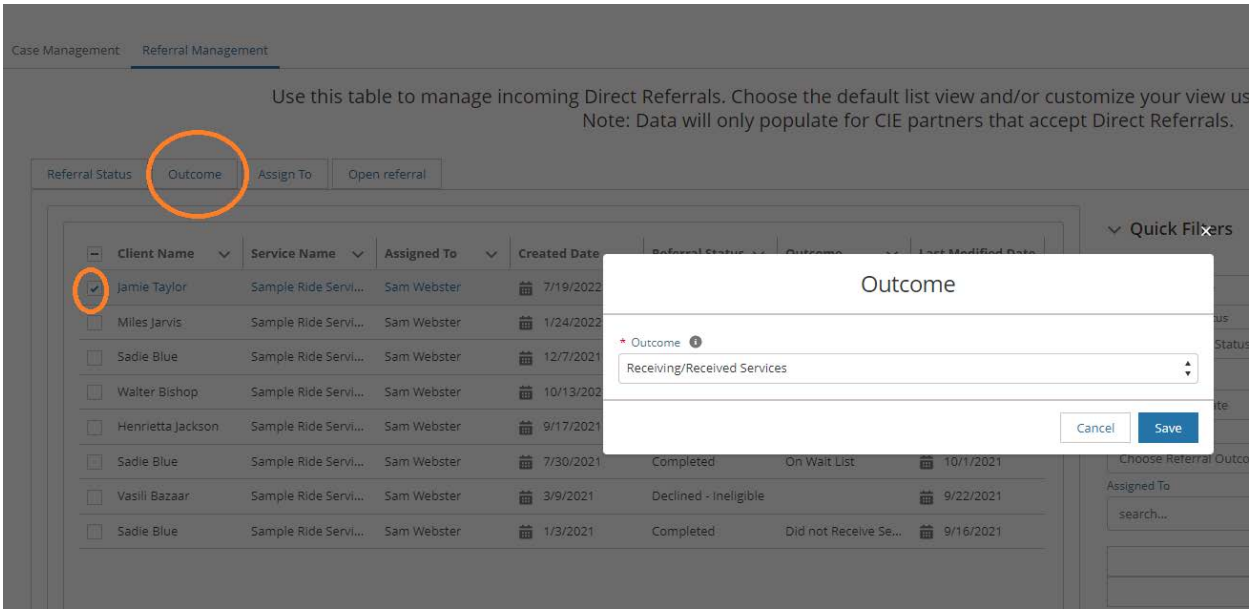
8. Click Continue

The following will occur:

- The original sender will receive an email notification, with the outcome
- The Outcome will save and the Referral Status will change to Completed
- The Referral Lifecycle is considered complete

The following cannot be done through the Dashboard:

- Adding Care Team members
- Adding Program Enrollments



Additional Care Coordination

Although the Direct Referral lifecycle is complete, your team will likely continue to offer supports to the client. It is recommended you review the other features available in CIE, to learn about other tools that can help you further support the client. For example, if the client did not receive services and/or could benefit from other resources, you can send Direct Referrals to other providers.

Care Team

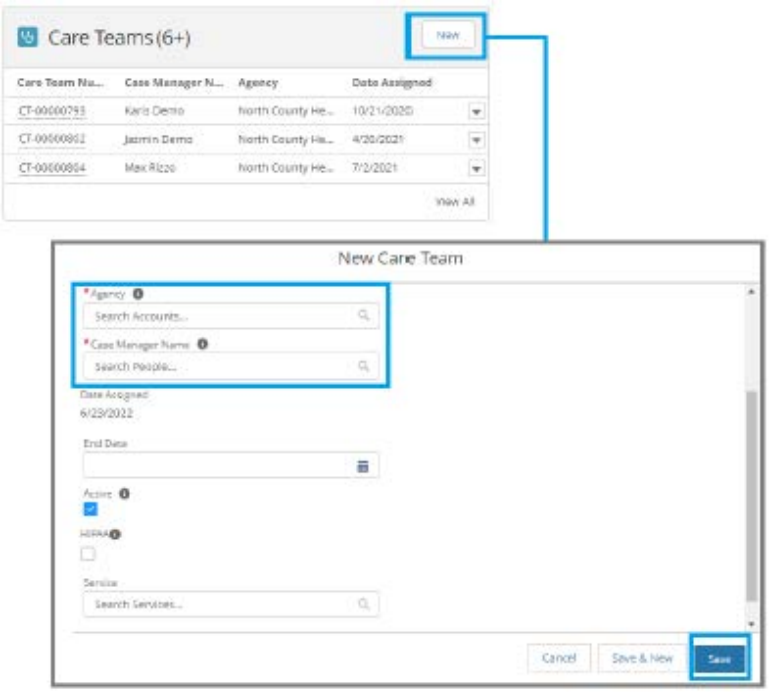
For more information on Care Team Alerts, see: https://ispri.ng/9x72W

Care Team members can receive the following alerts:

- Changes to their Care Team
- Emergency Medical Services transports
- Food insecurity
- Housing vulnerability
- Recent arrests

To add a Care Team member:

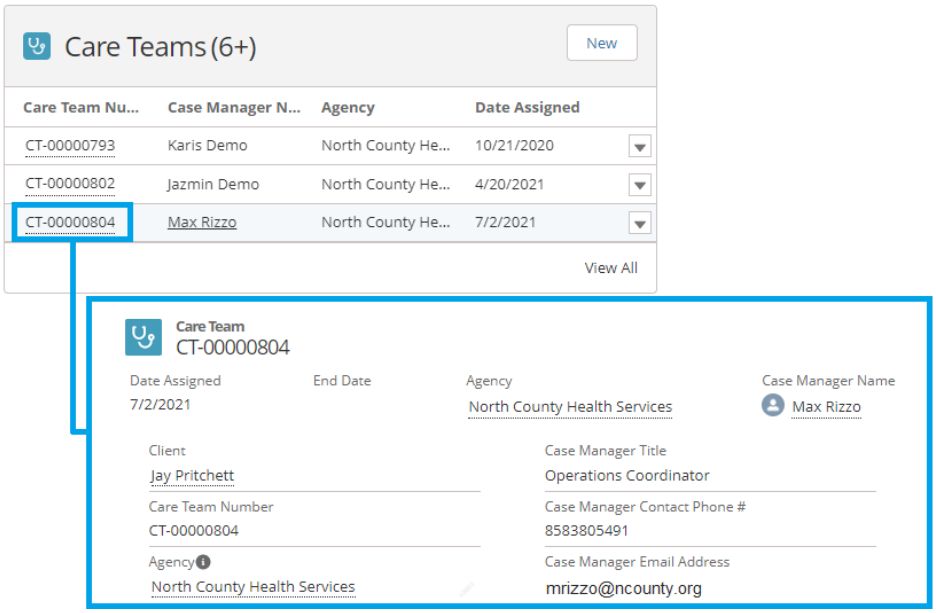
1. Visit the client's profile
2. Go to the Care Team section (middle right side)
3. Click **New** to open a pop-up (pictured).
    1. Enter the name of your organization in the **Agency** field.
    2. Enter your name
    3. Enter "End Date" (if known)
    4. Select Save



To de-activate a Care Team member:

1. Visit the client's profile
2. Go to the Care Team section (middle right side)
3. Click on the CT# next to your name to open a pop-up (pictured).
    1. Uncheck the "Active" checkbox

2. Enter the “End Date”
3. Select Save

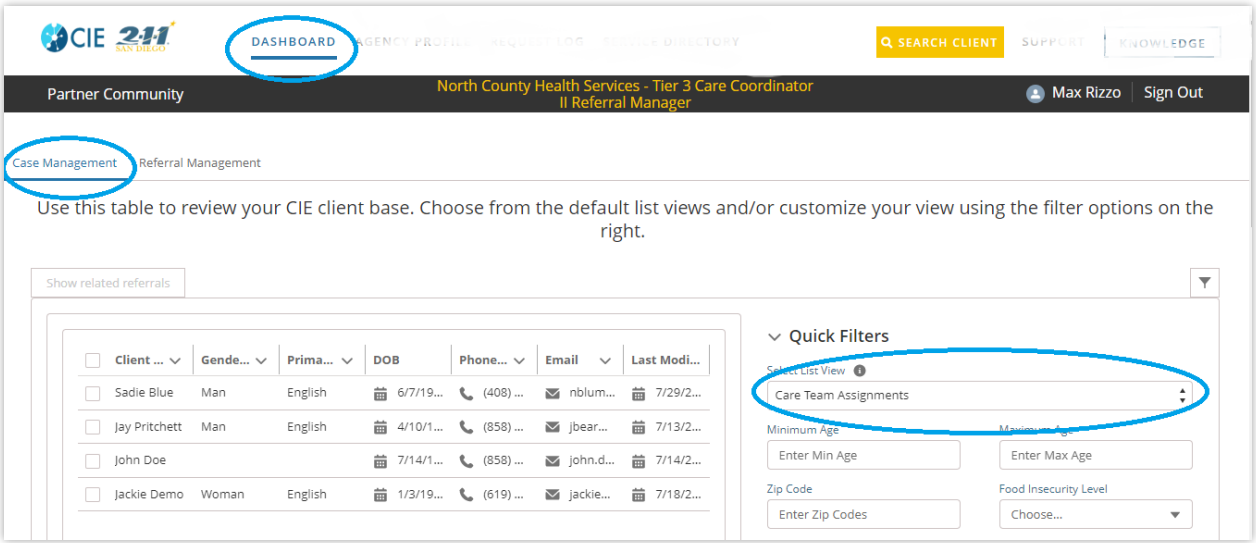


The following will occur when changes are saved to the Care Team:

- Active Care Team members receive email notification about any new or deactivated Care Team member
- New Care Team members receive a notification

Review your own Care Team

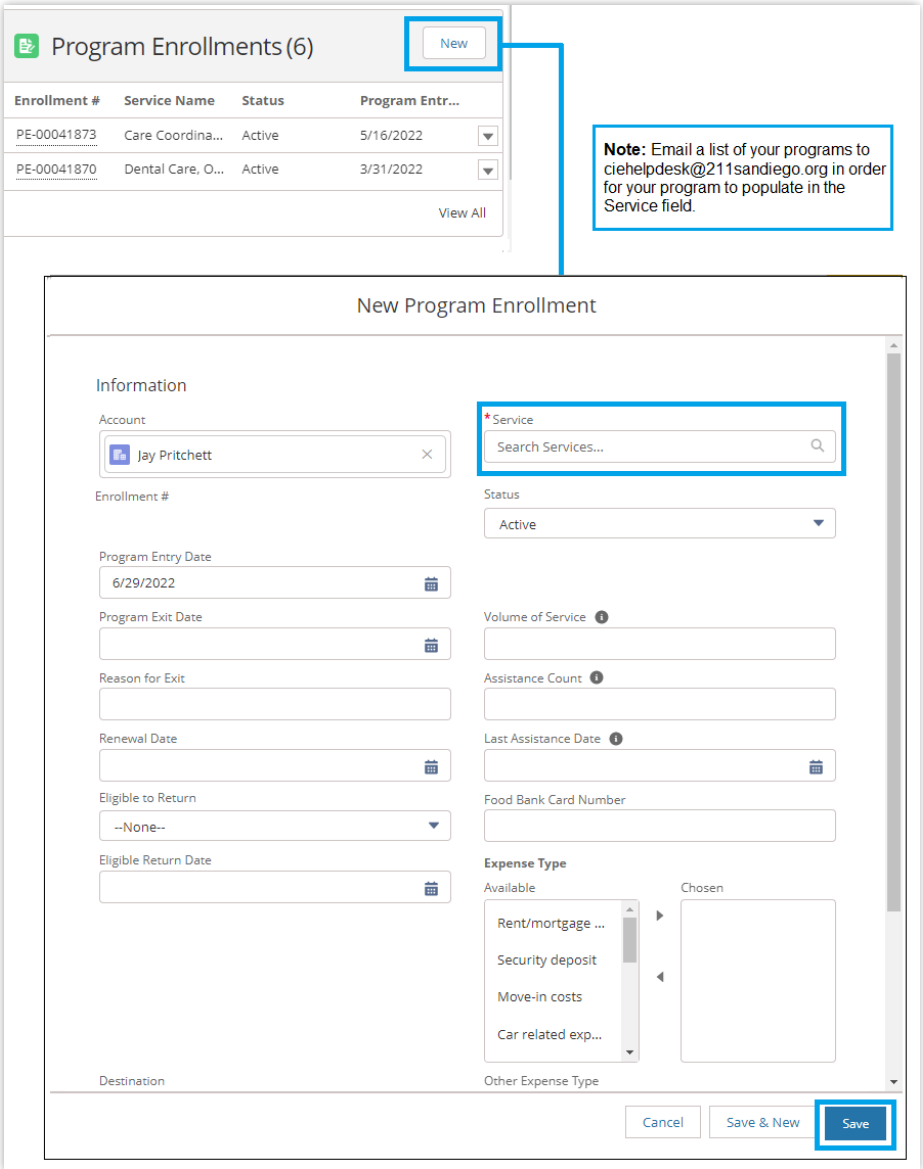
1. Go to **Dashboard**
2. Click **Case Management** tab
3. Under **Quick Filters**, select “Care Team Assignments”



Program Enrollments

To demonstrate that you are working with clients to other providers using CIE, add your Service Name as a Program Enrollment.

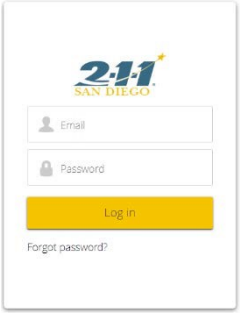
1. Visit the client's profile
2. Go to the **Program Enrollments** section (located on the right side of the profile)
3. Click **New** to open a pop-up (pictured)
4. Enter the name of your program in the **Service** look up field
5. Click **Save**



Return to the Program Enrollment at any time to make it Inactive (if applicable).

Troubleshooting/ Help Tips

Common issues and potential ways to solve the issue.

Problem	**Solution**
Forgot Username	Your username is your work email address.
Forgot password	To reset your password:  **1.** Click "Forgot Password" **2.** Enter your work email address **3.** Click "Send Password Reset Email" **4.** Check your email inbox for a link to reset your password If the above didn't work, email the CIE helpdesk.
Slow page loads **Error Codes**	1. Refresh the page 2. Clear your browser's cache and cookies 3. Refresh the page Still not working? 4. Switch to another browser e.g. Chrome, Firefox, Edge If these steps didn't work.. 5. Take a screenshot 6. Write a few sentences about what you're trying to do 7. Email this information to the CIE helpdesk.

Please submit questions to ciehelpdesk@211sandiego.org and the CIE support team will reach out to you within 48 business hours. In the meantime, please see the Troubleshooting section for tips on how to self-resolve common issues.

For more training materials, visit:
https://ciesandiego.org/support