AltaMed Gives Program Order and Acknowledgement

This Tip Sheet outlines how to place an AltaMed Gives Program order to nominate a patient to receive an AltaMed Gives gift and how to complete the AltaMed Gives Acknowledgment form once a patient has been approved for the gift. Once the gift has been given to the patient an In Basket message needs to be sent to the AltaMed Gives Pool and Requester.

Requester

Requester (Provider, MA, LVN, RN, SW, etc..) will submit an AltaMed Gives Order to nominate a patient to receive an AltaMed Gives gift within an encounter or visit.

1. CLICK: ADD ORDER

A *	9	ŝ	Þ	6 M	onths Ago						
*	5	Ę			11/10	/2023	i.	Office Visit	Fam Med - Whitecoat, W	Dx: Acute appendiciti	. Siç
3004					08/04	1/2023	ŧ.	Office Visit	Fam Med - McQueenie, D	Dx: Type 2 diabetes	Siç
9:00 AM OFFICE VISIT Wt: 83.9 kg (185 lb) >7 days				5 Ye	ars Ago						
SINCE LAST ALTAMED MEDICAL SROUP EAST LA COMMERCE FAMILY MEDICINE VISIT		_		10/18	8/2017	Ē	Travel				
				09/28	8/2017	Ē	Travel				
CARE GAPS	•			•							+
Start Review			+ A0	DD ORDER	8	+ /	ADD DX (0)				

- 2. ENTER: AltaMed Gives
- 3. SELECT: AltaMed Gives Program Order
- 4. CLICK: Accept

Cantact	Order and SmartSet Search		• ×
	ALTAMED GIVES	Browse Preference List Facility List	<u>D</u> atabase
Contact	El SmartSets, Panels, & Express Lanes (No results found)	Search panels and SmartSets by user	2
	Medications (No results found)		
Next co	t͡⊔ Procedures ≉		
	Name	Type Resulting Agencies	Cost t
t. Con	ALTAMED GIVES PROGRAM	AM Giv	
incor Jugg			n
		Select And Stay	× <u>C</u> ancel
altamed g	ives + 8E + ADD DX (0)		

- 5. COMPLETE: AltaMed Gives Program Order hard stops
 - a. Enter the Requester's Supervisor name & email in the "Clinic Director name & email" field
- 6. CLICK: Accept

AltaMed Gives Program							✓ <u>A</u> ccept	× <u>C</u> ancel
🕒 What clinic does this pat	ient attend?							
						ز	,o	
😲 Monthly Income (Estimat	te)							
	\$0 \$1-\$500	\$501 - \$1,000	\$1,001 - \$2,000	More Than \$2,000	Unknown			
Total Number of People i	in Household							
Number of dependents:								
9 Marital Status	Married Separ	ated Single W	/idowed					
Is the Patient insured?	Yes No							
How many years have the second sec	iey been an AltaN	ed patient?						
	0 - 1 Year 2 - 5	Years 5 - 10 Ye	ears 10+years					
What does the patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patient/patie	articipant need as	sistance for?						
	Bills - Limit \$250	Clothing - Limi	it \$200 Funeral (Costs - Limit \$400	Furniture / Ho	ome Appliances -	Limit \$250	
	Groceries - Limi	t \$300 Medical	Expenses - Limit \$	\$350				
	Transportation (Flight tickets, bus	tickets, metro, or	car-related expens	es) - Limit \$20	0		
	Other (Please e	nter request Amo	unt \$ here and sp	ecify the need in the	e next questior	ns).		
🚯 Clinic Director Name & E	mail							
Comments:	Add Comme	nts						
➢ Additional Order Details								
• Next Required							✓ <u>A</u> ccept	× <u>C</u> ancel

7. CLICK: SIGN ORDERS

a. Non Providers will continue to select Per Protocol: Cosign required option when signing the order and entering the Provider as the Ordering/Authorizing provider info per usual

NOTE: Order will not appear in the AVS or patient's MyChart portal.

If AM Gift is Denied:

• AltaMed Gives Program team will inform Requester and Supervisor through In Basket

If AM Gift is Approved:

- AltaMed Gives Program team will inform Requester, Supervisor, and Front Desk through In Basket
- Requester and/or Supervisor will inform the patient to pick up the gift and sign the AltaMed Gives Acknowledgement form at the Front Desk

Front Desk

The Requester and Supervisor will be notified of gift approval and will contact the patient to inform to pick up gift, and sign the AltaMed Gives Acknowledgement form with the Front Desk.

Front Desk users can complete the AltaMed Gives Acknowledgement form once a patient has been approved for an AltaMed Gives gift.

If the patient is home-bound, the **Case Manager/Social Worker/Community Health Worker** will provide the gift to the patient at their next home visit and have the patient complete the AltaMed Gives Acknowledgement form electronically or via paper.

1. OPEN: Patient's Appt Desk

 Case Managers/Social Worker/Community Health Worker will click on Document List under Additional Activity drop down within Home Visit encounter to access AltaMed Gives Acknowledgement form (skip to step 5)

	←→	🕞 💿 Cha	art Review Do	cument List Synop	osis 🧿 Rooi	ming	딇 Screen	ings 🥫	Plan	📄 Wrap-Up		•	p	This Visit	Notes	s
Г	Doc	ument l	ist	L.								Mor	e Activitie:	S		
L													Additional 1	Tools	+	
L	Selec	t a Document	Туре 🕂	Add							Show All Document	Þ.	Care Paths	5		
L	+ 1	Financial - S	liding Fee	+ 2 Authorization	to Releas	+ 31	Third Party to C	Consent f.	+ 4	Power of Attorney	Advance Direct	뗾	Care Team	s		
L	+ 6	Advance Dire	ective Ackn									₽\$	Change En	nc Provider/Dep	t	
L												6	Communic	ations		
L		ID	Туре		Status	Grou	p Location	Recei	Recei	Effective On	Expires On	E I	<u>)</u> emograpi	hics		
		746764	Consent Form	- MAT Program Aç	gree Signed	-	-	LOPE	06/04/	06/04/2024	-	۰.	Dictations			
L		746765	Consent Form	- MAT ROI Third P	art Signed	-	-	LOPE	06/04/	06/04/2024	06/03/2025		Vore		۲ ۲	
L	⊫li	7/6763	Consent Form	MAT Data Collec	tio Signed	_	_	LOPE	06/04/	06/04/2024	-	<u>i</u>	Document	<u>L</u> ist	+	

- 2. CLICK: Patient Options
- 3. SELECT: Registration



4. CLICK: Documents

5. SEARCH: AltaMed Gives Acknowledgement and press ENTER



6. CLICK: E-Sign



- 7. The E-Signature Document Collector window will launch
- 8. FOLLOW: Standard workflow to review the document with the patient
- 9. CLICK: The Patient Signature field to collect patient signature

Dear	fest,Emi,
memi At Alt excep Altalv the m Altalv	The employees here at AltaMed come together to take care of their commu ers and we are proud to know that we can support one person/family at a ti aMed, our employees stand by our mission of providing quality care without tion to the patients and communities we serve. However, the employees at ed recognized that there is a need to provide support for services that go be edical office. In response, AltaMed's first employee giving program was born, ed Gives. Our vision is to uplift and service our community members.
AltaN	ed wishes you the best in your endeavors.
With The E	Much Support, mployees at AltaMed
By si distri	ning below, you acknowledge that you have received a gift card(s) and h buted funds to the patient/porticipant
Pa	sign Here
Patie	nt Signature
	n 🔒

10. CLICK: Next

	~ ×
1 Patient Signature	*
- List	Clear
Jum Nord	Next
	<u>I</u> toxt

- 10. CLICK: The Sign on Screen or Keyboard icon to collect your signature
- 11. CLICK: Accept to accept signatures



- 12. CLICK: The print icon to print a copy of the acknowledgment for the patient
- 13. CLICK: Accept to close the E-Signature Document Collector
- 14. The AltaMed Gives Acknowledgement will display as signed in the Documents table

Documents						t t
Select a Document Type	Add			SI SI	ho <u>w</u> All Documents	0 ፆ ©
+ 1 Financial - Sliding Fee	+ 2 Authorization to Releas	. 1 Third Party to Consent f	🛨 <u>4</u> Power of Attorney	+ 5 Advance Directiv	ves and	
+ 6 Advance Directive Ackn						
Туре	Status	Received By	Received On	Expires On		
팀 AltaMed Gives Acknowledg	gement Signed	LOPEZ, EMERITA	05/29/2024	-	ē 🖉 🛇 🙇	🖹 🎰 🛍
					Double-click to	edit a document
					1 Previous	Next

15. CLICK: Close Reg to close Registration

Send In Basket Message

Front Desk users will be responsible for sending an In Basket message to the AltaMed Gives Pool and Requester once the gift has been given to the patient.

If the **CM/SW/CHW** provided the gift, and the acknowledgement form was electronically signed then the Case Manager will be responsible for sending the message. If the acknowledgement form was signed on paper, the Case Manager will give the Front Desk the signed hard copy to send for scanning, and Front Desk will be responsible for sending the message.

- 1. OPEN: In Basket
- 2. CLICK: Orders folder
- 3. SELECT: Appropriate Order Message
- 4. CLICK: Respond All icon



- 5. ENTER: Confirmation comment of gift pick up
- 6. CLICK: Send

Orders	
t High 4 Low	Call Info
🕂 Care Team 🔻	Phone Number
To: (Martinez, Donna X) (Alonso, Lizbeth, RN X) (BALTAMED GIVES POOL X)	Flags ×
RE: Order for TESTEMMA	Dates *
	Delay sending until
TEST, EMMA [203803]	Date 🛱 Time 🕘
C This message will be available in the Chart Review encounter summary report.	Due on
⊕ 🥸 🛧 👌 🕄 🕄 🛊 Insert SmartText 🗟 😓 🐟 🛼 100% 🚽	Date 🖬 Time 🕗
	Expire on (j)
^	12/3/2024 💼 6:49 AM 🕘
===View-only below this line=== From: Martinez, Donna Sent: 5/8/2024 4:24 PM PDT To: Aracely Rascon; Lizbeth Alonso, RN; * Subject: RE: Order for TEST,EMMA Patient has been approved for the \$\$\$ gift card. You will receive the gift card shortly Message From: Alonso, Lizbeth, RN Sent: 5/8/2024 1:42 PM PDT 	
Save as <u>Q</u> uickAction	Send Cancel

NOTE: The Requester and AltaMed Gives Pool users will receive the In Basket message in the Orders Message folder