

# UPMC Community HealthChoices

**2025**

## **CHC Service Coordination Departmental Guidelines**

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## Intro and Purpose

The UPMC CHC Service Coordination staff members have a very important role and are critical to the success of the UPMC CHC team. Service Coordinators provide person-centered coordination across the continuum of care that includes institutional care through community-based alternatives. The UPMC CHC team approach is to improve and sustain the health outcomes and independent living of CHC Participants. The service to all UPMC CHC Participants and overall success depends on the critical thinking and conscientious performance of job responsibilities.

The guidelines in this document outline the expectations for Service Coordinators to abide by in the course of their daily role. In addition to these guidelines, all departmental policies and workflows are also expected to be followed by Service Coordinators and are reviewed annually with each staff member. The guidelines (except where specifically noted) apply to both UPMC employees and Partner staff employees.

## Service Coordinator Partner Entities

UPMC CHC partners with credentialed Service Coordinator Entities that contract with UPMC to provide person-centered coordination. Each entity is responsible for meeting the terms of the CHC Waiver and UPMC Contract Agreement that UPMC CHC holds with the Commonwealth of Pennsylvania.

Partner staff work alongside UPMC employees to provide person-centered service coordination to CHC Participants. Partner staff hired by Service Coordinator Entities must meet all requirements as mandated by the Commonwealth of Pennsylvania and as required by the appropriate Service Coordination job descriptions.

Partner staff follow all UPMC CHC policies, procedures, workflows, onboarding orientation requirements, trainings, and documentation review. ***The entirety of these guidelines applies to Partner Service Coordination staff unless otherwise specifically noted to only apply to UPMC employees.*** Partner staff are supervised operationally by UPMC supervisors who also collaborate with the Service Coordination Entity supervisor for any personnel concerns or accolades. CHC Supervisors maintain awareness of the operational leadership oversight and work with partner agencies as needed for staff management.

## Policies

*Note: This section is applicable to UPMC employed Service Coordinators only.*

All UPMC systemwide policies are available on the [Infonet](#).

## Licenses

*Note: This section is applicable to UPMC employed Service Coordinators only.*

Valid driver's licenses are required as is valid auto insurance for all levels of Service Coordinators and Service Coordinators Supervisors. Those who are Registered Nurses need to ensure that their license are valid. It's the service coordination staff's responsibility to ensure that their driver's

license is renewed timely without a lapse in expiration. HR requests the Driver's license and Auto Insurance in the notification email of upcoming License expiration and both documents must be sent to HR to review. Failure to have a valid driver's license and valid auto insurance and/or other required Licenses/Certification/Registration will result in suspension or final written warning in accordance with the [Systemwide policy: Corrective Action and Discharge \(HS-HR0704\)](#) and [Systemwide policy: Licensure, Certification, Registration of Staff Members \(HS-HR0706\)](#), which can be found on the Infonet.

## Dress Code

Staff must dress in accordance with [Systemwide policy: Dress Code \(HS-HR0714\)](#). UPMC CHC department issued apparel must be worn and visible while out in the community interacting with participants. Examples of clothing that doesn't meet the dress code guidelines are: tights, leggings, jeans, sweat pants, sweat shirts, sports apparel, tank tops, "beach wear", or clothing with holes, rips, and/or tears. Shoes should be close-toed and no heels. Shoes worn should be meant for walking and look clean in appearance.

## Attendance

All staff must follow CHC Attendance and Punctuality Guidelines and UPMC Values Based Attendance Guidelines. It is everyone's responsibility to report to work on time and be ready to perform his or her duties as scheduled. Staff must be available from **8am to 5pm**; however, shifts may be staggered to meet coverage requirements based on operational needs and must be arranged with your leadership.

### Examples of Shifts

- 7:30am-4:00pm
- 8:00am-4:30pm
- 8:30am-5:00pm
- 9:00am-5:30pm

\*Shifts are based on business need and require supervisor approval.

If staff are unable to report for work or will be late for work, or must leave early from work, staff should notify their supervisor as far in advance as possible via text messaging, personal/work email, team's messages, or phone calls. The notice should include a reason for the absence, tardiness, or early departure and, in the cases of absence or tardiness, an indication of when they can be expected to report for work. If staff fail to notify their supervisor according to departmental guidelines, this may result in corrective action. Further, staff are responsible for contacting their immediate supervisor and WorkPartners (1-800-633- 1197) if they cannot report to work for more than (3) three consecutive days to apply for a leave of absence. Upon returning to work after missing three or more consecutive workdays due to an illness, staff are required to certify they are fit to return to work by providing a doctor's note.

If staff become ill during their shift and wish to visit the MyHealth@Work clinic, staff must notify their supervisor to arrange to do so. Please note that they will be considered "off the clock" and staff are required to punch out punch in Kronos and punch back into Kronos upon return.

Lastly, any staff with an unauthorized absence on a scheduled workday immediately preceding, on, or following a holiday is ineligible for holiday pay and will not have PTO added to their PTO bank for the holiday in accordance with the HS-HR0720 Paid Time Off (PTO) policy available on the Infonet.

**Partner Staff:** Service Coordinators employed by partner service coordination entities must follow their agency's scheduled or unscheduled time off policies. Additionally, they must notify their UPMC supervisor for scheduled and unscheduled time off as soon as possible but no less than 24 hours in advance. Partner staff are expected to follow the same out of office and coverage procedures outlined in these Service Coordination guidelines.

Service Coordinators employed by partner service coordination entities with repeat occurrences of unscheduled time off may be subject to corrective action through their respective agency to include potential removal as a UPMC CHC Service Coordinator.

### **Paid Time Off (PTO)**

*Note: This section is applicable to UPMC employed Service Coordinators only.*

Prior to requesting time off, staff members are responsible for checking available PTO balances in HR Direct. Approval of time off may be revoked if there is not enough PTO available by the dates requested off. If there are extenuating circumstances, temporary time off without pay may be granted at management discretion. See UPMC Policy [HS-HR0720: Paid Time Off \(PTO\)](#) available on the Infonet.

**Standard PTO Requests:** Service Coordinators abide by the following PTO guidelines:

- PTO requests must be submitted with as much notice as possible but at least 1 business day in advance (same day call-offs are entered as UTO in Kronos).
  - o PTO requests are submitted per Supervisor's preferred method including Outlook calendar or Email.
  - o PTO requests are not acceptable through text messaging or chat (i.e., teams).

**Holiday Schedule Requests:** Approval of holiday requests is contingent upon departmental business needs (including staffing considerations). The process is as follows:

- Submit holiday requests to the immediate supervisor at least two weeks in advance.
- Each team supervisor approves holiday requests separate and distinct from PTO requests, including the number of people that requested PTO for any one specific holiday, first come first serve, seniority, or alternating years of approved PTO (for major holidays).
- If submitted within required time frames, the team supervisor honors requests consistent with business needs of the department. Please refer to team supervisors with questions.
- If a staff member calls off after a PTO request is denied, it will be considered an occurrence and may result in corrective action.

### **Unscheduled Time Off (UTO)/Call-Offs**

*Note: This section applies to UPMC-employed Service Coordinators only.*

If an unforeseen situation and/or illness comes up that necessitates a Service Coordinator to call off and

not be present for work, this is considered either UTO or (ITO).

- UTO versus ITO:
  - o **Unscheduled Time Off (UTO):** used for personal (employee non-medical) emergencies that are not pre-scheduled such as a sick child, lack of childcare, or transportation issues. Same-day call-offs are considered UTO.
  - o **Ill Time Off (ITO):** is considered ITO for one's own illness, injury, or health. ITO may be used for time off for personal illness or injury. ITO must be reported by the staff member. Any unauthorized absence may result in an unpaid absence and/or corrective action.
- Notification expectations for UTO or ITO:
  - o Service Coordinators notify their supervisor or manager as soon as possible, but no later than one hour prior to the start of their shift. Method of notification may be established by the supervisor such as email, or phone call. Unless unavoidable, text messages are not accepted for UTO or ITO requests.
  - o **Emergencies:** If a Service Coordinator needs to leave work for an emergency, notify a supervisor or manager. In the event a Service Coordinator cannot reach his or her supervisor/manager, leave a detailed message and phone number where the Service Coordinator can be reached.
  - o **Intermittent FMLA:** If a Service Coordinator has intermittent FMLA, the staff member is responsible for advising that they are calling off due to FMLA and following the department's call off procedures. If a Service Coordinator has multiple intermittent FMLA cases, the service coordinator must specify to their supervisor, which case number the FMLA is being used for.

### **Coverage for Service Coordination Activities while on PTO/UTO/ITO**

Note: Applicable for UPMC and partner service coordinators.

**PTO:** Service Coordinators are expected to manage their schedule to ensure there are no scheduled visits or scheduled calls while on PTO and that expected situations are managed prior to going on PTO. If there is an *anticipated* need for a Participant during the time a Service Coordinator is on PTO, the Service Coordinator must arrange for assistance prior to the PTO start date to manage the *anticipated* situation while the Service Coordinator is gone.

**UTO/ITO:** If Service Coordinators must take UTO/ITO, if possible, reschedule visits or request assistance to reschedule visits that are knowingly on a day of UTO/ITO. Any *unexpected* Participant issues that arise while a Service Coordinator is on PTO/UTO/ITO, the Service Coordinator's supervisor assists as needed or assigns another Service Coordinator help manage the situation.

Additional PTO coverage guidelines:

- Nursing facility Service Coordinators:
  - o **PTO:** For scheduled PTO, Service Coordinators notify a facility contact person the dates of PTO, especially if there is a current escalated situation impacting a nursing facility Participant. Service coordinators must ensure he or she provides an alternate contact if there is a specific situation about a nursing facility Participant that requires coordination during a time of scheduled PTO. Block off the PTO dates into Outlook calendar – add the back-up contact info.
  - o **UTO/ITO:** In times of UTO/ITO, if possible, Service Coordinators notify the facility contact or if the Service Coordinator was expected to be involved in a coordination situation at the facility.
- Community Service Coordinators:

- o **PTO:** Ensure there are no scheduled visits prior to PTO as follows:
  - Block off the PTO dates into Outlook calendar – add the back-up SC contact info.
  - If any telephonic assessments or in-person visits that were previously scheduled with a Participant, it is the Service Coordinator’s responsibility to contact the Participant and reschedule the call or visit.
- o **UTO/ITO:** If a Service Coordinator is on UTO/ITO and is aware of a scheduled telephonic assessment or in-person visit, the Service Coordinator must attempt to reschedule the call or visit with the Participant. If this is not possible, it is the Service Coordinator’s responsibility to communicate the need to reschedule a call or visit to his or her supervisor to avoid a *No Show*. If there are extenuating circumstances, Supervisors support the staff member to ensure a *No Show* does not occur.

### **Voicemail and Out of Office Reply**

To maintain a high level of customer service for communication to UPMC CHC Participants and fellow colleagues, when a Service Coordinator will be out of the office (PTO or UTO) ensure the following occurs:

- Invoke the “out of office” feature in Outlook email with a message to reflect the time off, and coverage contact information. The out of office reply for email is as follows:

*“You have reached (NAME). I am out of the office from XX date through XX date. If you need immediate assistance, please contact 833-280-8508 (TTY: 711)I will respond to your message upon my return.”*

- Service Coordinators change the voice mail message on mobile phones to reflect the PTO dates. The voice mail message is as follows:

*“You have reached (NAME), Service Coordinator with UPMC Community HealthChoices. I am unable to take your call at this time. I will be out of the office from XX date through XX date. If you need immediate assistance, please contact 833-280-8508 (TTY: 711) will return your call when I return to the office. Thank you and have a nice day.”*

### **Inclement Weather Procedures**

Since the majority of staff work from home, inclement weather does not disrupt service coordination department operations. Staff safety is important. Please be aware of public safety announcements and reschedule assessments if necessary. In the event you need to become a primary caregiver (e.g., school closures) during work hours, your supervisor must be contacted no later than the start of the shift for approval. If you have any questions, speak with your management.

### **Flex Time for Service Coordination Activities**

Service Coordinators work standard business hours, Monday through Friday, however, as a professional courtesy, flex time may be approved by supervisors for the following reasons:

1. To accommodate a staff member’s occasional personal appointment that cannot be scheduled during off-work hours. This privilege is to be used sparingly for personal appointments that cannot be scheduled during off-work hours.

2. To accommodate a Participant who has requested a visit during hours that are not typical business hours (or days).

Service Coordinators send an email with at least 24 hours' notice to their Supervisor who may approve/track requests as well as have awareness of staff availability on any given day.

As a courtesy, we offer up to two hours a week of flex-time that must be approved by your management. Staff cannot use flex-time to forego lunch breaks. Flex-time is not to be used as a regular, permanent schedule change.

Lunch Breaks are required. They are 30 minutes and must be taken between 11am-2pm daily. Any exceptions must be approved by your supervisors. Lunch breaks are non-working time.

Formal, organized team lunches by the management are paid.

## Home Working Environment Requirements

- All Service Coordinators conduct their day-to-day coordination activities either in the community (in a Participant's home or in a facility) or from their home office. Any deviation from working in your home office, or participant's home/facility must be approved by your supervisor at least 1 business day in advance or ASAP for any Trigger Assessments/Critical Incidents/Etc. When working from the home office, Service Coordinators must not serve as a primary caretaker during working hours. Service Coordinators are responsible for arranging for care. Failure to follow this guideline may result in corrective action.

Service Coordinators need a home working environment and work area that:

- Is quiet, free from distractions, and designated for work
- Meet all HIPAA requirements (minimum requirements are a locked file cabinet or locked drawer to store Participant PHI, the generally acceptable practice is to maintain all PHI in the Helios system whenever possible)
- Has a UPMC issued computer equipment.
- Has reliable home Internet connection (employee responsibility) that meets the speed specifications and access to Internet application as required for work duties
  - Minimum internet speed requirement is 20Mb/s download, 5Mb/s upload less than 50ms ping, and under 10ms jitter
  - [You can click this link to: Run a speed test](#)

## Service Coordinator Communication and Availability

Since Service Coordinators work in the community (in a Participant's home or in a facility), communication with teammates, leadership and individual supervisors is vital. The key to communication is staff availability and ability to be contacted or receive communications. Service coordination must be available from 8 am to 5 pm. Shifts may be staggered to meet coverage requirements and must be arranged with your leadership. The following are expectations of communication and availability:



### **Cell Phones:**

- Do not share cell phone numbers with Participants or providers. HUB number 833-280-8508 to be provided to Participants and providers.
- **Turned on:** Service Coordinators' cell phones must be turned on at the start of their day and remain on until the end of the day. Cell phones should be turned to silent mode during visits with Participants.
- **Voicemail:** Service Coordinators cannot let voicemail become full. To manage this, check messages daily, at least once in the a.m. and once in the p.m. If a message must be saved, save it to the work computer. Again, participants should not have a service coordinator's cell phone number.
- **Respond to voicemail:** Voicemail responses are expected no later than 48 business hours.
- Outbound calls should be primarily made through the Teams app on their phone whenever possible.
- If you do have to use your cell phone to call a participant, block your number by using \*67
- Service Coordinators should not text with participants without permission from leadership and Privacy. If you have a participant who requests to text, alert your management.

### **Email:**

- **Check email:** The UPMC CHC department relies heavily on email as a general source of communication. Service Coordinators must check email at least twice a day: once in the morning and once at the end of the day.
- **Respond to email:** Observe good etiquette in response to emails:
  - o **Prompt response:** It is good professional practice to respond to emails within a few hours, but if this isn't possible due to scheduled visits, responses are expected no later than one business day.

### **Response Guidelines:**

- Use "reply all" carefully; pay attention to whom the email is being sent and use professionalism at all times.
- Read email chains before forwarding to ensure content is appropriate for recipients to view.
- In general, copy a supervisor when there is a need to know

**Calendar:** For each appointment the Service Coordinator schedules with a Participant (whether telephonic or in-person), it is expected that the appointment is entered into the Outlook calendar. The appointment should be listed during the hours for which the appointment is occurring, not listed at the top of the day. It is the Service Coordinator's responsibility to keep his or her Helios calendar updated in conjunction. Service Coordinators are expected to share calendar details with their supervisor and manager and additional leadership as needed.

- **Check:** Check the Helios *Calendar* daily for any appointments (telephonic or in-person) that may have been scheduled that week. Service Coordinators are responsible for all appointments on the Helios and Outlook *Calendars* to avoid a *No-Show*.
- **Coordinating with Buddy:** In times of PTO/UTO/ITO, it is the Service Coordinators responsibility to communicate with assigned buddy based on team structure in the event a Participant has any incoming needs during this time of absence.

**TEAMS Instant Messaging:** TEAMS is UPMC Health Plan’s instant messaging and conferencing service and is a part of the MS Office suite. This program **must** be always active while a Service Coordinator is working. The activity designation is as follows:

- Green: Available to communicate
- Red: Busy, either in a meeting or on a call/visit and unavailable to communicate
- Yellow: Inactive, user has stepped away or is on a break.
- Clear: User is considered *offline* and not working. The only acceptable time that TEAMS may be in **offline status** is if a user is on PTO/UTO/ITO or in a remote location with no Internet connection.

Note: If there is excessive yellow or clear time, that may result in additional follow up from your supervisor.

For any issues or problems with the TEAMS application, contact the Help Desk at 412-647-HELP (4357).

## Personal Safety Guidelines

UPMC CHC Service Coordination Department is committed to providing a safe and healthy environment for all staff to carry out Service Coordination duties. This includes improving productivity through a healthier workforce and trying to prevent and/or reduce injuries and illnesses. Working safely is a responsibility shared by all employees. Managers and supervisors support safe work environments by encouraging and enforcing safety policies and procedures. Employees must perform duties in the safest manner possible and adhere to all established safety rules, procedures, and practices.

Service Coordinators are expected to travel to Participant’s homes, nursing facilities, hospitals, provider offices and possibly other community environments as part of their daily role. As such, all Service Coordinators must abide by the guidelines written with staff safety in mind.

All Service Coordinators are expected to read and abide by the following document: [UPMC CHC SC Workflow 18 - Safety](#)

### **Personal Protective Equipment**

Specifically, due to COVID-19, RSV and the flu, Service Coordinators are expected to utilize issued PPE and follow universal precautions of hand washing, using hand sanitizer, maintaining social distancing, and cleansing surfaces often. These precautions are prudent even outside of a pandemic. Specific details of these practices and precautions see *Workflow #18. Service coordinators must ensure they are not ill and the Participant is not ill on the day of the visit. This can be done by using the COVID assessment screening tool in Helios or documentation through and interaction that both you and the Participant visited were not ill on the day of the in person visit. If either is ill, reschedule the visit to ensure safety. Directives on the use of the screening tool will be provided via email as conditions in the community change.*

Service Coordinators must also comply with the use of Personal Emergency Response Systems (PERS) or any system implemented to provide emergency contact to transmit signals generated by the Service Coordinator at times of emergency. The following section provides details of a PERS device as well as expectations for the daily use, maintenance, and safekeeping of the PERS device.

### **What is a PERS device?**

Personal Emergency Response Systems (PERS) are lightweight, rechargeable, battery-powered devices that let the Service Coordinator call for help in an emergency by pushing a button. A PERS consists of an emergency button which serves as a small GPS transmitter to connect to an emergency response center that monitors calls and determines the nature of the emergency. These safety devices are similar to those used by many UPMC CHC Participants in their homes (e.g., in the event of a fall).

- Staff undergo mandatory PERS Training - STAAR Alert training before a PERS is issued to them
- **If you do not have a PERS, you must alert your supervisor.**
- **Testing of the PERS device:** Upon issue of the PERS device, Service Coordinators test the device with the PERS monitoring company to confirm operability. Testing may also be initiated if a Service Coordinator has been out of community activities for an extended period of time (more than a few weeks) and the PERS device has not been used in a while.
  - o **When a PERS is being tested, the Service Coordinator needs to answer the call so emergency responders are not dispatched.**
  - o Staff will need to present their PERS to their supervisor during ride along visits. Staff must test their PERS unit monthly unless otherwise directed.

### **Staff Expectation**

- **Service Coordinator Information:** All Service Coordinators must provide pertinent personal details that is shared with the PERS company or Safety Application. The details provided are used solely for the direct support of assisting a Service Coordinator during an emergency when a Service Coordinator has initiated the emergency response on the device. **Note:** The information on the form related to Allergies and Medical conditions is completely voluntary. Service Coordinators should provide this information if it is imperative for an emergency responder be aware of a condition/allergy for appropriate and immediate treatment. Failure or refusal to provide this information could result in delay treatment necessary for a known medical condition.
- **Signed Consent:** All Service Coordinators must sign the PERS or safety application (referred to moving forward as safety device) consent form. **This safety device is not an optional piece of equipment and is always mandatory for the safety of all employees when in the community conducting CHC business.** The consent form is also **mandatory** and verifies that the Service Coordinator is aware that their location is being monitored for their safety and well-being. See Appendix B. **Note:** This device in no way is utilized to monitor a Service Coordinator's family, personal life, or home environment, this device is intended specifically, to assist a Service Coordinator in an emergency while conducting UPMC business.
- **Training:** UPMC Health Plan strives to provide employees with the knowledge necessary to safely carry out their job duties. Specific to the PERS device or safety application, all Service Coordinators must attend training for the proper use of the PERS device to illicit an appropriate emergency response at an immediate time of need.
  - o **Daily Carry:** Working safely is a responsibility shared by all employees. **All Service**

**Coordinators are expected to have the safety device on their person at all times of the official working day to provide a higher level of security when in the community (nursing facility or home visits).** This device may be worn or kept close such as in a pocket. While working in the Service Coordinator's home office, the PERS device must be plugged in to a power source.

- **Supervisor Oversight:** Supervisors monitor staff compliance with carrying the PERS device. Failure to carry a safety device at all times while carrying out official Service Coordination duties and activities is a violation of the department policy and procedures.
- **Care and Safekeeping:** Service Coordinators must care for the safety device similarly to the care for all other UPMC issued equipment. If the Service Coordinator misplaces or damages the PERS device, there may be a charge expensed to the person to replace or fix the device due to misuse of the equipment.

### **Limitations:**

- UPMC Health Plan has no responsibility for the operational or functional failure regarding the effectiveness of the safety device and systems. In addition, UPMC Health Plan is not responsible for and has no control over any police, fire, or other emergency services that may be requested or activated upon the Service Coordinator's use of the PERS device.
- UPMC Health Plan is not responsible for any injuries or losses due to any emergency response or lack thereof.
- UPMC Health Plan is also not liable for any misuse of the safety device.

## **Technology: Equipment Use and Expectations**

**Issued equipment:** All Service Coordinators are issued the following equipment during initial orientation:

- Laptop and outlet cord
- Touch screen stylus pen (this may simply be a standard ink pen with a stylus tip at the end)
- Wireless router device and outlet cord for Internet connectivity may be provided based on the coverage area
- Cell phone and outlet cord that are cellular wifi enabled and can be used as hotspots
- Personal Emergency Response System (PERS) or safety device and outlet cord as applicable
- Storage bag for all equipment (style of bag may be issued based on availability) Specific COVID/RSV/Flu/PPE SC *Workflow #18 Safety*) includes but may not be limited to: masks, hand sanitizer, and cleaning wipes for use in the home as requested.

This equipment is the property of UPMC and must be taken care of for safeguard and safekeeping. All equipment must be returned upon termination of employment. As part of the Service Coordinator's job performance, geographical location during work hours and computer screen activity may be monitored or recorded. See UPMC Policies [HS-IS0202—Acceptable Use of Information Technology Resources](#) and [HS-AC0506 Cellular Phones](#).

### **Care of Issued Equipment:**

- Service Coordinators are responsible for securing and protecting all electronic devices and equipment provided by UPMC:
  - Service Coordinators keep issued equipment with them at all times when on a community visit. Using the Windows key and “L” will lock the computer when it is left unattended regardless of where it is. If equipment must be left in a vehicle, it must shut down/electronically locked and placed in a locked trunk, or stowed securely out of site. Service Coordinators’ vehicles should also always be locked to prevent theft.
  - UPMC-issued electronic devices are not to be left in a vehicle overnight.
- All devices (cell phones, laptops) **must** be password protected.

If experiencing technical difficulties, notifying your supervisor immediately and contact the Help Desk at 412-647-HELP (4357). Staff are required to forward their Help Desk Ticket to their Supervisor.

If connectivity/technology issues persist after 2 hours, staff are required to go to the office or take PTO or time unpaid if PTO is not available.

### **Use of Issued Equipment:**

- The equipment must not be used to record anyone in any manner for any reason.
- UPMC-issued cell phones should not be used to access social media;
- Equipment is for the assigned Service Coordinator’s use only and is not to be utilized by family, friends or co-workers;
- Report malfunctioning equipment to the Service Coordinator’s supervisor for maintenance/possible replacement immediately.
- UPMC-issued equipment is to be used only for work, not for personal use.
- Staff cannot use personal equipment (laptops, phones, etc.) in lieu of UPMC-issued equipment.
- Damage to equipment may result in corrective action.

### **Social Media: Responsible Use**

- Access of social media
  - Social media is not to be accessed from UPMC issued laptops or cell phones.
  - Social media should not be used/accessed from personal electronic equipment during work hours other than while on lunch or breaks.
- Use of Social Media:
  - In keeping with the UPMC Core Values, Code of Conduct, and ethical standards, Service Coordinators must not state or engage in any of the following topics on any social media platform:
    - Discuss work-related activities as such that it presents UPMC and the CHC program in a negative way.
    - State any PHI data (names, addresses, specific details) of any UPMC Participant or member.
    - Post pictures of any UPMC Participant or member.
    - Negatively call out fellow colleagues, UPMC leaders/leadership, or UPMC policies or processes.

- Share false or harmful information such as rumors, news, or personal details about any UPMC Participant or staff member.
- Engage in debates with others on social media about UPMC initiatives, issues, policies, or processes, or in any way speak on behalf of UPMC as part of a conversation about any of these topics.
- Refrain from religious, political, or other sensitive topics on behalf of or in the position of a UPMC employee.

## Guidelines for Communication: Participant PHI

Service coordinators have access to UPMC CHC Participant PHI as a normal aspect of the job. It is vital to protect the PHI whether accessing the information at home or in the community. See UPMC Policies [HS-IS0147--Electronic Mail, Messaging and Texting](#) and [HS-EC1615 Proper Handling of Protected Health Information Outside of UPMC.](#)

### **Printed PHI**

- As a general rule, printing Personal Health Information (PHI) of UPMC CHC Participants is prohibited.

### **Handwritten PHI**

Service Coordinators should never conduct an assessment on paper and must enter all information into Helios.

**Voicemail PHI:** NEVER leave PHI on a voice mail message--(see scripting for leaving a message), Service Coordinators identify themselves as the Participant's Service Coordinator calling from UPMC CHC for (first name of Participant) and provide call back information and hours of availability.

- **Sample voicemail script to protect PHI:** "This message is for (**member first name**). My name is (\_\_\_\_) calling from UPMC CHC. Please return my call at your earliest convenience. You may reach me at 833-280-8508 during (provide call back time). Thank you."

### **Electronic PHI**

- **Email:**
  - o When emailing Participant content to either internal or external sources, always enter **Secure:** on the subject line of the email. This will encrypt the content in case it is sent outside of the UPMC system but must be entered *exactly like that* in the subject line.
  - o NEVER put a Participant's name, ID #, or other PHI on the subject line whether inside or outside of the UPMC system.
  - o A confidentiality disclaimer should be included on *all* electronic communications as part of a Service Coordinators email signature in Outlook:  
*This email may contain confidential information of the sending organization. Any unauthorized or improper disclosure, copying, distribution, or use of the contents of this email and attached document(s) is prohibited. The information contained in this email and attached document(s) is intended only for the personal and confidential use of the recipient(s) named above. If you have received this*

*communication in error, please notify the sender immediately by email and delete the original email and attached document(s).*

- o Never forward emails containing UPMC business information to personal and third-party email systems such as *Google, Yahoo, Hotmail*, etc. or other non-work-related websites.
- o Double check email addresses before sending messages. This is especially important when an email address has auto populated in a message.
- **Clinical notes:** Any documentation (including electronic notes and Interactions) must be in Helios and should be objective, summarized/synthesized to highlight pertinent findings, and contain only information necessary to the current clinical situation.
  - o Clinical notes should not include:
    - Verbatim conversations copied from email communications
    - Extraneous information not specifically related to the clinical scenario
    - Personal comments, opinions, or correspondence
    - Any staff member's name, refer to the person by position only
- **Texting PHI** It is encouraged to always communicate with CHC Participants via telephonic or face-to-face however, some Participants prefer texting as a mode of communication with the Service Coordinator. It is required that if a participant prefers text communication that it is documented in Helios in communication preference. If a Participant prefers texting, the following rules apply:
  - o No PHI is to be shared via text
  - o Text is only to be used to coordinate basic details such as appointment dates and times without entering in any PHI

### **Sharing PHI**

- Always obtain a Personal Representative Designation form (PRD) from a Participant granting permission to speak with a designee regarding the member's PHI.
- The PRD can be obtained in person or sent via mail or email after a telephonic conversation.
- Example documentation: *"Participant gave verbal permission to speak with her daughter Jane Doe about a recent fall. PRD form mailed to Participant"*
- *For more information on Participant's authorized representatives, please review [UPMC CHC SC Workflow 36 – Participant representative and Records Process.](#)*

### **Sensitive Diagnoses**

- Certain types of Participant information may be require specific authorizations and additional protection before disclosure, including information pertaining to:
  - o ***Drugs and Alcohol***
  - o ***Reproductive Health***
  - o ***Behavioral/Mental Health***
  - o ***HIV Status/Treatment***
- Reproductive Health, Behavioral health, HIV, and drug & alcohol information can NEVER

- be shared without the proper consent from the Participant
- Discuss with a supervisor any interactions with a Participant in this situation for best approach.

## Conflict of Interest

UPMC maintains that all staff members must be aware of and abide by Conflict of Interest expectations. In addition to completing the annual UPMC Conflict of Interest training it is imperative that Service Coordinators abide by the following considerations specific to CHC:

- Service Coordinators may not coordinate CHC activities for CHC Participants that are also family members or acquaintances of the Service Coordinator.
- Service Coordinators may not work for CHC contracted providers or have a personal stake in a company that is a potential provider of partner services with CHC.
- Service Coordinators may not refer CHC Participants to any business opportunity whereby the business is owned by the Service Coordinator, family members or otherwise identified parties. See UPMC Policy [HS-EC1700—Conflicts of Interest and Commitment – General Obligations](#).
- All work and volunteering outside of UPMC must be vetted by the ISD's Corporate Compliance & Ethics Office. They can be reached at [hpcompliance@upmc.edu](mailto:hpcompliance@upmc.edu).

## Staff Management: Case Review and Auditing

As part of maintaining performance management expectations, all Service Coordinators (including Partner staff) receive oversight and supervision of their work as CHC Service Coordinators. Supervisors review cases regularly and on an ad hoc. Staff are expected to follow coordination protocol as written in *the CHC Agreement* as well as all CHC operational workflows and these *Departmental Guidelines*. Depending on case review and audit results, additional process remediation and coaching may be warranted up to and including performance management and/or corrective action. If the performance issue is on behalf of a partner staff member, the respective partner organization and leadership are informed and engaged in the performance management process and/or corrective action.

## Resources

- [Work Partners](#) is available for leaves of absence, accommodations, and workplace injuries.
  - \*Any workplace injury must be reported to your supervisor and Workpartners immediately.
  - \*Agency partners must report any workplace injuries to their UPMC and agency supervisor immediately and follow their agency's protocol.
- ISD Code of Conduct: [Code-of-Conduct](#)
- [LifeSolutions \(sharepoint.com\)](#) – LifeSolutions is our Employee Assistance Program available 24/7 which offers private and confidential resources and support for private and work-related matters.