

Red Carpet Entry (RCE) Quick Guide



Roles

- **RCE Concierge:** Introduces the client to RCE and schedules the RCE Visit within 72 hours of initial contact, facilitates the client's warm handoff to medical care and wraparound services, and reengages clients who miss their RCE Visit.
- **Counseling, Testing, & Referral (CTR) Counselor:** Identifies eligible clients, refers clients to the RCE Concierge through warm handoffs, and reengages clients if the RCE Concierge cannot make contact.
- **Financial Counselor/Insurance Navigator:** Discusses financial assistance programs and payment plan options to help clients pay for their HIV care.
- **HIV Navigator:** Links the client to wraparound services.
- **HIV Specialist:** Provides HIV primary care.

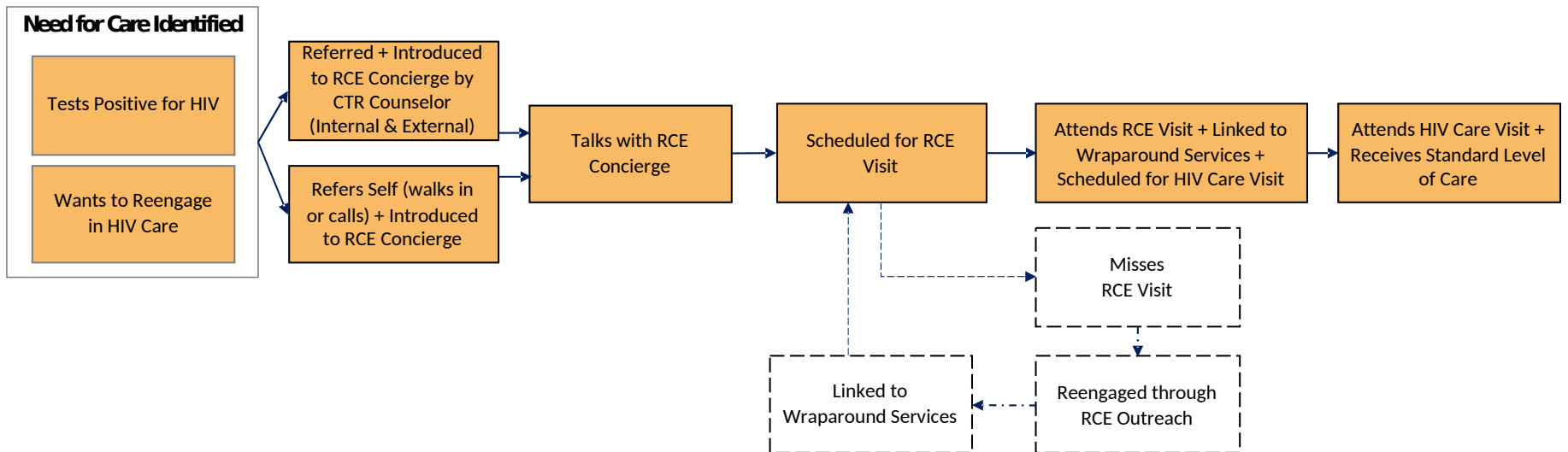


Key Terms

- **Warm Handoff:** A warm handoff should be used every time a client is introduced to another staff member and includes the following:
 - Offering a caring greeting (such as a smile and handshake)
 - Exchanging names
 - Describing the staff member's role at the clinic
 - Explaining how the staff member will assist the client and interact with them in the future.
- **RCE Visit:** During a visit to the RCE clinic, the client receives the following services within 72 hours of referral:
 - Introduction to the RCE Concierge
 - Brief intake
 - Assessment for wraparound services
 - Financial assistance/benefits discussion
 - Introduction to their HIV Specialist
 - Laboratory tests
 - Visit wrap-up
- **RCE Outreach & Reengagement:** A formal structure for outreach and engagement—initiated following a client's loss of contact or missed RCE Visit:
 - The RCE Concierge makes two attempts to warmly engage the client, address barriers to care, and schedule or reschedule the RCE Visit.
 - If attempts are unsuccessful, the RCE Concierge contacts the referring CTR Counselor—except in cases of self-referral—to inform them of the client's loss of contact/absence.
 - The CTR Counselor makes at least two attempts to warmly engage the client, address barriers to care, and schedule or reschedule the RCE Visit.



Client Journey Through RCE



Step 1. Referral to RCE

Role	When	What to Do
CTR Counselor	Following an HIV diagnosis	<ol style="list-style-type: none"> 1. Inform the client about RCE, its benefits, and why rapid access and treatment is critical to their health. Share the client palm card, which includes reminders of the program’s benefits and the RCE Concierge’s name and contact information. <ul style="list-style-type: none"> ○ RCE provides easy, quick, and discreet entry to HIV care and can help clients <ul style="list-style-type: none"> ■ Navigate the system, ■ Get started on treatment, and ■ Connect with wraparound support services. ○ If a client has a question about their HIV medical care at any point in the referral process, CTR Counselors should direct the client to ask the question at their RCE Visit.
		<ol style="list-style-type: none"> 3. Connect the client to the RCE Concierge via a warm handoff. <ul style="list-style-type: none"> ○ External CTR Counselors: Contact the RCE Concierge and schedule the first RCE Visit within 72 hours of HIV diagnosis. ○ Internal CTR Counselors: If possible, walk the client to meet the RCE Concierge in person and communicate the next steps of the program to the client, which include an initial

		discussion with the RCE Concierge and introduction to their HIV specialist. If you cannot walk the client to the RCE Concierge, follow the steps outlined for External CTR Counselors above.
RCE Concierge	During established clinic hours for RCE clients	<ol style="list-style-type: none"> 1. Monitor the RCE phone line during established clinic hours for RCE clients. <ul style="list-style-type: none"> o If the regular RCE Concierge is not available, one of two backup RCE Concierges will serve in this role to ensure that there is constant coverage of the phone line.

Note: If the client contacts the RCE Concierge directly via **self-referral**, the client moves immediately to the next step in the client journey—the RCE Visit.

Step 2. RCE Visit

Role	When	What to Do
<p style="text-align: center;">RCE Concierge</p>	<p style="text-align: center;">Within 72 hours of referral to RCE</p>	<p>1. Schedule the RCE Visit within 72 hours of referral to RCE.</p> <ul style="list-style-type: none"> ○ Ideally, newly diagnosed clients can have their RCE Visit on the same day they receive a positive HIV test result. ○ If the client cannot be seen within 72 hours of referral, they should be seen as soon as possible. ○ If the RCE Concierge is unable to schedule the client’s initial RCE Visit, the client moves immediately to the next step in the client journey (RCE Outreach and Reengagement).
		<p>3. Introduce the client to RCE, including describing the care team and what to expect in terms of the client journey through RCE; engage the client with a warm welcome; and ensure that the client experiences warm handoffs at every step of the RCE Visit.</p>
		<p>5. Ask the client to complete a brief (less than 30-minute) intake form. Use the intake form to identify the client’s insurance status and any wraparound service needs.</p> <ul style="list-style-type: none"> ○ If wraparound services are needed: Connect the client with an HIV Navigator* via a warm handoff. ○ If uninsured or insurance not accepted: Connect the client with a Financial Counselor/Insurance Navigator* via a warm handoff.
		<p>7. Introduce the client to their HIV Specialist and other care team members.</p> <ul style="list-style-type: none"> ○ If an HIV Specialist is available to conduct a full clinical visit, connect the client with the Specialist via a warm handoff.
		<p>9. Coordinate laboratory work to confirm the client’s HIV diagnosis and medical status.</p>
		<p>11. Confirm with the client the time and date of their next appointment and let them know who will be interacting with them. Allow the client time to ask any remaining questions about their HIV diagnosis, next steps, or clinic services.</p> <ul style="list-style-type: none"> ○ If an HIV Specialist is unavailable to conduct a full clinical visit during the initial RCE Visit, the next appointment should include a clinical visit with the HIV Specialist.
<p>HIV Specialist</p>	<p style="text-align: center;">Within 72 hours</p>	<p>1. Introduce yourself to the client in a warm and friendly manner. Describe what the client’s first</p>

Role	When	What to Do
	of referral to RCE	medical appointment will be like, what they should bring to the appointment, and answer any questions they have. If available, conduct a full clinical visit as part of the initial RCE Visit.
HIV Navigator*	Within 72 hours of referral to RCE	<ol style="list-style-type: none"> 1. Refer the client to either internal or external wraparound support services that can help address any barriers that may prevent them from attending their next clinic visit, such as transportation or childcare. 2. Acknowledge the client's need for any additional wraparound services and let them know that resources to address these needs will be discussed during their next visit. Wraparound services/resources may include the following: <ul style="list-style-type: none"> ○ Patient navigator services ○ AIDS drug assistance program ○ Medical and social insurance assistance ○ Adherence counseling ○ Medical case management services ○ Mental health services ○ Substance use services ○ Nutritional assistance ○ Medical transportation services ○ Housing support ○ Childcare ○ Employment assistance
	At follow-up visit	<ol style="list-style-type: none"> 3. Follow up with client by providing them with information about any additional wraparound services that they need.
Financial Counselor/ Insurance Navigator*	Within 72 hours of referral to RCE	<ol style="list-style-type: none"> 1. Consult the client on how to apply for insurance coverage or discuss financial assistance programs and payment plan options the client may qualify for the help them pay for their HIV care.

* This role could also be filled by the RCE Concierge, a case manager, or a social worker.

Step 3. RCE Outreach & Reengagement

Role	When	What to Do
RCE Concierge	If the RCE Concierge is unable to contact a referred client to schedule their RCE Visit or if the client misses their initial RCE Visit	1. Contact the client—via a warm phone call, email, patient portal message, or text message—to reengage them in care.
		If contact is made: 2a. Determine the barriers that led to the client’s loss of contact or missed RCE Visit and how to best address these barriers, then attempt to schedule or reschedule their RCE Visit.
		If contact is unsuccessful: 2b. Inform the referring CTR Counselor—except in cases of self-referral—of the client’s loss of contact or missed visit and of the failed outreach attempts.
CTR Counselor	If the RCE Concierge is unable to contact a referred client	1. Receive notice from the RCE Concierge of their unsuccessful outreach attempts.
		3. Contact the client—via a warm phone call, email, patient portal message, or text message—to reengage them in care.
		If contact is made: 5. Determine the barriers that led to the client’s loss of contact or missed RCE Visit and how to best address these barriers, then attempt to schedule or reschedule their RCE Visit.

Note: If all contact attempts are unsuccessful, the client should be referred to the clinic’s standard of care outreach.