

Create a Social Services Referral

Desktop Procedure

10.03.14 (v2)

OCCRN Program Description

Powered by AXEIUM, the Orange County Community Referral Network is a cloud-based, electronic referral system that is the result of a collaborative program to facilitate referral relationships by and between organizations that serve our safety net population.

It's as easy as 1, 2, 3 ... **Who - Where - What!**

Frequently, a client has more needs than the provider can accommodate, and now there is a way to help that person by entering a referral into the county-wide system.



Step-by-Step



Login

ARS Login - Build 1.0.5142.37282

Orange County Community Referral Network
Innovation and Tools to Improve the Referral Process

Login:


Password:

Logon

Review and Accept any one-time **messages** that may appear

Important News Item

News

 **Terms and Conditions of Use**

Terms and Conditions of Use

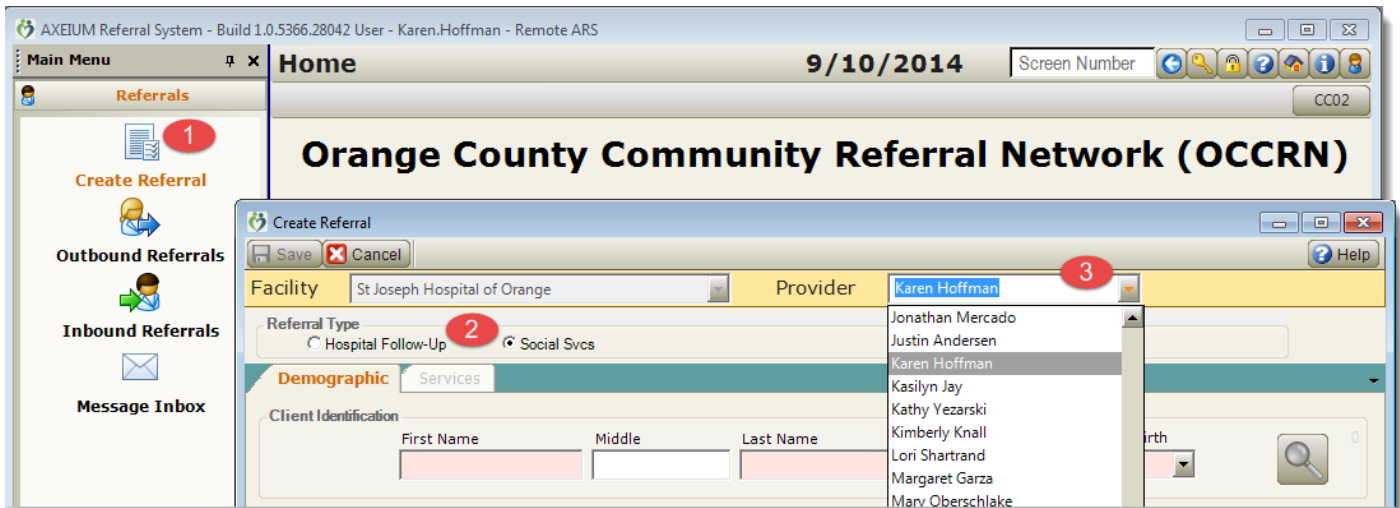
Use of this system is contingent on your continued acceptance of the Terms and Conditions.

YOU EXPRESSLY ACKNOWLEDGE AND AGREE THAT BRILOGY IS NOT ENGAGED IN THE PRACTICE OF MEDICINE AND THAT THE REFERRAL SYSTEM IS AN INFORMATION TOOL ONLY AND IS NOT A SUBSTITUTE FOR THE PROFESSIONAL JUDGMENT OF HEALTH CARE PROVIDERS IN DIAGNOSING AND TREATING PATIENTS. YOU ACKNOWLEDGE THAT BRILOGY SHALL BEAR NO RESPONSIBILITY FOR THE CARE AND WELL BEING OF PATIENTS, AND AGREE THAT ANY USE OF THE REFERRAL SYSTEM SHALL NOT DIMINISH YOUR RESPONSIBILITY FOR PATIENT CARE.

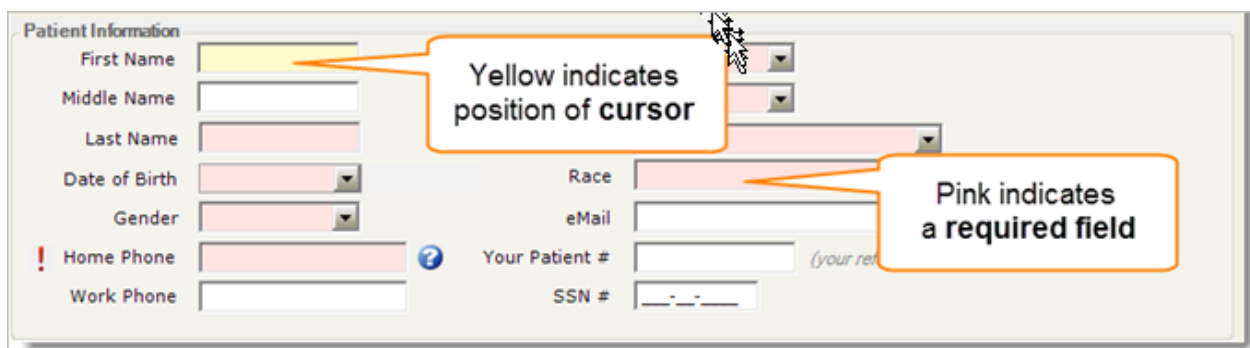
Accept Decline

Message ID: 13

- 1 Click **Create Referral**
- 2 Set **Referral Type = Social Services** (if you have more than one option)
- 3 Set **Provider = Referral Provider in your organization ... if not you.**



FYI ... Input field background colors explained ...



Enter WHO and WHERE

1 Demographic Services

Client Identification

First Name: Carl Middle: P Last Name: Maya Gender: Male Date of Birth: 01/01/1982

2 Client Information

Home Phone: () - x ! ?
Work Phone: () - x
County: CA
City:
Language:
Ethnic:
Race:
Veteran:
Homeless:
eMail:
Reference #: (e.g., your MRN, Chart, Account...)
Authorization #:
Your Tracking #: (e.g., your system's referral number)
Case Manager: Amy Vuong

Pick WHAT

pick **Service**, enter **Reason**, and click **Save**

Create Referral

Save Cancel Help

Facility: St Joseph Hospital of Orange Provider: Karen Hoffman

Referral Type: Hospital Follow-up **3** Social Svcs

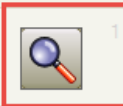
Demographic Services

Service Requested: Health Insurance Enrollment Reason for Referral: out of work, does not have insurance Priority: Normal
Priority Comment:
Service Requested: Reason for Referral: Priority: Normal
Priority Comment:
Service Requested: Reason for Referral: Priority: Normal

TIP If the DOB, Gender, and 1st two characters of the last name match an existing referral the search icon will activate, and you can copy that information into the new referral.

Client Identification

First Name: Carl Middle: P Last Name: Maya Gender: Male Date of Birth: 01/01/1981 Age: 33




Referral Finder

Searches are limited to referrals matching DOB and gender

Referral for: 01/01/1981 M Maya, Carl P

Selected: [] [] []

Search last name starting with: Ma 

Possible matches found.

DOB	Gender	Name	Home Phone	City	County	State
01/01/1981	Male	Maya, Karl	(111) 222-3333	Santa Ana	Orange	CA

1 matching records found (06:30:23 PM) dlgSearchReferral

If this is a repeat referral, all historical information can be copied forward to the current referral

Create Referral

Facility: Bundy Clinic

Referral Type: Referral

Demographic Services

Client Identification: First Name: carl Middle: []


Client Information: Home Phone: [] [] [] [] Work Phone: [] [] [] [] County: [] City: [] Language: []

Referral Finder

Searches are limited to referrals matching DOB and gender

Referral for: 04/26/1970 M Maya, carl

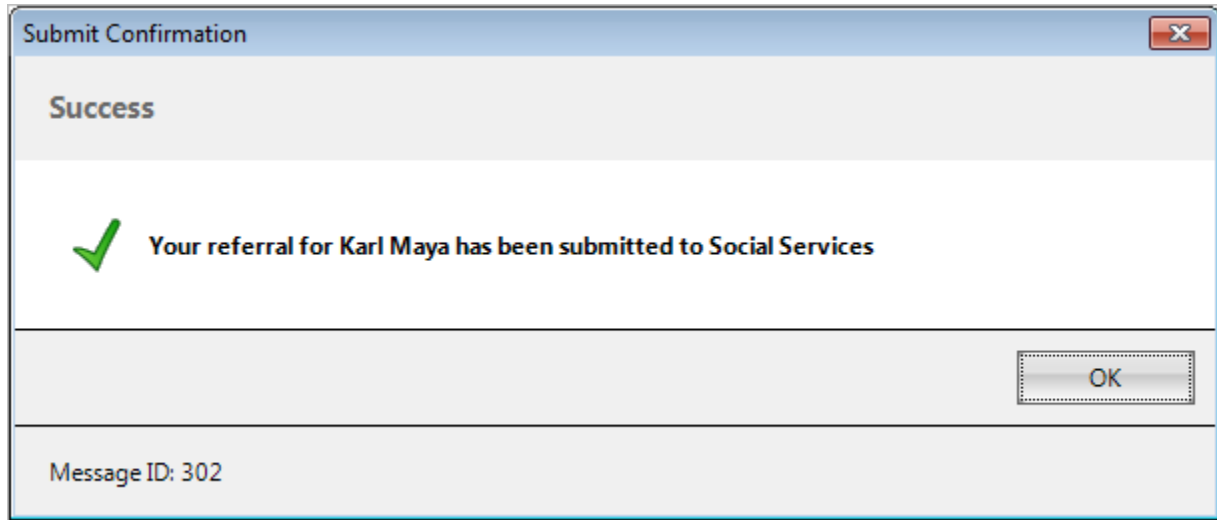
Selected: 04/26/1970 M Maya, Carl W

Search last name starting with: Ma 

Possible matches found.

DOB	Gender	Name	Home Phone	City
04/26/1970	Male	Maya, Carl W	(111) 111-1111	Highland
04/26/1970	Male	Maya, Karlos	(714) 333-3333	Buena

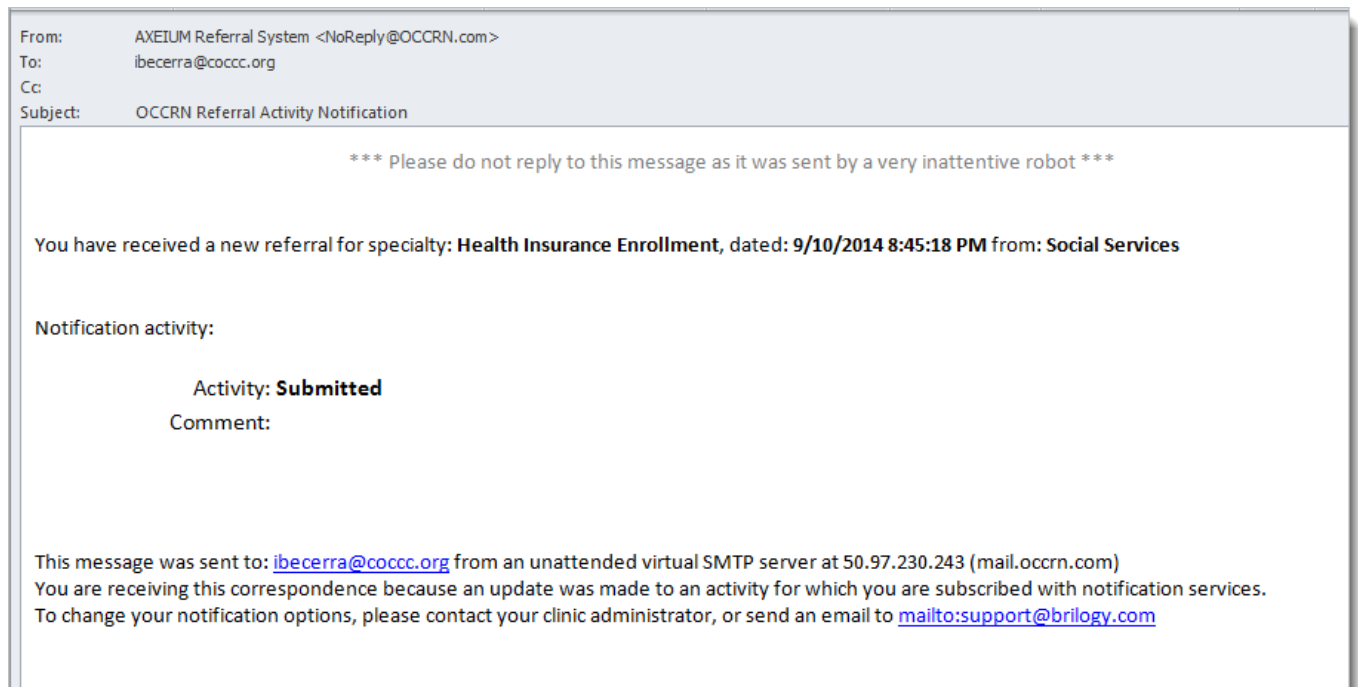
Click SAVE



The system sends a new referral notification email to all providers in your client's service area.

● **Karl Maya** 01/01/1981 Age: 33, **Social Svcs for Health Insurance Enrollment**, from: St Joseph Hospital of C

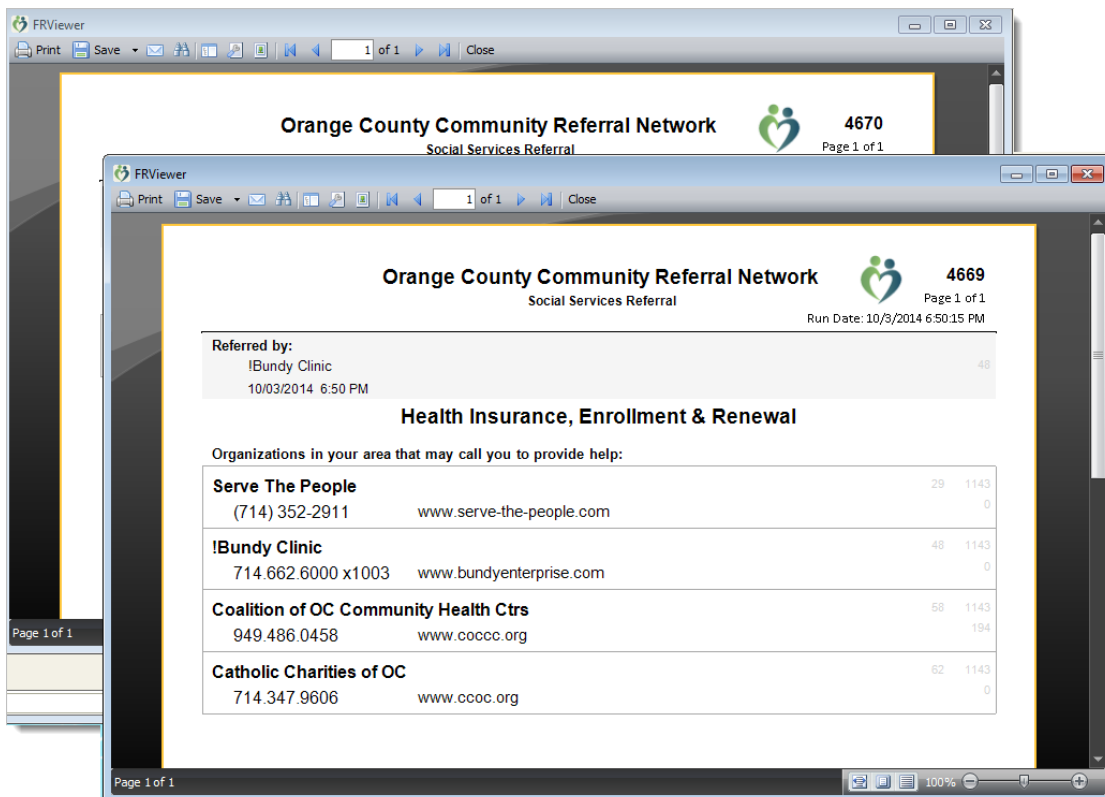
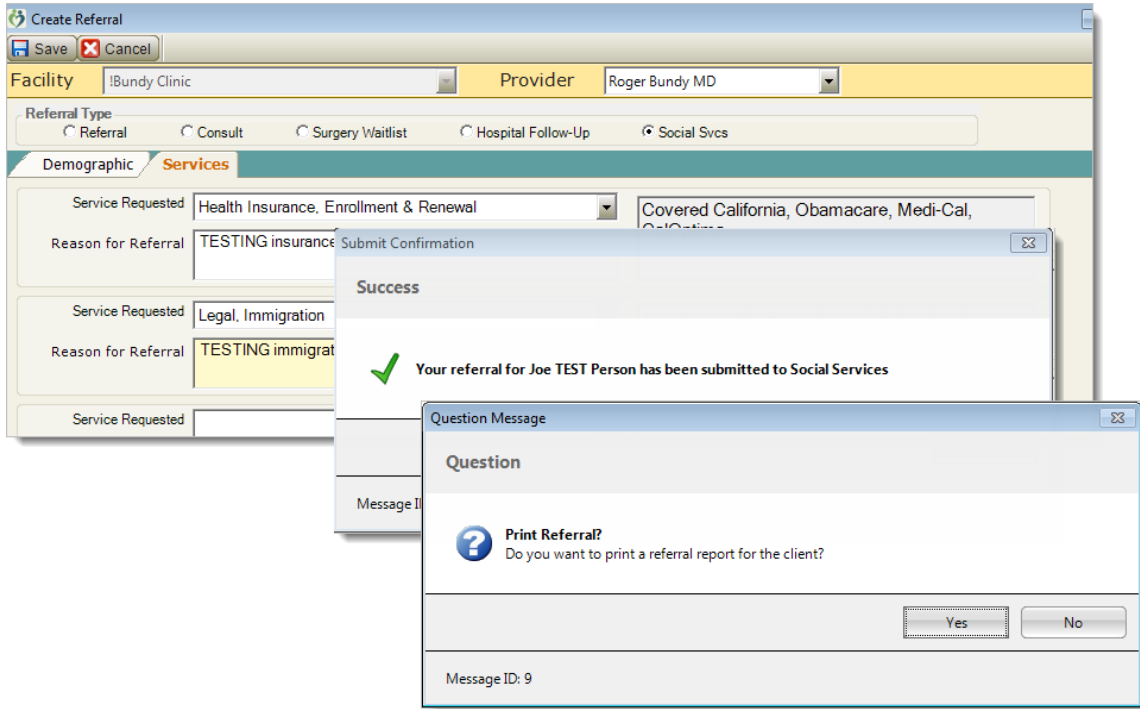
Referral Information		Workfl...		
Activity Date	Referral Step	Comment	Create User	Create Clinic
09/10/2014	Submitted		Karen Hoffman	St Joseph Hospital of...
09/10/2014	Submitted	Activity: eMail Notification Sent sent to: bmelgar@lestonnacfreeclinic...	Karen Hoffman	St Joseph Hospital of...
09/10/2014	Submitted	Activity: eMail Notification Sent sent to: ibecerra@coccc.org	Karen Hoffman	St Joseph Hospital of...



After transmitting the referral, the system gives you the opportunity to print a referral form. one form will be printed for each referral you enter.

The referral report lists all the organizations that received the email notification.

It is recommended that you encourage your client to reach out, and not just wait for a call.



Contact Information

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