

Missouri Ryan White Direct Enrollment Services Manual

Missouri Department of Health and Senior Services

Bureau of HIV, STD, and Hepatitis

June 2022

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting, and partnering for health.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

1.0	Purpose and Overview
2.0	Available Services
3.0	Complaint, Grievance, and Appeals Policies and Procedures
4.0	Client and DES Coordinator Roles and Responsibilities
5.0	Eligibility Standards
5.1	Documentation of HIV+ Status and Viral Load Suppression
5.2	Documentation of Proof of Residency
5.3	Documentation of Income
5.4	Documentation of Engagement in Medical Care and Treatment
6.0	Initial Enrollment Policy and Procedures
7.0	Service Referrals Policy and Procedures
8.0	Encounter and Progress Notes Policy and Procedures
9.0	Eligibility Update Standards
9.1	Six-Month Update Policy and Procedures
9.2	Annual Update Policy and Procedures
9.3	Past Due Update Policy and Procedures
10.0	Transfer, Removal, and Readmission Standards
10.1	Transfer to HIV Case Management System Policy and Procedures
10.2	Client Removal Policy and Procedures
10.3	Client Readmission Policy and Procedures
11.0	Record and Documentation Standards
11.1	Documentation Policy
11.2	Records Request Policy and Procedures
11.3	Electronic Communication Policy
11.4	Document Scanning Policy and Procedures

Appendix A – DES Forms

1. DES Compliant, Grievance, and Appeal Form
2. Welcome Packet – Client Acknowledgement Form
3. Welcome Packet – Initial Client Data Sheet
4. Welcome Packet – Client Rights and Responsibilities
5. Welcome Packet – DES Client Policy
6. Welcome Packet – Compliant, Grievance, and Appeal Policy
7. Six-Month Update Packet – Client Acknowledgement Form
8. Six-Month Update Packet – Instruction Sheet
9. Six-Month and Annual Update Packets – Client Data Sheet
10. Six-Month and Annual Update Packets – Income Determination Form
11. Annual Update Packet – Client Acknowledgement Form
12. Annual Update Packet – Instruction Sheet
13. Annual Update Packet – Medical Information Release Form
14. Annual Update Packet – Self-Assessment
15. Annual Update Packet – Authorization for Release of Protected Health Information

Appendix B – DES Workflows

1. Transfer to DES Request Workflow
2. Initial Transfer Workflow
3. Annual Update Workflow
4. Six-Month Update Workflow
5. Transfer from DES Workflow
6. Case Closure Workflow

Appendix C – Miscellaneous

1. DES Acronyms
2. DES Encounter Codes
3. Documentation Description with Category

PURPOSE

The Missouri Direct Enrollment Services (DES) Manual outlines the policies and procedures for the DES Program. The DES Manual is an evolving document that focuses on standards of performance and the provision of quality service delivery within the DES Program.

OVERVIEW

The DES Program is administered by the Missouri Department of Health and Senior Services (DHSS), Ryan White (RW) Part B Program. The program provides an independent RW Part B service enrollment option for clients who require financial assistance to access medical care and medications, which include antiretroviral for Human Immunodeficiency Virus (HIV) treatment, to clients in the State of Missouri. Clients may be referred to the DES Program after they have successfully demonstrated that they no longer require the intensive social and clinical support offered through traditional HIV Case Management; in order to access, remain engaged in, and adherent to medical care.

RYAN WHITE AS PAYER OF LAST RESORT

Federal law requires the RW System to be the payer of last resort for all services provided to clients. In order to ensure the payer of last resort status, clients receiving any RW funded service are required to apply for and use any available alternate funding source. At each update, the DES Coordinator will assess the client's reported resources and eligibility for public, private, and community resources. Refer to the Missouri Statewide Services Manual and Outstate Services Manual for specific instructions on payer of last resort requirements for each individual service.

SUMMARY

The DES Program provides clients access to services based on program eligibility, assessed need, and available funding. Clients in the St. Louis Transitional Grant Areas (TGA), Kansas City TGA, and Outstate region may access other RW services that are not funded through RW Part B Grantee.

POLICY

1. DES clients may access assistance for the following service categories:
 - a. Health Insurance Continuation Program (HICP) assistance for Acquired Immune Deficiency Syndrome (AIDS) Drug Assistance Program (ADAP) approved insurance policies that accept third-party payments, including:
 - i. private health insurance plans;
 - ii. public health insurance plans, such as Affordable Care Act (ACA)/Marketplace plans;
 - iii. employer sponsored health insurance plans;
 - iv. Missouri Medicaid (MO HealthNet) and Ticket to Work Health Assurance premiums; and
 - v. some Medicare plans.
 - b. Health insurance deductible assistance;
 - c. Health insurance medication assistance;
 - d. Health care copayment/coinsurance assistance;
 - e. Oral health care copayment and deductible assistance for DES clients who have dental insurance policies;
 - f. Uninsured medication costs for medicines that are listed on the most current ADAP formulary;
 - g. Uninsured primary care costs for approved services (Outstate Services Manual Subsection 5.1);
 - h. Uninsured oral health care costs (Outstate Services Manual Subsection 5.3); and
 - i. Uninsured mental health costs (Outstate Services Manual Subsection 5.4).

2. The DES Program allows assistance for services based on the most current RW Part B/ADAP/HICP Limitations and Exclusions List, Statewide Services Manual, and Outstate Services Manual.

SUMMARY

The DES Program recognizes the right of clients and their representatives, providers, system users, and staff to register complaints and grievances with the program.

POLICY

1. Clients or their representatives, service providers, or other staff may speak to a supervisor, member of management, or service representative when he/she wishes to:
 - a. voice a complaint;
 - b. offer a recommendation; or
 - c. give a compliment regarding services provided.
2. All complaints and grievances presented will be acted upon in an objective and expedient manner.
3. No form of reprisal or intimidation will be used against any individual voicing a complaint or grievance.
4. Compliments regarding a particular service or specific employee are also welcomed and shared with all staff members.

PROCEDURE

1. The DES Coordinator must attempt to resolve a complaint or grievance informally.
2. The DES Coordinator must draft a grievance report detailing the grievance and the resolution.
3. The DES Coordinator must submit all reports to the DES Supervisor within 48 hours.
4. The DES Coordinator must review the client, client representative, or service provider complaints or grievances and consult with DES Supervisor.
5. The DES Supervisor will review the complaint or grievance and, if necessary, will discuss it with the client, client representative, service provider, etc., involved in the occurrence and make determinations based on policies or findings.
6. The client, client representative, or service provider may submit their complaint or grievance on the Complaint, Grievance, and Appeal Form (Appendix A1).

7. The DES Coordinator or DES Supervisor must provide a written explanation of any findings or decisions to the aggrieved party no later than five business days after the complaint or grievance was filed.
8. The client, client representative, or service provider may contest the decision with DES Supervisor if they are unsatisfied with the results.
9. Contested results will be referred to the Regional Supervisor or his/her designee.
10. The Regional Supervisor may make a decision on the information gathered or ask for additional input, if necessary.
11. The Regional Supervisor will make the final determinations based on policies and findings.
12. The DES Coordinator must provide a written explanation of any findings or decisions from the Regional Supervisor to the aggrieved party no later than five business days after the complaint or grievance was contested.
13. The DES Coordinator must document the summary of all complaints, resolutions, suggestions, and actions in the “Progress Notes” in the electronic client database.
14. The DES Coordinator will upload a copy of all documents into the “Documents” module of the electronic client database (Appendix C1).

DOCUMENTATION

1. DES Complaint, Grievance, and Appeal Form
2. Documentation of correspondence, if applicable

SUMMARY

The DHSS Benefits Administrator coordinates payment for allowable services for clients who are enrolled in the DES Program. Payment of DES Program services are based on client eligibility, assessed need, and available funding. Not all services are available in all locations. The client's role in the DES Program is to engage in medical care and participate in the update processes, as required.

POLICY

The DES Coordinator must:

- Provide timely, professional, and culturally sensitive services.
- Follow Federal and State statutes regarding confidentiality of client information and records.
- Be knowledgeable of and adhere to policies and procedures in the Missouri Statewide Services and Outstate Services Manuals.
- Document required information, eligibility, and activities in the electronic client database in accordance with the DES Manual.
- Complete all required paperwork and documentation in accordance with the DES Manual.
- Maintain contact with clients and monitor client participation as outlined in the DES Manual.
- Collaborate with clients to locate services and resources that are available in the client's region.
- Ensure client information confidentiality and privacy, except when it is necessary to prevent serious, foreseeable, and imminent harm to self or others.
- Utilize policies and procedures to communicate client concerns to appropriate parties.

DES clients must:

- Remain engaged in HIV medical care while receiving RW System funded services.
- Be cooperative and participatory while receiving care and services.
- Respect the DES Coordinator's personal and professional boundaries.

- Adhere to the laws of the State of Missouri regarding the spread of HIV.
- Notify the DES Coordinator of any major life changes, including residency, phone number, income, health coverage, health status, number of dependents, etc.
- Complete required updates and to provide requested information and documentation in the specified time.
- Demonstrate appropriate behavior during all interactions with the DES Coordinator as outlined in Client Removal Policies and Procedures (Subsection 10.2).
- Utilize available personal and community resources to assure that the Ryan White System is the payer of last resort.
- Use the complaint, grievance, and appeal process to address any issues or concerns that may arise, without fear of reprisal.

DES clients must be given the right to:

- Freedom of choice of qualified service providers within RW contracted provider or health insurance provider networks, when available.
- Have their confidentiality maintained according to Missouri state statutes and Federal Health Insurance Portability and Accountability Act (HIPAA) laws.
- Services that are delivered in a timely, courteous, respectful, non-discriminatory, and culturally sensitive manner.
- A copy of their DES Program record upon receipt of a signed and dated request and authorization.
- Be informed of DES Program policies and procedures regarding program closure, and the conditions to apply for reactivation to the DES Program.
- The email, phone number, and fax number for the DES Coordinator. Clients, designated contacts, or guardians may call the DES Coordinator during working hours to discuss any concerns regarding services.

SUMMARY

The DES Program has established the following eligibility criteria for engagement in the DES Program. These criteria meet federal programmatic requirements. Eligibility criteria allow the DES Coordinator to serve clients and assure that resources are used efficiently and effectively.

POLICY

DES clients must provide:

- Documentation of HIV+ Status and Viral Suppression
- Documentation of Proof of Residency
- Documentation of Income
- Documentation of Engagement in Medical Care and Treatment

PROCEDURE

1. The DES Coordinator will verify documentation of HIV+ status and viral load suppression is in the electronic client database at the time of transfer from the HIV Case Management system.
2. The DES Coordinator will verify documentation for proof of income and residency have been documented within the previous six months prior to the client's initial transfer to DES in the electronic client database.
3. The DES Coordinator will verify that the client has a Departmental Client Number (DCN) issued by the State of Missouri. Client DCNs must have been obtained and entered in the electronic client database upon enrollment in HIV Case Management, prior to transfer to the DES Program.

SUMMARY

This policy outlines the expectation of the DES Coordinator to verify the HIV+ status and viral load suppression of clients transferring to and enrolled in the DES Program. Clients must be virally suppressed (<200 copies/ml) to be eligible to transfer to the DES Program.

POLICY

1. HIV+ status must be documented in the electronic client database as an entry in the “Diagnosis” module.
2. Verification must be scanned into the “Documents” module in the electronic client database at the time of enrollment in HIV Case Management.
3. The DES Coordinator must verify that acceptable proof of HIV+ status has been uploaded into the “Documents” module of the electronic client database prior to a client being transferred to the DES Program.
4. The DES Coordinator must verify that acceptable viral load suppression results have been uploaded into the “Labs” module of the electronic client database prior to a client transferring to the DES Program and at each client update.
5. The DES Coordinator will assess clients for other programs, who have not had a viral load result within a 12 month period or whose viral load results are no longer suppressed (<200 copies/ml) for other programs, if necessary.
6. Previously acceptable forms of verification prior to January 1, 2011 (*i.e.*, signed physician letter/progress notes, Medical Information Release Form (MIRF), handwritten flow sheets of HIV+ status) will be accepted for clients who:
 - a. have verification of previously accepted forms uploaded prior to January 1, 2011, and
 - b. have not been closed from HIV Case Management or the DES Program.
7. Clients who have enrolled or re-enrolled in HIV Case Management after January 1, 2011 must provide acceptable proof of HIV+ status.

ACCEPTABLE VERIFICATION OF HIV+ STATUS

Acceptable verification of HIV+ status are:

1. Western Blot test results report form.
2. Missouri Department of Corrections medical records printout (from HIV Accountability Records System).
3. A copy of a laboratory report indicating a reactive or detectable nucleic acid amplification test (NAAT)/viral load.
 - a. A qualitative test indicates the presence of the HIV, but does not measure the number of copies of the virus. This result is reported as reactive/detected or non-reactive/not detected. Only reactive/detected results are accepted as proof of HIV infection.
 - b. A quantitative test measures the number of copies of the virus per milliliter of blood. This type of test may be referred to as a “viral load.” This result is reported as the number of copies per milliliter. Undetectable viral load results are not acceptable as proof of HIV.
4. Copies of laboratory reports indicating two positive (reactive/qualitative) HIV immunoassays, which are based on different antigenic constituents or principles.

Examples include:

- a. A reactive fourth-generation antigen (Ag)/antibody (Ab) combination test along with an antibody differentiation immunoassay test (*i.e.*, Multispot) indicating the presence of HIV-1 and/or HIV-2 antibodies.
 - b. A reactive enzyme immunoassay (EIA) along with an antibody differentiation immunoassay test (*i.e.*, Multispot) indicating the presence of HIV-1 and/or HIV-2 antibodies.
5. A copy of a laboratory report indicating the completion of an antibody differentiation immunoassay test (*i.e.*, Multispot) indicating the presence of HIV-1 and/or HIV-2 antibodies. (Note: a positive/reactive antibody differentiation immunoassay test does not meet the Centers for Disease Control and Prevention’s (CDC) recommended HIV testing algorithm definition for the diagnosis of HIV but will be accepted for enrollment in HIV Case Management and other Missouri RW services with no additional documentation required.)

6. A copy of laboratory test results, which meet any of the Clinical and Laboratory Standards Institute, approved algorithms for the diagnosis of HIV. The Regional Case Management Supervisor or Quality Service Manager (QSM) must have reviewed these lab results to ensure they meet CDC standards.
7. A copy of the flowsheet from an electronic medical record (EMR)/electronic health record (EHR) or patient portal screenshot. The document must include the following:
 - a. Client name
 - b. Date of birth or social security number
 - i. If the date of birth or social security number is not present, an identification number can be used. If only an identification number (ex: medical records number) is present, additional documentation matching client's date of birth or social security number from the same EMR/EHR (ex: face sheet or demographics page) must also be scanned into the electronic client database.
 - c. Name of EMR/EHR. If the name of EMR/EHR is not on the flowsheet, the Case Manager must include the name of the EMR/EHR entered in the name field of the "Documents" module of the electronic client database.
 - d. Acceptable verification of HIV+ status:
 - i. Positive Western Blot
 - ii. A copy of a laboratory report indicating a reactive or detectable NAAT/viral load as outlined above.
 - iii. Copies of laboratory reports indicating two positive (reactive/qualitative) HIV immunoassays, which are based on different antigenic constituents or principles as outlined above.
 - iv. A copy of a laboratory report indicating the completion of an antibody differentiation immunoassay test (i.e., Multispot) indicating the presence of HIV-1 and/or HIV-2 antibodies. (Note: a positive/reactive antibody differentiation immunoassay test does not meet the CDC recommended HIV testing algorithm definition for the diagnosis of HIV but will be accepted for Enrollment in HIV Case Management and other Missouri RW services with no additional documentation required.)

8. Documentation obtained from a local HIV surveillance program or the HIV State Surveillance Coordinator (*i.e.*, WebSurv lab printout, fax, report, e-mail confirmation from local or state HIV surveillance coordinators). This documentation must only be sought in the event that the above documentation cannot be obtained from the provider.
9. Documentation must include the client's name and one additional identifier (date of birth, social security number, and/or residency).

ACCEPTABLE VERIFICATION OF VIRAL LOAD SUPPRESSION

Clients must have documentation of at least one lab with virally suppressed results within the previous 12 months. The following verification will be accepted as proof of viral load suppression:

1. Uploaded lab results in the "Labs" module of the electronic client database from MO DHSS Bureau of Reportable Disease Informatics.
2. A completed MIRF that has been filled out and signed by the client's HIV or primary care doctor.
3. Copies of laboratory results from the client's provider, health care portal, EMR, or EHR that include:
 - a. Client's name
 - b. Date of birth or social security number
 - c. Name of EMR/EHR provider
 - d. Laboratory results indicating viral load results

DOCUMENTATION

1. Proof of HIV+ status
2. Proof of viral load suppression

SUMMARY

This policy outlines the expectation of the DES Coordinator to verify that clients are a resident of the State of Missouri before transferring and to remain enrolled in the DES Program.

POLICY

1. The DES Coordinator must verify that acceptable documentation for proof of residency has been uploaded within the previous 12 months before transferring a client to the DES Program.
2. The DES Coordinator must verify the client's residence one time per 12 month period by verifying the "Housing" module address and uploading acceptable proof of residency.
3. Clients must provide acceptable proof of residency in the State of Missouri one time per calendar year or upon request.
4. Clients who fail to provide current proof of residency will be closed from the DES Program.
5. The DES Coordinator will transfer clients who no longer reside in Missouri to the respective TGA if eligible.
6. The DES Coordinator will provide client contact information to the RW program in their new state of residence if the client lives outside of the TGA areas.
7. The DES Coordinator may ask for further corroborating documentation of residency if necessary.
8. Proof of residency must be current. Current is defined as:
 - a. dated within 60 days; *or*
 - b. a lease agreement where the client resides that is still in effect.
9. A P.O. Box must not be used as acceptable proof of residency.

Using an acceptable document from the list below, the DES Coordinator may use the United States Post Office website (https://tools.usps.com/go/ZipLookupAction_input) to validate the client's address.

ACCEPTABLE VERIFICATION FOR PROOF OF RESIDENCY

The following documents must include the client's name and physical address to be accepted as proof of residency:

- Lease agreement;
- Insurance statement (rental, private health, life, auto, or real estate);
- Mortgage statement/coupon;
- Utility bill (including cable, internet, or cell phone bills);
- Paycheck;
- Bank or credit card statement;
- Correspondence from any government agency including local, state, or federal entities;
- Voter registration card;
- Property tax receipt; or
- Medical bill.

DOCUMENTATION

1. Proof of residence in the State of Missouri

SUMMARY

This policy outlines the expectation of the DES Coordinator to verify that clients have a gross income (defined below) that is at or below 300% of the Federal Poverty Level (FPL) before transferring to the DES Program, at each client update, and as needed.

POLICY

1. The DES Coordinator must verify that acceptable documentation for proof of income has been uploaded within the previous six months prior to transferring to the DES Program.
2. The DES Coordinator must verify that acceptable documentation for proof of income is uploaded at the client's annual update, if there are any changes to the client's income, and if there is a change in the family composition that results in an increase or decrease in income.
3. Clients must provide proof of income:
 - a. At their annual update;
 - b. At their six month update if there is a change in income;
 - c. If there is a change in their income; or
 - d. If there is a change in family composition that results in an increase or decrease in income.
4. Clients whose income is above the 300% FPL guideline limit will be closed from the DES Program.
5. An exception must be submitted if a client receives income from a source not listed in the table below or acceptable documentation is not available.

DEFINITION OF INCOME

Income is defined as:

- Client's gross income (before any deductions); and, if applicable,
- The gross income of the client's spouse and all dependents living in the household (see definition of dependent below).

DEFINITION OF DEPENDENT

A dependent (non-spouse) is defined by having all four of the following:

1. Relationship – a group of two or more persons related by birth, marriage, adoption, or legal placement.
2. Residency – the person(s) must live in the same housing unit for a minimum of six months and one day each year.
3. Age – the person(s) must be:
 - a. under the age of 19 at the end of the year that the individual is claimed; *or*
 - b. under the age of 25 and a full-time student for at least five months of the year; *or*
 - c. any age and determined totally and permanently disabled by the Social Security Administration (SSA).
4. Support – the person did not provide more than half of their financial support during the year.

ACCEPTABLE PROOF OF INCOME

The following table will be used to determine what types of income are included in calculations and what form of documentation for each income type is acceptable. No other documentation will be accepted in determining sources of income. Clarification of income sources/amounts to be included must be made through the QSM, Director of HIV Case Management, and/or DES Supervisor.

Type of Income	Acceptable Forms of Income Documentation
<i>Employment Income</i>	
Wages, tips, bonuses, overtime pay, and salaries from employment before any deductions. The gross income is reported. (Do NOT deduct alimony or child support payments paid or other garnishments)	The two most recent <u>consecutive</u> pay stubs. The most recent of which must be within the last 31 days. The pay stub must identify the employee; show the amount earned and period covered (annualized to determine annual income). *See below guidance for clients with new employment <i>Or</i> Signed and dated Employer Income Verification letter (on company letterhead) from employer specifying amount to be earned per pay period and length of the pay

Type of Income	Acceptable Forms of Income Documentation
	<p>period.</p> <p><i>Or</i></p> <p>Electronic earnings statement that includes employee name, the amount earned, and period covered to determine annual income.</p> <p>If no other income verification is available, IRS Tax Forms from the immediate prior year will be accepted but must include all schedules and W-2's for employed clients and those with other sources of income. Tax forms must reflect current employment and income. The figure on line 9 must be used to reflect income from wages, tips, salary, overtime, and bonuses. The information must be received by April 30th to be considered current to avoid service interruption.</p>
Non-farm self-employment (receipts from a person's own unincorporated business after deduction for operating expenses).	<p>Internal Revenue Service (IRS) Form 1040 for the immediate prior year with all attachments. The Net Profit or Loss (Total Income) from each IRS Schedule C or Schedule C-EZ form is the Self-Employment income amount that will be used to calculate monthly income. For negative amounts, zero (\$0) must be entered in the "Income" module. Tax information must be received by April 30th to be considered current and to avoid service interruption. For guidance regarding newly self-employed, see below.</p>
Farm self-employment receipts from a farm, which one operates as an owner, renter, or sharecropper after deduction for farm operating expenses.	<p>IRS Form 1040 with all attachments, The Net Profit or Loss (Total Income) from each IRS Schedule F form is the Self-Employment income amount that will be used to calculate monthly income.</p>

<i>Public Assistance Income</i> (Does not include non-cash federal or state benefits such as food stamps)	
Temporary Assistance for Needy Families (TANF)	<p>Award letter signed by the agency</p> <p><i>Or</i></p> <p>Screenshot from the state government website (ex: mydss.mo.gov)</p> <p><i>Or</i></p> <p>Signed and dated verification form completed by the agency showing the amount and period received</p>
Supplemental Security Income (SSI)	<p>Award letter signed by the agency (only needed once per the calendar year)</p> <p><i>Or</i></p> <p>Signed and dated verification form completed by the agency showing the amount and period received</p>

<i>Other Sources of Income</i>	
Social Security Disability Insurance (SSDI), Social Security Survivor's Benefits, etc., including funds received on behalf of dependents living in the housing unit before any deductions. The cost of Medicare premiums are not deducted from the annual amount for income determination	<p>Award letter signed by the agency (only needed once per the calendar year)</p> <p><i>Or</i></p> <p>Signed and dated verification form completed by the agency showing the amount and period received</p>
Pension payments, including railroad retirement, private and government pensions, veteran's payment and military retirement	<p>Award letter signed by the agency (only needed once per the calendar year)</p> <p><i>Or</i></p> <p>Signed and dated verification form completed by the agency showing the amount and period received</p>
Child support received on behalf of dependents living in the housing unit	<p>Copy of payment records furnished by the court signed and dated showing the amount of payment</p> <p><i>Or</i></p> <p>Copy of monthly receipt from the state agency</p> <p><i>Or</i></p>

	Copy of divorce decree showing the amount of support
Other regularly occurring cash support from a family member or someone not living in the housing unit	Client reports and attests to amounts received on Income Determination Form (IDF) (Appendix A10)
College or university scholarships, grants, fellowships, and assistantships minus the cost of tuition, books, and educational fees; <i>does not include student loans due to payback requirement</i>	Award letter for fund received and receipts for expenditures for allowed costs
Training stipends minus the cost of tuition, books, and fees	Award letter for funds received and receipts for expenditures for allowed costs
Unemployment Compensation	<p>Verification of amount from Department of Labor and Industrial Relations (DOLIR) (ex: a copy of check issued by the agency or printout from the website)</p> <p><i>Or</i> Award letter signed by the agency</p> <p><i>Or</i> Signed and dated verification form completed by the agency showing the amount and period received</p>
Long or Short-Term Disability	<p>Copy of recent pay stub indicating long or short-term disability amount</p> <p><i>Or</i> Award letter signed by the employer</p> <p><i>Or</i> Signed and dated verification form completed by the agency showing the amount and period received</p>
Individual Retirement Account (IRA)/401k distributions minus early withdrawal penalties	<p>IRS Form 1099</p> <p><i>Or</i> Dated and signed form completed by financial institution showing amount and period received</p>
Regular insurance or annuity payments	<p>IRS Form 1099</p> <p><i>Or</i> Dated and signed form completed by financial institution showing amount and period received</p>

Periodic receipts from estates or trusts	Copy of trust with amount and period indicated, IRS Form 1040 and Schedule E and Schedule K-1 <i>Or</i> Copy of check(s)
Dividends received on investments or capital gains	See IRS Form 1040 and IRS Schedule B for Dividends and/or Schedule D for Capital Gains <i>Or</i> A dividend statement from a bondholder or stock company
Interest earned savings or checking accounts, money market funds, certificates of deposit	See IRS Form 1040 and IRS Schedule B
Net rental income – total rent receipts minus expenses and interest on mortgage payments. If subletting space to another, all rent received must be reported as income.	See IRS Form 1040 and IRS Schedule E
Net royalties after management fees	See IRS Form 1040, IRS Schedule E
Professional enterprise, or partnership	See IRS Form 1040, with Schedule E and Schedule K-1.
Net income from prizes, awards, gambling, raffle, or lottery winnings	Casino or lottery documents IRS Form 1040, IRS Schedule 1
Strike Benefits from Union Funds	Documentation or correspondence from Union stating benefit amount, duration, and frequency
Alimony received	Copy of payment records furnished by a court signed and dated, showing the amount of payment <i>Or</i> Copy of monthly receipt from a state agency <i>Or</i> Copy of divorce decree showing the amount of support
Worker's compensation or settlements (Single lump-sum settlements must not be included as income)	Award letter signed by the agency <i>Or</i> Signed and dated verification form completed by the agency showing the amount and period received

CALCULATION OF INCOME

The following instructions must be used to calculate the client's monthly and annual income. The DES Coordinator must show how all wage, tip, overtime, and/or salary calculations were derived using the space provided on the IDF (Appendix A10) or on the proof of income documentation. Calculations must be made using gross income, including tips, bonuses, overtime, etc. Use the appropriate method below to calculate the client's income based on the frequency of the client's pay.

Income with Weekly Pay

1. Total the gross income amount from *two* consecutive weekly pay stubs.
2. Multiply by 26 to calculate an average annual income.
3. Divide by 12 to calculate the average monthly gross income.

Income with Bi-Weekly Pay (Every Other Week)

1. Total the gross income amount from *two* consecutive pay stubs.
2. Divide by 2 for the average two-week gross income.
3. Multiply the average two-week gross income by 26 to calculate the average annual income.
4. Divide by 12 to calculate the average monthly gross income.

Income with Bi-Monthly/Semi-Monthly Pay (Twice a Month)

1. Total the amount of gross income from *two* consecutive pay stubs. (This is the monthly gross income).
2. Multiply by 12 to calculate the average annual income.

Note: Examples of bi-monthly/semi-monthly pay dates are being paid on the 15th and last day of the month or two set pay dates during a calendar month.

Income with Monthly Pay

1. Total the gross income amount from *two* consecutive pay stubs.
2. Divide by 2 to calculate the average gross monthly income.

For pay schedules that do not fit any of the schedules listed above, consult the QSM, Director of HIV Case Management, or DES Supervisor.

Income with Varying Pay Schedules

1. Total the gross income amount from two consecutive weeks' worth of pay statements.
2. Multiply the sum of the two-week income by 26 to calculate the average annual income.
3. Divide the average annual income by 12 to calculate the average monthly gross income.

Clients Working for Cash

1. The client will report any cash earnings on line 21 of the IDF. (Appendix A10)
2. The IDF must be scanned into the "Documents" module in the electronic client database at the initial enrollment, annual update, and with any changes in income.

Clients Who Are Newly Self-Employed (No Self-Employment in Previous Tax Year)

1. The client must notate earned income from self-employment from two consecutive monthly bank statements as documentation of income until the client's tax documentation is submitted.
2. The DES Coordinator may verify income for any client with cash/unverifiable income using the Department of Social Services database.

Clients Reporting Zero Income

1. The IDF will be used for clients and/or their spouse that report zero income. (Appendix A10)
2. A separate "No Income" entry must be logged in the "Income" module for clients and/or their spouse that report zero income.
3. The DES Coordinator may verify income for any client with cash/unverifiable income using the Department of Social Services database.

Note: The DES Coordinator may ask for further corroborating documentation of income at their discretion. Consult with the QSM, Director of HIV Case Management, or DES Supervisor if a client's income is in question.

PROCEDURE

1. The client must provide documentation of all income sources for the client, spouse, and all dependents. Refer to the IDF to ensure that all sources of income are identified.
(Appendix A10)
2. The IDF must be scanned into the “Documents” module in the electronic client database at a client’s annual update, six-month update, and with any changes in income.
3. The DES Coordinator must scan all income verification into the “Documents” module in the electronic client database. See the previous table for acceptable forms of verification for each income type.
4. The DES Coordinator will calculate the total monthly and annual income for the client, spouse, and dependents on the IDF or proof of income. (Appendix A10)
5. The DES Coordinator will enter all client, spouse, and dependent income in the “Income” module in the electronic client database to calculate the total monthly and annual income.
6. The DES Coordinator must scan the IDF in the electronic client database for clients reporting zero income or working for cash. (Appendix A10)
7. The DES Coordinator will complete a separate entry in the Income module for each income source provided by the client, spouse, and/or dependent.
 - a. The income entry must identify the recipient of each income source, if not the client. The “Income” module in the electronic client database will automatically calculate all applicable income sources and determine the client’s FPL.
8. All income verification documentation and the “Income” module entries must match.
9. The DES Coordinator will enter the household size in the “Demographics” module in the electronic client database, which includes the client and all other individuals living in the residency, regardless of familial relationships.
10. The DES Coordinator must enter the dependents in the “Demographics” module in the electronic client database, which only includes the client’s spouse, and dependents. This number does *not* include the client and may be zero if no other individual at the residence meets the dependent definition.
11. The DES Coordinator must enter all dependents in the “Social Supports” module. Each entry must have the name, date of birth, and relationship to the client for each dependent.

The entry for the spouse of the client must also list the spouse's social security number. If the date of birth is unknown, utilize the closest month/day/year known.

12. The number of dependents entered in the "Demographics" must match the "Social Supports" module in the electronic client database.
13. The DES Coordinator will request an exception if the client receives income from a source not listed in the table below or the acceptable documentation is not available prior to the authorization of services.

Note: The DES Coordinator may ask for further corroborating documentation of dependents if necessary. Consult with the QSM, Director of HIV Case Management, or DES Supervisor a client, spouse, or dependent's income are in question.

DOCUMENTATION

1. Income Determination Form (Appendix A10)
2. Proof of income
3. Other documentation upon request

SUMMARY

This policy outlines the expectation of the DES Coordinator to verify that clients remain self-sufficient in all aspects of their lives and be engaged in medical care and treatment prior to transferring to the DES Program, at each client update, and as needed. Self-sufficient is defined as a client who has achieved success in maintaining consistent medical care, and has demonstrated the ability to take care of personal and cost of living matters without assistance from a Case Manager or program but may still need financial assistance for medical care costs.

POLICY

1. The DES Coordinator must verify prior to transferring and at each client update that a client is engaged in medical care and treatment.
2. The DES Coordinator must verify documentation of engagement in medical care and treatment by utilizing the MIRF, and/or “Labs” module in the electronic client database. (Appendix A13)
3. DES clients are considered to be engaged in medical care and treatment if:
 - a. the client has a viral load result that is considered virally suppressed (>200 copies/ml) within the previous 12 month period; *or*
 - b. the client's provider has documented the client's two most recent doctor appointments, CD4 results, and viral load results on the MIRF. (Appendix A13)

PROCEDURE

The DES Coordinator may use the following procedures as acceptable documentation of a client's engagement in their HIV medical care.

1. The client's viral load suppression is documented in the “Labs” module in the electronic client database at least once in the previous 12 months.
2. If no results from the previous 12 months are in the “Labs” module in the electronic client database, a completed MIRF that includes the two most recent CD4, viral load, and medical appointments for the client. (Appendix A13)

3. If the MIRF is required, the DES Coordinator must insert the appointment dates, CD4, and viral load results in the “Verified Medical Care” module in the electronic client database. (Appendix A13)
4. The DES Coordinator will follow-up with the client if the client is no longer virally suppressed or does not have a documented viral load result within the previous 12 months.
5. The DES Coordinator will request documentation of client engagement in medical care as needed.

DOCUMENTATION

1. Documentation of viral load suppression
2. Medical Information Release Form, as needed (Appendix A13)

SUMMARY

The DES Program has established the following initial enrollment policy and procedures to outline the criteria for which a client in HIV Case Management may be eligible to enroll in the DES Program.

POLICY

1. Case Managers will identify clients who have achieved success in maintaining consistent medical care and have demonstrated a level of self-sufficiency in personal and cost of living matters, but who may still need assistance with medical care costs.
2. Clients must have been enrolled in HIV Case Management for a minimum of six months prior to being enrolled in the DES Program.
3. Case Managers will ensure that the client's annual or six month update is complete and all documentation is uploaded into the electronic client database, including proof of income, Income Attestation Form (IAF), proof of residency, etc.
4. Case Managers will not transfer clients who are in need of an update within the next 45 days.
5. Case Managers will ensure that the client is willing to transfer to DES prior to notifying the DES Coordinator and regional QSM.

PROCEDURE

1. The existing Case Manager must send a communicate in the electronic client database to the DES Coordinator, agency supervisor, and/or regional QSM of the potential transfer client. The communicate must include the client's name and DCN.
2. The DES Coordinator will verify that the client meets all eligibility criteria for the DES Program by reviewing the following modules in the electronic client database for completion:
 - a. Housing
 - b. Documents
 - c. Encounters (and associated Progress Notes)
 - d. Health Coverage

- e. Income
 - f. Employment
 - g. Diagnosis
 - h. Labs
 - i. Verified Medical Care (if a current viral load is not in the Labs module)
3. The DES Coordinator will review the client's records in the electronic client database within five business days.
4. The DES Coordinator will respond to the communicate to acknowledge the transfer request was received and include any questions or concerns regarding the client's readiness to transfer or that the client is eligible to transfer and a DES Welcome Packet is being mailed within five business days.
5. The DES Coordinator will mail a DES Welcome Packet to eligible clients. The following documents will be included as part of the packet:
 - a. Client Acknowledgement Form (Appendix A2)
 - b. Initial Client Data Sheet (Appendix A3)
 - c. Client Rights and Responsibilities (Appendix A4)
 - d. DES Client Policy (Appendix A5)
 - e. Complaint, Grievance, and Appeal Policy (Appendix A6)
 - f. Complaint, Grievance, and Appeal Form (Appendix A1)
 - g. Exclusions List and Health Insurance Overview (SCOUT/MO Support Files/ADAP)
 - h. Current ADAP Formulary (SCOUT/MO Support Files/ADAP)
 - i. Current FPL Guidelines (SCOUT/MO Support Files/MO Case Management Forms)
6. Clients must sign the Client Acknowledgement Form, complete the Initial Client Data Sheet, and return them to the DES Coordinator to finalize their transfer to the DES Program. (Appendix A1 and A2)
7. The DES Coordinator will document that information has been sent to the client using the appropriate encounter code (JDESDOC) in the electronic client database under the active Case Management Service Referral.

8. The DES Coordinator will complete enrollment in the electronic client database with a DES Service Referral upon receipt of the signed Client Acknowledgement Form and completed Initial Client Data Sheet. (Appendix A1 and A2)
9. The DES Coordinator will send a communicate to the Case Manager, agency supervisor, or regional QSM to request the Case Management referral be closed and a case management transfer encounter (J10.51) be entered into the electronic client database after enrollment in the DES Program. The Case Manager will continue to be responsible for the client until this step is completed.
10. All clients must complete the required documentation to enroll in and remain eligible for the DES Program.
11. Emailed or scanned copies of required documents are acceptable.
12. The client's original signature is not required.

DOCUMENTATION

1. Client Acknowledgement Form (Appendix A2)
2. Initial Client Data Sheet (Appendix A3)
3. Other documentation upon request

SUMMARY

The DES Program has established the following policy and procedures to outline the process for entering new Direct Enrollment Services referrals when a client completes an annual or six-month update or transfers from HIV Case Management.

Clients who enroll in the DES Program must have active service referrals indicating eligibility and desire for assistance with RW funded services. An active Direct Enrollment Services referral indicates that eligibility has been determined, all required documentation has been uploaded into the electronic client database, and that the DES Coordinator has assessed the client's needs to remain in the program. The "Service Referrals" module allows for communication and coordination of services.

The DES Coordinator must enter a service referral on behalf of the eligible client when it has been determined that a service is needed. A service referral must be entered when a client:

1. Enters a service/program
2. Re-enters a service/program after a break in services
3. Is eligible to continue in a service/program after an update has been completed

POLICY

1. The DES Coordinator will enter a service referral for a maximum of six months. The six-month referral timeframe will always be based on the annual update month, as outlined in the following table.

SERVICE REFERRAL TIMELINE TABLE

Enrollment completed in:	Referral Start Date	Referral End Date
January	Day of Enrollment	June 30 th
February	Day of Enrollment	July 31 st
March	Day of Enrollment	August 31 st
April	Day of Enrollment	September 30 th
May	Day of Enrollment	October 31 st
June	Day of Enrollment	November 30 th
July	Day of Enrollment	December 31 st
August	Day of Enrollment	January 31 st
September	Day of Enrollment	February 28 th (or 29 th)
October	Day of Enrollment	March 31 st
November	Day of Enrollment	April 30 th
December	Day of Enrollment	May 31 st

PROCEDURE

1. The DES Coordinator will enter a Direct Enrollment Services referral on behalf of the eligible client for a maximum of six months. The Direct Enrollment Services referral should correspond with the prior Case Management referrals.
2. The Direct Enrollment Services referral should be attached to the Direct Enrollment contract in the electronic client database.
3. The DES Coordinator should enter referrals for non-DES services, such as referrals for medication, copay, or dental assistance, on behalf of the eligible client when it has been determined that a service is needed and documentation has been completed.
4. If the service provider denies the non-DES service referral, the provider must contact the DES Coordinator.
5. The DES Coordinator should provide or ask that the client submit any additional documentation if requested.

6. The DES Coordinator will enter an “Encounter” to document the client’s enrollment in the DES Program at each update. Each “Encounter” should have a note entered in the “Progress Notes” field for the relevant service or client-related information. (Section 8.0)
7. The DES Coordinator should enter a note in the “Progress Notes” field for relevant service or client-related information. Notes should distinguish clearly between facts, observations, hard data, and opinions. Direct quotes from the client or other professionals may be included to provide a complete picture of the client or situation. Notes should not assign blame to individuals and be free from irrelevant speculation, offensive or subjective statements.

DOCUMENTATION

1. Not applicable

SUMMARY

The DES Program has established the following policies and procedures for entering “Encounters” and “Progress Notes,” which are used to document and log all interactions with or on behalf of eligible clients and record utilization of services.

“Progress Notes” are used to capture the content of all interactions with or on behalf of the client. All relevant information to the client must be documented. “Progress Notes” must be written in a manner that another system user could easily identify the client’s current situation and needs to adequately provide services and support in the absence of the DES Coordinator.

POLICY

1. “Encounters” are used to document and log all interactions with or on behalf of eligible clients and record the client’s utilization of services.
2. All “Encounters” must be attached to the Direct Enrollment Services referral and include a note in the “Progress Notes” to document the encounter's details.
3. An “Encounter” must be entered for all interactions and/or activities utilizing the appropriate JDES code. (Appendix C2)
4. Multiple encounters of the same type that occur on the same day may be consolidated into one single “Encounter,” and/or “Progress Note.”
5. A corresponding “Progress Note” must be completed for every “Encounter” that is entered by the DES Coordinator.

PROCEDURE

1. The DES Coordinator must enter an “Encounter” and corresponding “Progress Notes” for activities with or on behalf of the client within two business days of the activity.
2. From the “Service Referral” module, select the active Direct Enrollment Services referral and initiate a new “Encounter” from the drop-down menu.
3. Select the appropriate encounter type based on the DES Encounter codes. (Appendix C2)

4. Specific fields in the “Encounter” are programmed to populate automatically including username, status of encounter, Start and End Dates for the “Encounter,” and Funding Source. Only change this information when appropriate.
5. Insert the “Encounter” to save the entry.
6. After the “Encounter” has been entered, a note must be entered in the “Progress Notes” field to document relevant service or client-related information. “Progress Notes” should distinguish clearly between facts, observations, hard data, and opinions. Direct quotes from the client or other professionals may be included to provide a complete picture of the client or situation. “Progress Notes” should not assign blame to individuals and be free from irrelevant speculation, offensive or subjective statements.

DOCUMENTATION

1. Not applicable

SUMMARY

The DES Program has established the following standards for DES clients to complete eligibility updates to ensure that ongoing monitoring and re-evaluation of client eligibility supports clients in continuing to maintain their HIV medical care and viral load suppression.

POLICY

See individual subsections for applicable policies.

PROCEDURE

See individual subsections for applicable procedures.

DOCUMENTATION

See individual subsections for applicable documentation.

SUMMARY

Ongoing monitoring and re-evaluation assures that the DES Program is supporting clients in continuing to maintain their HIV medical care and viral load suppression. The DES Program has established the following policies and procedures to outline the criteria for a client's Six-Month Update.

POLICY

1. Clients enrolled in the DES Program must provide updated enrollment information and have their eligibility reviewed every six months.
2. The Six-Month Update will be used to ensure the client has continued eligibility to access RW funded services, assess the client's resource needs, and collaboratively re-assess the client's medical and supportive needs.
3. The DES Coordinator must send clients an update packet to the client to review and update at least 45 days prior to the client's expiration of eligibility. Documents include:
 - a. Six-Month Update letter
 - b. FPL Guidelines (SCOUT/MO Support Files/MO Case Management Forms)
 - c. Client Acknowledgement Form (Appendix A7)
 - d. Instruction Sheet (Appendix A8)
 - e. Client Data Sheet (Appendix A9)
 - f. IDF (Appendix A10)
4. Clients must return the following documentation to the DES Coordinator in order to complete their six month update:
 - a. Client Acknowledgement Form (Appendix A7)
 - b. Client Data Sheet (Appendix A9)
 - c. IDF (Appendix A10)
 - d. Proof of income, if applicable

PROCEDURES

1. The DES Coordinator must mail or email the Six-Month Update packet to clients who are due to update their eligibility at least 45 days prior to the expiration of their Direct Enrollment Services referral.
2. The DES Coordinator must insert an “Encounter” in the electronic client database documenting the packet has mailed or emailed to each client.
2. The DES Coordinator will review returned forms for completeness.
3. Clients will be notified of any missing or incomplete data. The DES Coordinator will be unable to complete the update until all requested documents have been returned.
4. Using the returned information, the DES Coordinator will update the electronic client database as needed and upload documents from the update packet.
5. The DES Coordinator will insert a “JDESCUPR-DES Complete Update Packet Received” encounter on the client’s expiring Direct Enrollment Services referral documenting the receipt of the client’s complete eligibility information.
6. The DES Coordinator will insert a new Direct Enrollment Services referral in the electronic client database expiring six months later. (Section 7.0)
7. The DES Coordinator will insert a “JDESSMU-DES 6 Month Update Completed” encounter on the new Direct Enrollment Services referral. The DES Coordinator will insert a “Progress Note” that details the documentation received and modules that were updated.

DOCUMENTATION

1. Client Acknowledgement Form (Appendix A7)
2. Client Data Sheet (Appendix A9)
3. Income Determination Form (Appendix A10)
4. Proof of income, if applicable

SUMMARY

Ongoing monitoring and re-evaluation through this process assures that the DES Program is supporting the client in continuing to maintain their HIV medical care and viral load suppression. The DES Program has established the following policies and procedures to outline the criteria for a client's Annual Update.

POLICY

1. Clients enrolled in the DES Program must provide updated enrollment information and have their eligibility reviewed every six months. The annual update will be used to ensure the client has continued eligibility to access RW funded services, assess the clients resource, medical, and supportive needs.
2. The DES Coordinator must send clients an Annual Update packet to the client to review and update at least 45 days prior to the client's expiration of eligibility. Documents include:
 - a. Annual Update Letter
 - b. FPL Guidelines (SCOUT/MO Support Files/MO Case Management Forms)
 - c. Client Acknowledgement Form (Appendix A11)
 - d. Instruction Sheet (Appendix A12)
 - e. Client Data Sheet (Appendix A9)
 - f. IDF (Appendix A10)
 - g. MIRF (Appendix A13)
 - h. Self-Assessment (Appendix A14)
 - i. Authorization for Release of Protected Health Information (PHI) (Appendix A15)
3. Clients return the following forms and documents to complete their annual update:
 - a. Client Acknowledgement Form (Appendix A11)
 - b. Client Data Sheet (Appendix A9)
 - c. IDF (Appendix A10)
 - d. Proof of income, if applicable
 - e. Proof of residence in the State of Missouri
 - f. Proof of health coverage, if applicable

- g. MIRF (Appendix A13)
- h. Self-Assessment (Appendix 14)
- i. Authorization for Release of PHI (Appendix A15)

PROCEDURES

1. The DES Coordinator will mail or email the Annual Update packet to client's who require updating their eligibility at least 45 days prior to the expiration of the client's Direct Enrollment Services referral and insert an "Encounter" documenting that the DES Coordinator has mailed or emailed the update packet for each client.
2. The DES Coordinator will review returned forms for completeness. Clients will be notified of any missing or incomplete data. The DES Coordinator will be unable to complete the update until all requested documents have been returned.
3. Using the returned information, the DES Coordinator will update the electronic client database as needed and upload documents from the update packet.
4. The DES Coordinator will insert a "JDESCUPR-DES Complete Update Packet Received" encounter on the client's expiring Direct Enrollment Services referral documenting the receipt of the client's complete eligibility information.
5. The DES Coordinator will insert a new Direct Enrollment Services referral in the electronic client database expiring six months later. (Section 7.0)
6. The DES Coordinator will insert a "JDESYU-DES Yearly Update Completed" encounter on the new Direct Enrollment Services referral.
7. The DES Coordinator will insert a "Progress Note" that details the documentation received and modules that were updated.

DOCUMENTATION

1. Client Acknowledgement Form (Appendix A11)
2. Client Data Sheet (Appendix A9)
3. Income Determination Form (Appendix A10)
4. Proof of income, if applicable
5. Proof of residence in the State of Missouri

6. Proof of health coverage, if applicable
7. Medical Information Release Form (Appendix A13)
8. Self-Assessment (Appendix A14)
9. Authorization for Release of Protected Health Information (Appendix A15)

SUMMARY

The DES Program has established the following policies and procedures for clients who cannot complete eligibility updates within the required update period. Clients in the DES Program must complete eligibility updates every six months to verify and update eligibility for RW funded services.

POLICY

1. Update packets are due by the 15th of the month that the client's Direct Enrollment Services referral expires.
2. The DES Coordinator will begin to contact clients who have past due update packets five days after the due date.
3. The DES Coordinator will contact clients three times to remind the client of the need to update, complete, and submit their information. The DES Coordinator will attempt at least two different forms of contact.
4. Clients in the DES Program are required to remain self-sufficient in enrollment for services and engagement in medical care.
5. Clients who are unable to do so without repeated intervention should be considered for other programs.
6. Clients may request a duplicate update packet be mailed or emailed if requested.
7. Clients who fail to return the update packet by the end date of the most recent Direct Enrollment Services referral will have their services suspended until their update is completed.
8. Clients who fail to return the update packet within 30 days from the expiration of their Direct Enrollment Services referral will be closed from the DES Program.

PROCEDURES

1. The DES Coordinator will contact clients who have not returned their update packet five days after the packet's due date.
2. The DES Coordinator will verify that the client has received the update packet.

3. If the client did not receive their update packet, a duplicate update packet may be mailed or emailed, if requested.
4. The DES Coordinator will document each contact attempt by inserting an Encounter on the current or most recent Direct Enrollment Services referral in the electronic client database and use the appropriate encounter code for the type of contact. (Appendix C2)
5. The DES Coordinator will insert a “Progress Note” with the “Encounter” that identifies all details of the conversation, decisions, and/or activities during the contact with the client. (Section 8.0)
6. The client’s services will be automatically suspended after the end of the Direct Enrollment Services referral until the client submits their completed update packet with documentation and their eligibility has been verified.
7. The DES Coordinator will close clients from the DES Program 30 days after the client’s Direct Enrollment Services referral expires. (Appendix B6)
8. Clients that submit completed update packets more than 30 days after the end date of their most recent Direct Enrollment Services referral must be re-enrolled in the DES Program and will have an adjusted service referral timeline indicating a new end date six months from the month that their update is complete.
9. Clients must submit proof of their income, proof of residence in the State of Missouri, and proof of current health coverage at minimum, if they submit their eligibility information more than 30 days after their most recent Direct Enrollment Services referral expired.
10. A list of clients that have transferred or been closed from the DES Program will be emailed to the Regional Supervisor and QSM at the end of each quarter. The list of clients who have been removed or transferred from the DES Program will be logged in the DES Client Closure List maintained by the DES Coordinator. The DES Client Closure List is saved according to agency policies.
11. Documentation requirements will vary based on the current update that the client is required to complete.

DOCUMENTATION

1. Proof of income, if applicable
2. Proof of residence in the State of Missouri
3. Proof of health coverage, if applicable
4. Other documentation upon request

SUMMARY

The DES Program has established the following standards for clients to be transferred from DES to another HIV Case Management Program, be removed, or readmission to the DES Program.

POLICY

See individual subsections for applicable policies.

PROCEDURE

See individual subsections for applicable procedures.

DOCUMENTATION

See individual subsections for applicable documentation.

SUMMARY

The DES Program has established the following policies and procedures for transferring clients who are no longer appropriate for the DES Program or who would be better served in the HIV Case Management System, which is more structured. This policy assumes that clients will be transferred after completion of their Six-Month or Annual Update, or when it has been determined the client is no longer able to self-manage.

POLICY

1. Clients who are no longer appropriate for the DES Program should be referred to the HIV Case Management System, which is more structured.
2. Clients who need to complete their eligibility update within 45 days must complete their update prior to transferring to HIV Case Management.
3. Reasons that a client may be transferred include, but are not limited to:
 - a. the client is no longer virally suppressed, as documented with two consecutive viral load lab reports within a 12 month period,
 - b. the client has not had a documented viral load lab result for more than 12 months and/or,
 - c. the client requires more intensive HIV Case Management services.
4. Clients or a regional HIV Case Management agency staff member may request a transfer back to HIV Case Management, or a client's need may be evaluated based on their self-assessment survey.
5. Clients who have not had viral load results or suppressed viral load results will be contacted prior to requesting the client be transferred to determine the client's need.
6. The DES Coordinator should request the client's most recent lab results if they have not been documented or are no longer virally suppressed.

PROCEDURES

1. The DES Coordinator will contact clients who have not had a viral load lab result within the previous 12 months or are no longer virally suppressed.

2. The DES Coordinator will discuss the possibility of transfer back to HIV Case Management with the client if the client identifies that their needs are greater than what is provided by the DES Program, including their willingness for transfer and facilitate the transfer to HIV Case Management.
3. The DES Coordinator and the client will discuss a plan to have labs drawn or the client's current situation.
4. The DES Coordinator will request results from the client's provider to verify the client's lab results.
5. If the client has identified that they need more assistance on the Self-Assessment, the DES Coordinator will contact the client to discuss their current needs. (Appendix A14)
6. The DES Coordinator will send a communicate that includes the client's name, DCN, and information that indicates the reason for the transfer request to the Regional Supervisor, QSM, and/or DES Supervisor.
7. The DES Coordinator will update the client with details regarding the transfer, including the name and contact information for the receiving agency and Case Manager if available.
 - a. If a client-requested transfer is denied, the transferring DES Coordinator will provide the client with an explanation of the reason for denial.
8. The DES Coordinator will document all interactions with or on behalf of the client with an "Encounter" and corresponding "Progress Note."
9. If the transfer is taking place during the clients Six-Month or Annual Update, the DES Coordinator will complete the client update before requesting the transfer. The DES Coordinator must scan all required documents and insert the necessary service referrals.
10. The DES Coordinator will enter a transfer encounter (JDESTFROM) and send a communicate to the Regional Supervisor and/or QSM in the region that the client lives.
11. Once the Case Management referral is entered, the accepting Case Manager will send a communicate to the DES Coordinator requesting that the Direct Enrollment Services referral be closed.

12. The DES Coordinator will follow up with the receiving Case Manager and the client after three business days to verify that the receiving HIV Case Management agency has made contact with the client.

DOCUMENTATION

1. Self-Assessment, if applicable (Appendix A14)
2. Other documentation if necessary

SUMMARY

The DES Program has established the following policies and procedures for removing clients who are no longer eligible for services based on income or residency requirements, fail to comply with DES Program policies, or other less than favorable circumstances. The policy does not address clients who can and should be transferred back to HIV Case Management.

POLICY

1. Clients may be removed permanently or for a limited time from DES if the following conditions occur:
 - a. endangering the life of the DES Coordinator or other staff at the agency;
 - b. threatening and/or abusive behavior;
 - c. fraud;
 - d. criminal activity on agency property;
 - e. disrespectful or discourteous behavior;
 - f. failure to meet eligibility requirements;
 - g. failure to respond to requests for updated information; and/or
 - h. the client has moved out of the state.
2. Clients may be closed until successful completion of stipulated requirements such as, but not limited to:
 - a. unable to locate;
 - b. failure to respond to the DES Coordinator's attempts to contact the client; and/or
 - c. failure or refusal to provide requested information or documentation to comply with DES Program requirements.
3. The DES Coordinator will assess the client's ability to remain self-sufficient and, if necessary, request the client be transferred back to HIV Case Management.
4. Other identified concerns or infractions that are not listed above will be brought to the DES Supervisor's attention, if the DES Coordinator deems that closure may be warranted.

PROCEDURE

1. The DES Coordinator will document all activities leading to the consideration of closure in the “Progress Note” in the electronic client database.
2. The DES Coordinator will consult with DES Supervisor regarding circumstances leading to closure and document that conversation in a Progress Note in the client’s file.
3. The DES Coordinator will notify the client in writing of the intent to close the client from the DES Program. The letter must contain the following components, at a minimum:
 - a. reason for closure;
 - b. timeframe for closure, if applicable;
 - c. requirements for DES Program re-admission, if applicable; and
 - d. a copy of the DES Complaint, Grievance, and Appeal Form. (Appendix A1)
4. All DES client removal letters should be sent via certified mail to ensure delivery.
5. The DES client closure letter will be scanned into the “Documents” module in the electronic client database.
6. All active Direct Enrollment Services referrals will be closed, and a communicate will be sent to all other service providers to notify them of the need for closure.

A list of clients that have transferred or been closed from the DES Program will be emailed to the Regional Supervisor and QSM at the end of each quarter. The list of clients who have been removed or transferred from the DES Program will be logged in the DES Client Closure List maintained by the DES Coordinator. The DES Client Closure List is saved according to agency policies.

DOCUMENTATION

1. Documentation to support the client’s DES Program closure
2. Closure letter

SUMMARY

The DES Program has established the following policies and procedures for re-admission of clients who have met the specified requirements to re-enroll in the DES Program. This policy assumes that the client will apply for reinstatement to the DES Program and not HIV Case Management.

POLICY

1. The client must contact the DES Coordinator to request re-admission to the DES Program.
2. The client must provide all required documentation to verify their eligibility and meet all requirements stated in the DES Program closure letter.
3. The client must demonstrate that all stipulations made in the DES Program closure letter are met or resolved.
4. If re-admission to the DES Program is approved, the following modules must be updated in the electronic client database to re-enroll the client in services:
 - a. Housing
 - b. Demographics
 - c. Social Supports
 - d. Professional Contacts
 - e. Service Referrals
 - f. Health Insurance
 - g. Income
 - h. Employment
5. If re-admission to the DES Program is denied, the DES Coordinator will send a denial letter to the client explaining the reason for denial.
6. Clients deemed no longer appropriate for the DES Program should apply for services with their local HIV Case Management agency.

PROCEDURES

1. Clients must submit a request to the DES Coordinator by phone, mail, email, or fax to have their eligibility determined and have their services opened.
2. The DES Coordinator will request documentation from the client to verify their proof of income, residence in the State of Missouri, and health coverage to determine their eligibility for services and evaluate their ability to remain self-sufficient.
3. The DES Coordinator will consult with the DES Supervisor or Regional QSM regarding the request for reinstatement, if necessary, and document all activity in the electronic client database.
4. The DES Coordinator will verify the submitted documentation and calculate the client's income using the IDF to determine if the client is eligible for services. (Appendix A10)
5. The DES Coordinator will update the appropriate modules and upload all documentation in the electronic client database.
6. The DES Coordinator will insert a new Direct Enrollment Services referral on behalf of the client for a maximum of six-months that begins on the date re-admission was requested. (Section 7.0).
7. The DES Coordinator will enter referrals for non-DES services (e.g. referrals for medications, copays, or dental assistance) on behalf of the client when determined that a service is needed and documentation has been completed.
8. The DES Coordinator will enter a "JDESYU-DES Yearly Update Completed" encounter on the Direct Enrollment Services referral for the client and include a "Progress Note" that details the documentation that was received and that all modules were updated.
9. If the client has been denied re-admission to the DES Program, the DES Coordinator will mail the client a letter that outlines the reason for denial with the DES Complaint, Grievance, and Appeal Form. (Appendix A1)

DOCUMENTATION

1. Proof of income
2. Proof of residence in the State of Missouri
3. Proof of health coverage, if applicable
4. Other documentation as requested

SUMMARY

The DES Program has established the following standards for documentation, records requests, electronic communications with clients, and scanning documentation into the electronic client database.

POLICY

See individual subsections for applicable policies.

PROCEDURE

See individual subsections for applicable procedures.

DOCUMENTATION

See individual subsections for applicable documentation.

SUMMARY

The DES Program has established the following policy to outline the standards expected of the DES Program to keep client information confidential. All information must be entered into the electronic client database, which is the primary repository for client-specific information, and a client's complete and confidential record is maintained. A physical file may be maintained according to department policies.

POLICY

1. The DES Coordinator will document all interactions with or on behalf of the client in the electronic client database.
2. The DES Coordinator will maintain confidentiality according to HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) guidelines.
3. The DES Coordinator will ensure two locks protect all physical files.
4. The DES Coordinator will ensure all computer files are password protected and that the work area is secure when unattended. This includes but is not limited to keeping files closed, turning computer monitors away from public view, marking "Confidential" on all fax cover sheets or mailed documents, and using secure, encrypted emails when using client names or other identifying information.
5. The DES Coordinator will comply with all State, Federal, HIPAA, and HITECH guidelines concerning the confidentiality of HIV.
6. The DES Coordinator will comply with department specific policies regarding the acquisition of records by the client.
7. The DES Coordinator will comply with department specific policies regarding how to handle the transfer of records in response to a subpoena or search warrant.
8. The DES Coordinator will consult with the DES Supervisor immediately and prior to releasing all confidential information.
9. The DES Coordinator will comply with Department specific policies regarding electronic communication, such as email and text, with clients, and current HIPAA and HITECH confidentiality standards.

10. The DES Coordinator will release records in accordance with HIPAA/HITECH standards.
11. The DES Coordinator will maintain any physical records of closed and deceased clients for a minimum of six years. If a client has not been enrolled in RW services within the past six years or greater, the physical record must be destroyed.
12. The DES Coordinator will retain any physical records that are currently under legal review, regardless of the timeframe.
13. The DES Coordinator will maintain a list of all destroyed records that include the client's name, DCN, date closed, and reason for closure.
14. The DES Coordinator will never share password or login information with another individual for the electronic client database.

SUMMARY

The DES Program has established the following policies and procedures to outline the process for clients to request a copy of their DES and HIV Case Management records. This policy outlines the standards for which a client can request their records for themselves or be given to a designated person or entity that the client chooses.

POLICY

1. HIPAA/HITECH guidelines must be used for any redactions. Two categories of information are expressly excluded from the right of access:
 - a. Psychotherapy notes which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, maintained separately from the rest of the patient's medical record. See [45 CFR 164.524\(a\)\(1\)\(i\)](#) and [164.501](#).
 - b. Information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action proceeding. See [45 CFR 164.524\(a\)\(1\)\(ii\)](#).
2. If the agency maintains physical DES records, excluding documentation in the electronic client database, the record must be kept for six years.
3. Record requests must be completed in writing by the client, legal guardian, and/or legally appointed representative and include the client's name, identify the person or entity receiving the records, where to send the PHI, and the date range of the records requested. The client must sign the request.
4. The DES Coordinator must provide access to the PHI requested no later than 30 calendar days from receiving the client's request.
5. The DES Coordinator will work with the DES Supervisor, and/or other management staff to complete all record requests.

PROCEDURES

1. Clients must submit their request for their DES Program and/or HIV Case Management records in writing to the DES Coordinator.

2. The DES Coordinator will notify the DES Supervisor, and/or other management staff of the request.
3. The client's request for their records will be scanned into the "Documents" module in the electronic client database.
4. The DES Coordinator will document the request with an "Encounter" and corresponding "Progress Note" on the client's current Direct Enrollment Services referral.
5. The DES Coordinator will process the request according to the client's preference of mail, in-person, or electronically.

DOCUMENTATION

1. Written request for records from the client

SUMMARY

The DES Program has established the following policies to outline the standards for electronic communication required by anyone within the RW system. All client PHI must be securely contained on all mobile media, laptops, workstations, servers, and externally hosted sites to comply with HIPAA/HITECH guidelines. This policy applies to anyone in the RW system who uses, collects, and/or accesses client PHI.

POLICY

1. PHI contained on laptops or workstations are required to be encrypted.
2. All mobile devices, such as smartphones and tablets connected to the secure network and transmit PHI (e.g., e-mail) are required to accept Information Security Standards to encrypt and protect the information and devices.
3. External storage drives, including backup tapes and removable drives (“flash drives” or “jump drives”), must be able to encrypt the PHI.
4. Files that contain PHI that are transmitted across the Internet (e.g., emails with or without attachments, reports with PHI, etc.) must be encrypted.
5. Agency log-on and password information will be kept secure, including the user ID and password for the electronic client database. Passwords will never be shared with other individuals or vendors.
6. Forwarding of secure and/or encrypted emails to an external service is not permitted.
7. Email and text communication must never be used for emergency issues. A phone call is the most appropriate form of communication for such issues.
8. Secure emails may be used for other activities, such as but not limited to sending or receiving update documentation, sending regional resources at client request, etc.
9. The use of personal mobile devices is prohibited due to security issues.

SUMMARY

The DES Program has established the following policies and procedures regarding scanning documents into the electronic client database. A comprehensive client record assists in the coordination and delivery of RW funded services. Scanning documents into the client's record in the electronic client database allows other users to access information for timely service delivery.

POLICY

1. Scanning equipment must be located in an area that allows for confidential scanning.
2. The DES Coordinator will ensure confidentiality is maintained by not leaving client documents in view of the public while scanning.
3. Documents will be scanned into the electronic client database within two business days of receipt.
4. Immediate scanning of documents may be warranted to prevent delays in the delivery of services.
5. Documents that have been scanned may be shredded according to department policies.
6. Documentation of a client's legal name change must be scanned into the "Documents module" in the electronic client data prior changing the client's name.
7. Additional documentation may be required to be scanned into the DES client's file.
8. Refer to the Missouri Statewide Services Manual and/or Outstate Services Manual for guidance regarding Statewide or Outstate documentation requirements
9. Updated documentation must be scanned into the electronic client database if there is a change in the client's circumstance.

PROCEDURES

1. The DES Coordinator will scan all received documentation from clients within two business days and upload it into the electronic client database.
2. The DES Coordinator will upload the documents into the Documents module. (Appendix C3)
3. The DES Coordinator will update each module in the electronic client database with the updated documentation information as needed.

4. The DES Coordinator will contact the client if the documentation received is not legible and request the client (re)send a legible copy of the document.
5. The DES Coordinator will contact the client if there are any questions pertaining to the documentation.

ACCEPTABLE DOCUMENTATION

The following list identifies documents required to be scanned into the electronic client database for various client circumstances.

Client Circumstance	Acceptable Documentation
Enrollment in DES	<ol style="list-style-type: none">1. Verification of HIV+ status (Subsection 5.1)2. Social Security Card
Annual DES Update	<ol style="list-style-type: none">1. Client Acknowledgement Form (Appendix A11)2. Client Data Sheet (Appendix A9)3. IDF (Appendix 10)4. Verification of income (Subsection 5.3)5. Verification of residence in the State of Missouri (Subsection 5.2)6. Verification of health coverage for all private or public insurances7. Verification of Medicare (A, B, C, and/or D) enrollment8. MIRF (Appendix A13)9. Self-Assessment (Appendix A14)10. DES Authorization for Release of PHI (Appendix A15)

Six-Month DES Update	<ol style="list-style-type: none">1. Client Acknowledgement Form (Appendix A7)2. Client Data Sheet (Appendix A9)3. IDF (Appendix A10)4. Verification of Income (Subsection 5.3)
Client Legal Name Change	<ol style="list-style-type: none">1. Marriage License/Certificate2. Adoption Certificate3. Social Security Card4. Passport5. Official Court Document/Court Order6. Military ID
Other Documentation (as needed)	<ol style="list-style-type: none">1. Correspondence to or from the DES Coordinator2. Client correspondence with other entities, if provided3. Signed releases to other service agencies4. Marriage license and/or divorce decree5. Birth certificate6. Will, Power of Attorney, and/or Health Directives7. CD4/Viral Load lab reports8. MO HealthNet denial or approval

Appendix A1

DES Compliant, Grievance, and Appeal Form

DES Complaint and Grievance Form	
Instructions: Clients or their representatives may file a grievance or complaint with the agency without fear of reprisal or intimidation of any form. This form should be used to provide written documentation of any concern expressed and record the follow-up action taken and results. Please fill out the form, date, and sign the top portion of this report and submit it to the agency. You will be provided with an oral and/or written report of the findings within five (5) working days from the date this report was submitted.	
Name of Client	Person filing Complaint (if not client)
Agency	
Date of Occurrence	Date Reported to Agency
Complaint Concerns (check all that apply) <input type="checkbox"/> Provider <input type="checkbox"/> Program <input type="checkbox"/> Policy <input type="checkbox"/> Staff	
Describe what happened and provide dates (Use reverse side of sheet if more space is needed)	
What would you like to see happen to respond to the situation?	
Signature of Person Filing Grievance	Date
Please do not write below – DHSS Completion Only	
Staff member receiving Complaint	
Name	Date Received
Individuals Designated to Take Action on this Concern	
Date Assigned	Expected Date of Resolution
Findings and Corrective Action Taken	
Was the grievance resolved to the satisfaction of all concerned? <input type="checkbox"/> Yes, describe resolution <input type="checkbox"/> No, please explain.	
Complainant given report of resolution and finding by <input type="checkbox"/> Written Notice <input type="checkbox"/> In-Person <input type="checkbox"/> Phone	
Signature of Staff Filing Report	Date

Appendix A2

Welcome Packet – Client Acknowledgement Form

Client Acknowledgement Form

Client Name

Client DCN

Client Acknowledgements

As a partner in this process, I acknowledge that:

- 1) All statements made by me are true to the best of my knowledge.
- 2) This program involves the receipt of federal and/or state funds; any person knowingly supplying false information is subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both.
- 3) I will notify my DES Coordinator immediately of any changes in my health status, financial situation, income, or living arrangements.
- 4) I have reviewed and understand the listed informational documents and have been offered copies of them
- 5) I understand that I have the right to file a grievance or complaint and have the right to request the form to start the process.
- 6) I acknowledge and agree that any refunds I may receive due to overpayment of an insurance plan for which HSI covers the cost, must be returned to the program.
- 7) I agree that any refund check I may receive in my name for this reason will be made payable back to the program.
- 8) The purpose of my participation in DES is to assure my engagement in HIV medical care.
- 9) I understand that all financial assistance will be related to HIV care only.
- 10) I understand that my information is maintained in a secure electronic client file with access limited to authorized service providers in the Ryan White system.

Client Signature

Date

DES Coordinator Signature

Date

Appendix A3

Welcome Packet – Initial Client Data Sheet

Direct Enrollment Services (DES) Initial Client Data Sheet			
Full Legal Name		Also Known As	
Primary Phone	Type	<input type="checkbox"/> Ok to Leave a Message <input type="checkbox"/> Do Not Leave Message	
Secondary Phone	Type	<input type="checkbox"/> Ok to Leave a Message <input type="checkbox"/> Do Not Leave Message	
E-mail		E-mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the future, would you prefer to receive your update packets by encrypted e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," additional information will sent to you explaining how to open encrypted e-mails.			
Street Address			<input type="checkbox"/> Ok to Mail
City	State	Zip Code	County
Mailing Address <input type="checkbox"/> Same as Street Address			
City		State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> T-M/F <input type="checkbox"/> T-F/M		Legal Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> w S/O	
Education		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language		Translation Services Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
# in Household	# of Dependents	Monthly Household Income (gross)	
Emergency Contact Name		Phone	Relationship
Health Coverage <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> VA <input type="checkbox"/> Medicaid Medicare: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Other Information:			
Medical complications/Opportunistic Infections/Co-Infections			
Last CD4	Date	Last VL	Date
Healthcare Provider		Phone	Date Last Seen
HIV/Other Medications			
Mental Health/Substance Abuse Concerns			
Additional Notes/Reason for Requesting DES			
I understand that my HIV test results and other information will be kept confidential. I am signing this form voluntarily. I am agreeing to release information about myself and my HIV diagnosis so that I can enroll in the DES Program if I need and/or qualify for such services. I understand that the information I have provided will be entered into a secure and confidential database maintained by the Missouri Department of Health and Senior Services. I understand that my signature means that the DES Program Coordinator may contact me by telephone, letter, or if requested, by email.			
Client Signature			Date

Appendix A4

Welcome Packet – Clients Rights and Responsibilities

Clients Rights and Responsibilities

The Department of Health and Senior Services benefits administrator coordinates payment for allowed services for clients enrolled in the DES Program. Client services are based on program eligibility, assessed need, and available funding. Not all services are available in all locations. Your role as a client of this program is to engage in medical care and participate in the update processes.

I have a responsibility for the following:

- Remain engaged in HIV medical care while I am receiving Ryan White System funded services.
- Notify the DES Coordinator of any major life changes, including: residency, phone number, income, health coverage, health status, number of dependents, etc.
- Complete required updates and to provide requested information and documentation in the specified time.
- Demonstrate appropriate behavior during all interactions with the DES Coordinator as outlined in the Policies for Removal and Readmission from DES.
- Be cooperative and participatory while receiving care and services.
- Use the complaint, grievance, and appeal process to address any issues or concerns that may arise, without fear of reprisal.
- Respect the DES Coordinator's personal and professional boundaries.
- Adhere to the laws of the State of Missouri regarding the spread of HIV.
- Utilize available personal and community resources, to assure that the Ryan White System is the payer of last resort.

I have a right to the following:

- Freedom of choice of qualified service providers within network.
- Have my confidentiality maintained according to Missouri state statutes and Federal HIPAA law.
- Services that are delivered in a timely, courteous, respectful, non-discriminatory, and culturally sensitive manner.
- A copy of my program record upon receipt of a signed and dated authorization.
- Be informed of policies and procedures for closure and conditions to apply for reactivation.
- The email, phone number, and fax number for the DES Coordinator. I understand that I, my designated contact, or my guardian(s) may call the DES Coordinator during working hours to discuss any concerns I/we might have regarding services.

Appendix A5

Welcome Packet – Direct Enrollment Services Client Policy

Direct Enrollment Services Client Policy

Direct Enrollment Services (DES) is a program that provides limited assistance to self-sufficient clients who are no longer in need of intensive, in-person case management, but continue to require financial assistance to maintain access to medical care and medications. The DES Coordinator will assist in enrollment into the DES program; coordinate payment of health insurance premiums, co-pays, deductibles and medications; and assess a client's ability to remain self-sufficient and out of traditional case management.

Available Services

- Health Insurance Premium assistance for cost effective insurance policies, including private and public insurances, such as Affordable Care Act (ACA)/Marketplace plans, employer, Medicaid Spenddown and Ticket to Work premiums, and some Medicare premiums, if third party premium payments are accepted. (Refer to the most current AIDS Drug Assistance Program (ADAP)/Health Insurance Continuation Program (HICP) Exclusions and Limitations List)
- Health Insurance deductible assistance
- Health Insurance co-pay/co-insurance assistance
- Dental co-pay and deductible assistance for a limited number of ADAP approved and cost effective policies. (Refer to the most current ADAP/HICP Exclusions and Limitations List)
- Uninsured medication costs for medications included on the current ADAP Formulary
- Uninsured primary care costs for approved ADAP services
- Uninsured dental costs (Part B only)
- Uninsured mental health care costs (Part B only)

Eligibility Requirements

- Documented proof of Viral Suppression (<200 quantitative result) in the client level database
- Documented proof of Missouri residence
- Documented proof of individual/family gross income at or below 300% of the current Federal Poverty Level (FPL)
- Documented proof of engagement in HIV medical care and treatment
- Documented proof of a valid mailing address that is able to receive mail
- A DCN issued by the State of Missouri

Direct Enrollment Services Client Policy

Initial Enrollment

Policy: Clients who have shown success in maintaining regular medical care and have proven a level of self-sufficiency in personal and financial matters, but who might also still have a need for assistance with medical care costs may be referred for DES following a minimum of six (6) months enrollment in Case Management.

All DES clients must complete and return all required documentation to enroll in and maintain program eligibility. Scanned or copied documents with signatures may be mailed, emailed, or faxed. The original signatures are not required.

The following informational documents will be sent to the client in addition to the welcome letter:

- a. Client Rights and Responsibilities
- b. Complaint, Grievance and Appeal Process
- c. Exclusions List and Health Insurance Overview
- d. Direct Enrollment Services Client Policy

Client Updates

Six (6) Month Update

Policy: Clients enrolled in the DES program must provide updated information and have their eligibility reviewed every six (6) months in order to remain in the program. The six-month update will be used to determine the client's continued eligibility in DES.

45 days prior to the expiration of eligibility, the DES coordinator will send the following documents to the client for review and/or update, as appropriate, with the request that all forms and verification documents be returned by the 15th of the month eligibility expires:

- a. Six-Month Update Letter
- b. Current FPL Guidelines
- c. Instruction Sheet for completing forms
- d. Client Acknowledgement Form
- e. Client Data Sheet
- f. Income Determination Form

Clients are expected to return the following documents in addition to the forms listed above. I

- a. Proof of Income

Direct Enrollment Services Client Policy

Six Month Update Timeline Table

Enrollment Month	Referral End Date
January	June 30 th
February	July 31 st
March	August 31 st
April	September 30 th
May	October 31 st
June	November 30 th
July	December 31 st
August	January 31 st
September	February 28 th
October	March 31 st
November	April 30 th
December	May 31 st

Annual Update

Policy: Clients enrolled in DES must provide updated information to have their eligibility reviewed annually in order to remain in the program. The annual update will be used to determine the client's continued eligibility for DES as well as to assess the client's resource, medical and supportive needs.

45 days prior to the expiration of eligibility, the DES coordinator will send the following documents to the client for review and/or update, as appropriate, with the request that all forms and verification documents be returned by the 15th of the month eligibility expires:

- a. Annual Update Letter
- b. Current FPL Guidelines
- c. Instruction Sheet for completing forms
- d. Client Acknowledgement Form
- e. Client Data Sheet –
- f. Income Determination Form
- g. Medical Information Request Form (MIRF)
- h. Self-Assessment Form
- i. Authorization for Release of Protected Health Information (PHI)

Clients are expected to return the following documents in addition to the forms listed above. I

- b. Proof of Income
- c. Proof of Residency
- d. Proof of Health Coverage

Direct Enrollment Services Client Policy

Past-Due Updates

Policy: All clients receiving services through the DES program must complete all six-month and annual updates to remain eligible for services. If a client is unable to complete the update within the required time frame the following will apply.

Procedure:

1. Clients who fail to update their enrollment information will be contacted to remind them of the need to complete and submit update information. Clients in the DES program are required to remain self-sufficient with enrollment for services and engagement in medical care. Clients who are unable to do so will be transferred back to the Case Management system or considered for other programs.
2. A duplicate update packet may be mailed, emailed, or faxed if the client requests one.
3. If the client fails to return the update packet by the expiration of the DES referral, all services will be suspended until the update is complete.
4. If the client fails to complete their update within 30 days of their service referral expiring, the client will be discharged from the program.

Client Transfer to Case Management

Policy: A process exists for clients to transfer back to Medical or Resource and Referral Case Management from DES when it has been determined they are no longer appropriate for DES and would be better served in a more structured case management program. Clients will be transferred after a six (6) month or other significant update (i.e. changes in health or financial status) or when it is identified that they are no longer able to self-manage. Possible reasons for clients to transfer may include, but are not limited to:

- a. Client is not virally suppressed as documented with two consecutive detectable viral loads within a 12 month period.
- b. Client has 12 months with no documented CD4/Viral Load lab results.
- c. Client requires more intensive case management services (as determined by the self-assessment survey, client request, agency staff request, emergent mental health or substance abuse issues, etc., if appropriate).

Procedure:

1. DES coordinator recognizes that client is no longer successfully self-sufficient in the program.
2. DES coordinator will contact client and/or regional Quality Service Manager (QSM) to discuss the possibility of transfer, assess the client's willingness for change, and to facilitate the transfer.
3. If the transfer is taking place after a 6 or 12 month update, the DES coordinator will complete the client update.

Direct Enrollment Services Client Policy

Client Removal

Policy: Clients can be removed from services due to loss of eligibility, non-compliance or other less than favorable circumstances. This policy does not address those clients who can and should be transitioned back to case management. The following are conditions that may result in permanent or time limited closure of DES:

- Endangering the life of a DES coordinator or others at the agency
- Threatening and/or abusive behavior
- Fraud
- Criminal activity on agency property
- Disrespectful or discourteous behavior
- Failure to meet eligibility requirements
- Failure to respond to requests for updated information
- Client has moved out of the state

Procedure:

1. The DES Coordinator will notify the client in writing of the plan to close the file. The letter must contain the following parts, at a minimum:
 - a. Reason for closure
 - b. Time frame for closure, if applicable
 - c. Requirements for program re-admission, if applicable
 - d. A copy of the Complaint, Grievance, and Appeal policy
2. All client removal letters will be sent by certified mail to ensure delivery.

Client Readmission

Policy: Whenever possible and when certain requirements have been met, Clients can apply for re-admission to services. This policy assumes a client will apply for re-instatement to DES and not Medical Case Management.

Procedure:

1. Clients must contact DES Coordinator to request re-admission into the DES program and must provide all required documentation as requested.
2. Clients must have met specific time frame requirements as stated in the program removal letter.
3. Clients must demonstrate that any other stipulations made in the program removal letter are met or resolved.
4. If reinstatement is denied, a certified letter will be sent to the client describing the reason for denial.

Appendix A6

Welcome Packet – Compliant, Grievance, and Appeal Policy

Complaint, Grievance, and Appeal Policy

Policy:

The Direct Enrollment Services (DES) Program recognizes the right of clients and their representatives, providers, system users and staff to register complaints and grievances with this organization. All complaints and grievances presented will be acted upon in an objective and expedient manner. No form of reprisal or intimidation will be used against any individual voicing a complaint or grievance.

Compliments regarding a particular service or specific employee are also welcomed and will be shared with all staff members.

Procedure:

Clients or their representatives, service providers or other staff may speak to a supervisor, member of management, or service representative when he/she wishes to voice a complaint, offer a recommendation, or give a compliment regarding services provided.

1. In the case of a complaint or grievance, the DES Coordinator will attempt to resolve the issue informally and will write up a grievance report detailing the grievance and the resolution. All reports are submitted to Ryan White Management within 48 hours.
2. If, in the case of a complaint, the issue is not resolved by the DES Coordinator, the DES Coordinator's Supervisor will give careful consideration to the matter and, if necessary, confer with persons involved in the occurrence and with any other parties/witnesses. The person making the complaint may submit a written or dictate a grievance/complaint report during this process.
3. When possible, the DES Coordinator's Supervisor will give an oral and/or written explanation of the findings, and proposed remedies to the complainant and the aggrieved party no later than five (5) business days after the grievance was filed.
4. If the individual or party filing the grievance is not satisfied with the findings, a meeting will be scheduled to achieve resolution. At this meeting, the person filing the grievance, if a client, may be represented by the DES Coordinator or his/her designee. Minutes of this session will be recorded.
5. If no resolution is reached, the complaint will be referred to the Regional Supervisor, or his/her designee. The Regional Supervisor may make a decision on the information gathered or ask for additional input. The decision of the Regional Supervisor will be final.
6. The resolution will be written and returned to the individual or party filing the grievance.
7. Summaries of all complaints, resolutions, suggestions, and actions indicated will be submitted to the Regional Supervisor, DES Supervisor, DES Coordinator and client or complainant, and aggrieved party.

Appendix A7

Six-Month Update Packet – Client Acknowledgement Form

Client Acknowledgement Form	
Client Name	Client DCN
Required Documents to be Returned: <input checked="" type="checkbox"/> Client Acknowledgement Form <input checked="" type="checkbox"/> Client Data Sheet <input checked="" type="checkbox"/> Income Determination Form <input checked="" type="checkbox"/> Proof of Income	
Client Acknowledgements	
As a partner in this process, I acknowledge that: <ol style="list-style-type: none"> 1) All statements made by me are true to the best of my knowledge. 2) This program involves the receipt of federal and/or state funds; any person knowingly supplying false information is subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both. 3) I will notify my DES Coordinator immediately of any changes in my health status, financial situation, income, or living arrangements. 4) I have reviewed and understand the listed informational documents and have been offered copies of them 5) I understand that I have the right to file a grievance or complaint and have the right to request the form to start the process. 6) I acknowledge and agree that any refunds I may receive due to overpayment of an insurance plan for which HSI covers the cost, must be returned to the program. 7) I agree that any refund check I may receive in my name for this reason will be made payable back to the program. 8) The purpose of my participation in DES is to assure my engagement in HIV medical care. 9) I understand that all financial assistance will be related to HIV care only. 10) I understand that my information is maintained in a secure electronic client file with access limited to authorized service providers in the Ryan White system. 	
Client Signature	Date
DES Coordinator Signature	Date

Appendix A8

Six-Month Update Packet – Instruction Sheet

Instruction Sheet

Listed below are instructions regarding the purpose of and how to complete the documents listed on the Client Acknowledgement Form. Please complete and return the requested documents by **MM/DD/YYYY**.

1. **Client Acknowledgement Form:** This form lists all of the documents needed to continue your enrollment in the DES program. Please ensure that all items marked on the Client Acknowledgement Form are completed and returned by the date requested. In addition, the Client Acknowledgement Form lists the expectations of DES clients. Please read and sign the bottom of the form, then return it to the address on the six-month letter.
2. **Client Data Sheet:** The DES Program requires that all clients have current contact information, including mailing address, phone number, and if available, e-mail address. Please fill out the entire Client Data Sheet to ensure that the DES Program has the correct information.
3. **Income Determination Form:** In the table, write the monthly gross income (before taxes and other deductions) for yourself, spouse and any dependents living in the household.
4. **Proof of Income:** Provide copies of all that apply for each member of your household:
 - The last 2 consecutive pay stubs for each employer. Signed copies of last year's tax returns with W-2's are acceptable.
 - Current year award letter from the Social Security Office showing monthly benefits.
 - Proof of income from rental properties, etc.
 - Documentation from any other form of income reported on the Income Determination Form.

Appendix A9

Six-Month and Annual Update Packets – Client Data Sheet

Direct Enrollment Services (DES) Client Data Sheet

Full Legal Name		Also Known As	
Primary Phone	Type	<input type="checkbox"/> Ok to Leave Message <input type="checkbox"/> Do Not Leave Message	
Secondary Phone	Type	<input type="checkbox"/> Ok to Leave Message <input type="checkbox"/> Do Not Leave Message	
E-mail		E-mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the future, would you prefer to receive your update packets by encrypted e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," additional information will sent to you explaining how to open encrypted e-mails.			
Street Address			<input type="checkbox"/> Ok to Mail
City	State	Zip Code	County
Mailing Address <input type="checkbox"/> Same as Street Address			
City		State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> T-M/F <input type="checkbox"/> T-F/M		Legal Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> w S/O	
Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact			
Name	Relationship	Phone Number	
I understand that my information will be kept confidential and I am signing this form voluntarily. I understand that the information I have provided will be entered into a secure and confidential database maintained by the Missouri Department of Health and Senior Services. I understand that my signature means that the DES Coordinator may contact me by telephone, letter, or email.			
Client Signature		Date	

Appendix A10

Six-Month and Annual Update Packets – Income Determination Form

Income Determination Form

Client Name:	DCN:		
Spouse Name:	Number of Legal Dependents in HH:		
Monthly Gross Income From:	Client	Spouse	Other
Gross Wages including tips, overtime, and salaries from employment			
Non-Farm Self-Employment			
Farm Self-Employment			
Temporary Assistance for Needy Families (TANF)			
Supplemental Security Income (SSI)			
Social Security (SSDI or SSA) received for yourself and/or on behalf of any dependents in the household			
Pension Payments (includes railroad retirement, private or government pensions)			
Child Support received on behalf of dependents living in the household			
Other regular support from an absent family member			
College or University Scholarships, Grants, or Fellowships (minus tuition, books, or educational fees)			
Training Stipends (minus the cost of tuition, books, and fees)			
Unemployment Compensation (IRS form 1099)			
Long-Term or Short-Term Disability			
IRA Distributions minus early withdrawal penalties (IRS form 1099)			
Regular Insurance or Annuity Payments (IRS form 1099)			
Periodic Receipts from Estates or Trusts			
Dividends or Capital Gains received on investments (Schedule B)			
Interest (Schedule B) from savings, checking accounts, market funds, certificate of deposits, or other interest-bearing accounts			
Net Rental Income (Schedule E) minus expenses and interest on mortgage payments			
Net Royalties, Professional Enterprise/Partnerships, Gambling/Lottery Winnings, Strike Benefits, Alimony, Worker's Compensation (circle applicable income in list)			
Income for working for cash			
Other			
Column Totals			
Total Monthly Gross Family Income:			
Calculations - FOR DES COORDINATOR USE			
<p>By signing this form I understand that any misrepresentation or failure to disclosure information requested on this form can disqualify me from participation and can be grounds for termination from the DES Program. This program involves receipt of federal and/or state funds. Supplying false information is subject to state and/or federal prosecution, which may result in fines, imprisonment, or both. The income I report, including zero income, and number of household dependents is subject to verification by the DES Coordinator. I understand that the DES Coordinator may determine my income is a different amount based on review of available documentation.</p>			
Client Signature:		Date:	
<input type="checkbox"/> Client attests to no changes in income since their last update. (Six Month Update ONLY)			
DES Coordinator Signature:		Date:	

Appendix A11

Annual Update Packet – Client Acknowledgement Form

Client Acknowledgement Form													
Client Name	Client DCN												
Required Documents to be Returned: <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Client Acknowledgement Form</td> <td><input checked="" type="checkbox"/> Results of most recent labs OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Client Data Sheet</td> <td>Completed Medical Information Release</td> </tr> <tr> <td><input checked="" type="checkbox"/> Income Determination Form</td> <td>Form (MIRF)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Proof of Income</td> <td><input checked="" type="checkbox"/> Self Assessment</td> </tr> <tr> <td><input checked="" type="checkbox"/> Proof of Residency</td> <td><input checked="" type="checkbox"/> Authorization for Release of PHI</td> </tr> <tr> <td><input checked="" type="checkbox"/> Proof of Health Coverage</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input checked="" type="checkbox"/> Client Acknowledgement Form	<input checked="" type="checkbox"/> Results of most recent labs OR	<input checked="" type="checkbox"/> Client Data Sheet	Completed Medical Information Release	<input checked="" type="checkbox"/> Income Determination Form	Form (MIRF)	<input checked="" type="checkbox"/> Proof of Income	<input checked="" type="checkbox"/> Self Assessment	<input checked="" type="checkbox"/> Proof of Residency	<input checked="" type="checkbox"/> Authorization for Release of PHI	<input checked="" type="checkbox"/> Proof of Health Coverage	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Client Acknowledgement Form	<input checked="" type="checkbox"/> Results of most recent labs OR												
<input checked="" type="checkbox"/> Client Data Sheet	Completed Medical Information Release												
<input checked="" type="checkbox"/> Income Determination Form	Form (MIRF)												
<input checked="" type="checkbox"/> Proof of Income	<input checked="" type="checkbox"/> Self Assessment												
<input checked="" type="checkbox"/> Proof of Residency	<input checked="" type="checkbox"/> Authorization for Release of PHI												
<input checked="" type="checkbox"/> Proof of Health Coverage	<input type="checkbox"/> Other: _____												
Client Acknowledgements													
As a partner in this process, I acknowledge that: <ol style="list-style-type: none"> 1) All statements made by me are true to the best of my knowledge. 2) This program involves the receipt of federal and/or state funds; any person knowingly supplying false information is subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both. 3) I will notify my DES Coordinator immediately of any changes in my health status, financial situation, income, or living arrangements. 4) I have reviewed and understand the listed informational documents and have been offered copies of them 5) I understand that I have the right to file a grievance or complaint and have the right to request the form to start the process. 6) I acknowledge and agree that any refunds I may receive due to overpayment of an insurance plan for which HSI covers the cost, must be returned to the program. 7) I agree that any refund check I may receive in my name for this reason will be made payable back to the program. 8) The purpose of my participation in DES is to assure my engagement in HIV medical care. 9) I understand that all financial assistance will be related to HIV care only. 10) I understand that my information is maintained in a secure electronic client file with access limited to authorized service providers in the Ryan White system. 													
Client Signature	Date												
DES Coordinator Signature	Date												

Appendix A12

Annual Update Packet – Instruction Sheet

Instruction Sheet

Listed below are instructions regarding the purpose of and how to complete the documents listed on the Client Acknowledgement Form. Please complete and return the requested documents by **MM/15/YYYY**.

1. **Client Acknowledgement Form:** This form lists all of the documents needed to continue your enrollment in the DES program. Please ensure that all items marked on the Client Acknowledgement Form are completed and returned by the date requested. In addition, the Client Acknowledgement Form lists the expectations of DES clients. Please read and sign the bottom, then return it with to the address on the annual letter.
2. **Client Data Sheet:** Please fill out the entire Client Data Sheet to ensure that the DES Program has the correct information. The DES Program requires that all clients have a current mailing address where the client is willing to receive mail, as this is our main form of contact. The DES Program may also need to contact clients by phone. A working phone number that is able to accept incoming calls is needed in the event that the DES Coordinator needs to contact the client.
3. **Income Determination Form:** In the table, write the monthly gross income (before taxes and other deductions) for yourself, spouse and any dependents living in the household.
4. **Proof of Income:** Provide copies of all that apply for each member of your household:
 - The last 2 consecutive pay stubs for each employer or signed copies of last year's tax returns with W-2's are acceptable)
 - Current year award letter from the Social Security Office showing monthly benefits
 - Proof of income from rental properties, etc.
 - Documentation from any other form of income reported on the Income Determination Form
5. **Proof of Residency:** Provide a current copy of ONE of the following documents in your name:
 - Lease agreement
 - Insurance statement from a rental, private, life, or real estate insurance company
 - Housing Assistance Verification form signed by landlord
 - Mortgage coupon/statement
 - Utility bill
 - Bank statement
 - Correspondence from any government agency
 - Property tax receipt
 - Paystubs

Instruction Sheet

6. **Proof of Health Coverage:** Provide copies of the **front and back** of your Medicare, VA and/or Private Health Insurance Cards. If you have more than one type of insurance, a copy of each card needs to be sent.
7. **Medical Information Release Form (MIRF):** You may fill out your physicians' name and number, then print and sign your name in the appropriate boxes. Then either return the MIRF with your update packet OR give to your physician to fill out this form with your most recent lab results. You may also choose to send copies of your two (2) most recent lab results. You are required to remain active in your health care by attending appointments and having your CD4 and viral load labs **drawn at least twice per year unless otherwise ordered by a physician in order to remain eligible for the DES Program**
8. **Self-Assessment Form:** Please fill out each question as accurately as possible. High scores may trigger a phone call from your DES coordinator to discuss whether more intensive services would be more appropriate.
9. **Authorization for Release of Protected Health Information:** This release allows the DES Coordinator to request and receive information regarding your diagnosis, typically lab reports from your physician. Fill out your demographic information at the top and Section B with your infectious disease or primary care physician's information. Next, initial next to Lab Results and any other information you would like your physician to send to the DES Coordinator and in the boxes for Re-disclosure, Alcohol and Drug Abuse Special Disclosure, and Time Limit and Revoke Authorization sections. Last, sign and date at the bottom of page one. The expiration date is one (1) year from date signed unless otherwise specified. You do not need to fill out or sign page two (2) unless you no longer want to give the DES Coordinator authorization to receive information from your physician.

Appendix A13

Annual Update Packet – Medical Information Release Form

Medical Information Release Form

Enclosed is a release of information signed by the client on this form who lists you as their physician. This client receives assistance through the Direct Enrollment Services (DES) program with funding through the Ryan White Program at HSI. The information requested below is to update the client's record so that they can continue receiving services through the DES Program. Please provide the requested information below as soon as possible. If you have any questions, please contact the DES Coordinator at *Insert Phone Number*. This form may be faxed or emailed to the DES Coordinator. **Please only send what is requested below rather than the full medical record. The DES Program is not authorized to make payments for medical records.**

Name of Client		Signature of Client	
Two Most Recent CD4 Counts:		Date of Two Most Recent CD4 Counts:	
Count:	Count:	Date:	Date:
Two Most Recent Viral Load Results		Date of Two Most Recent Viral Load Results:	
Result:	Result:	Date:	Date:
Current Diagnoses (please include any opportunistic infections and/or co-morbidities)			
How often do you see this client?		Does this client keep their appointments consistently?	
<input type="checkbox"/> Monthly <input type="checkbox"/> Every 3 Months <input type="checkbox"/> Every 6 Months <input type="checkbox"/> Yearly		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Physician Office Staff			Date

Return Form To

Insert First and Last Name, DES Coordinator

Fax:

OR

E-mail:

Appendix A14

Annual Update Packet – Self-Assessment

Self-Assessment

Client Name:

Date:

This Self-Assessment Form is designed to help the DES Coordinator determine if your needs are being met by the DES Program. Please answer all questions honestly and to the best of your ability.

Part A

Rate each category based on your feelings since your last update.

General Health

Overall, how would you rate your health?

Excellent

1 ☐

2 ☐

3 ☐

4 ☐

Poor

5 ☐

If you feel your General Health is a 3 or higher, are you currently seeing your medical provider to address any health concerns?

☐ Yes

☐ No

Mental Health

Overall, how would you rate your mental health?

Excellent

1 ☐

2 ☐

3 ☐

4 ☐

Poor

5 ☐

If you feel your Mental Health is a 3 or higher, are you currently seeing a Mental Health Professional?

☐ Yes

☐ No

Insurance/Benefits

Do you have problems getting to or keeping doctor visits and/or getting medications?

No Difficulty

1 ☐

2 ☐

3 ☐

Many Difficulties

4 ☐

5 ☐

If you have respond with a 3 or higher, please explain in Part B.

Housing

Do you have a stable living situation?

☐ Yes

☐ No

Money & Basic Needs

Do you have available income for food, clothing, and utilities?

Adequate Income

1 ☐

2 ☐

3 ☐

Not Enough Income

4 ☐

5 ☐

Alcohol & Drugs

How often do you use alcohol or recreational drugs?

Never

1 ☐

2 ☐

3 ☐

4 ☐

Often

5 ☐

Hospitalization

How many times have you been hospitalized since your last update?

1 ☐

2 ☐

3 ☐

4+ ☐

Part B

Please provide any additional information you would like to share. If you need more space, feel free to write on the back.

Appendix A15

Annual Update Packet – Authorization for Release of Protected Health Information



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIRECT ENROLLMENT SERVICES AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

[Save](#)[Print](#)[Reset](#)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/EMPLOYER
services provided on a nondiscriminatory basis

CLIENT FULL NAME	BIRTHDATE	SEX	DCN, SSN, ETC.
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
RESPONSIBLE PERSON - PARENT - LEGAL GUARDIAN NAME (CIRCLE WHICH)			
FORMER ADDRESS (IF APPLICABLE)			
A. AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI) I authorize the Service Provider named in Section B to release/disclose and the Service Provider named in Section C to obtain the specified confidential health information below:			
B. SERVICE PROVIDER NAME		ADDRESS (STREET, CITY, STATE, ZIP CODE)	
Information to be released: <i>Client must initial the specific information for release below.</i>			
<input type="checkbox"/> Lab results (including HIV test results, TB evaluation/PPD results, Pap smear)	<input type="checkbox"/> Current orders/treatments, medication, restorative/ rehabilitative services history	<input type="checkbox"/> Immunization record	
<input type="checkbox"/> History and physical	<input type="checkbox"/> Alcohol/drug abuse*	<input type="checkbox"/> Case management records	
<input type="checkbox"/> Discharge summaries	<input type="checkbox"/> Psychological evaluation	<input type="checkbox"/> Social service summary or notes	
<input type="checkbox"/> Current diagnoses/problem list	<input type="checkbox"/> All progress reports	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Consultant reports			
C. PLEASE SEND REQUESTED PROTECTED HEALTH INFORMATION (PHI) TO: Ryan White Direct Enrollment Services			
DIRECT ENROLLMENT SERVICES COORDINATOR		DIRECT ENROLLMENT SERVICES AGENCY	
MAILING ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)			
D. ADDITIONAL INFORMATION (Client must initial where specified)			
Re-disclosure: I understand that my health information records are confidential. I understand that by signing this authorization, I am allowing the release of health information. I understand that once my confidential health information is released to the above named person or persons, it may be subject to re-disclosure except as specified in the section below. I understand that I do not have to sign this authorization and my treatment or payment for services will not be denied. This form must be completed if I chose to participate in research related treatments or provided solely to give information to a third party as specified under Section B. I can inspect or copy the protected health information to be used or disclosed. I authorize the Ryan White Direct Enrollment Services Program to use and disclose the protected health information specified above. _____ (Clients initials acknowledges understanding of re-disclosure)			
*Alcohol and Drug Abuse Special Disclosure Information: I understand that if I authorize the release of drug and alcohol abuse treatment records that those records are protected by Federal Law. The authorization for release of information form does not authorize redisclosure of medical information beyond the limits of this consent. Federal Law (42 CFR Part 2) for Alcohol/Drug abuse, prohibit information disclosed from records protected by this law from being redisclosed, even to the client, without the specific written consent of the client or as otherwise permitted by such law and regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. _____ (Clients initials acknowledges understanding of Alcohol and Drug Abuse Disclosure Information)			
Time Limit and Revoke Authorization: Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the agency listed in Section C. Unless revoked, this authorization will expire on the following date: _____, or one year from the date of signature, unless otherwise specified. _____ (Clients initials acknowledges understanding of revocation rights)			
E. My signature below acknowledges that I have read, understand, and authorize the release of my Protected Health Information. This authorization becomes effective on the date of my signature.			
CLIENT, PARENT OR LEGAL GUARDIAN SIGNATURE	RELATIONSHIP	DATE	DATE OF EXPIRATION:
WITNESS SIGNATURE	RELATIONSHIP	DATE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIRECT ENROLLMENT SERVICES AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/EMPLOYER
services provided on a nondiscriminatory basis

F. NOTICE OF REVOCATION

I, _____ (client name) hereby revoke my authorization of this disclosure of information to the agency/person listed above. This revocation effectively makes null and void any permission for disclosure of Protected Health Information expressly given by the above authorization. I understand that any actions based on this authorization, prior to revocation, will not be affected.

I understand that the revocation will not apply to information that has already been released in response to this authorization.

I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

CLIENT (PARENT OR LEGAL GUARDIAN) SIGNATURE:	DATE
WITNESS SIGNATURE:	DATE
CASE MANAGER SIGNATURE (SIGN UPON RECEIPT):	DATE RECEIVED:

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis. Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services at (573-751-6430). Hearing- and speech-impaired citizens can dial 711.

Appendix B1

Transfer to DES Request Workflow

Module	Transfer Request Workflow Process
Housing	Review housing module to verify that client is a resident in the State of Missouri and the mail can be received at the address.
Demographics	Review to verify client has valid phone number.
Service Referral	Review active service referrals to ensure that client does not utilize supportive services provided by Ryan White Part B. Clients in the St. Louis or Kansas City Transitional Grant Areas (TGAs) may still have referrals funded through other Ryan White agencies but are not supported by the Ryan White Part B program.
Labs	Verify that client has at least one viral load lab result within the past 12 months that is suppressed (<200 copies/ml).
Verified Medical Care	If there is not a viral load result in the Labs module, review the Verified Medical Care module for at least one viral load results within the past 12 months that is suppressed (<200 copies/ml).
Encounters	Review Encounters and corresponding notes to determine if client meets self-sufficient standard to be enrolled in DES.

All modules listed must be reviewed and verified before client can be transferred.

Appendix B2

Initial Transfer Workflow

After receiving completed Client Acknowledgement Form and Initial Client Data Sheet, complete the following workflow to finalize transfer of client to the DES program.

Module	Transfer Request Workflow Process
Housing	Confirm address is the same as listed on the Initial Client Data Sheet.
Demographics	Confirm current data is the same as listed on the Initial Client Data Sheet. Change client's Case Manager to DES Coordinator. Change agency to DHSS.
Social Support	Confirm that the social support listed, if any, is current and update the verified date.
Professional Contacts	Open the active entry for the transferring Case Manager; change to not active and insert end date. Create new entry for DES Coordinator.
Documents	Upload scanned copy of the signed Client Acknowledgement Form and Initial Client Data Sheet.
Service Referrals	Insert new Direct Enrollment Services referral with current day as the start date. The end date should be six months from the month of the start date, unless transferring between update periods. The six-month intervals should align with previous Case Management service referrals.
Encounters	Enter "JDESDOC" encounter with Progress Note detailing DES Coordinator received required documentation to finalize transfer and include any other pertinent information, issues, or pending items.
Communicate	Send communicate to previous Case Manager to request a transfer encounter be added and request to have the Case Management referral be closed.

Appendix B3

Annual Update Workflow

Module	Annual Update Workflow Process
Housing	Verify or update the client's physical and mailing address and upload associated documentation in module.
Demographics	Verify the information in the Demographics module.
Social Support	Review social supports log for emergency contact, dependents, and household members.
Professional Contact	Update verified date of Direct Enrollment Specialist entry.
Documents	Upload documents not associated with a specific module.
Assessment/Interview	Review Tobacco Attestation entry and verify or update entry.
Labs	Review for viral load results within the previous 12 calendar months.
Verified Medical Care	Only review for viral load results if the Labs module does not have a viral load result from the previous 12 calendar months.
Employment	Review active employment entries and verify or update entry.
Income	Document all income, including income for spouse and dependents if applicable. Upload Income Determination Form and proof of income into appropriate entries in log.
Health Coverage	Review active health coverage entries and verify or update entries as needed.
Service Referral	Enter new Direct Enrollment Services referral.
Encounters	Enter encounter "JDESCUPR" in the current active Direct Enrollment Services referral. After entering the new Direct Enrollment Services referral, enter encounter "JDESYU" with progress note detailing receipt of complete packet and documentation, include any other pertinent information, issues, or pending items.

Appendix B4

Six-Month Update Workflow

Module	Annual Update Workflow Process
Housing	Verify that client's housing information matches the address listed on the Client Data Sheet. If different, proof of residency must be requested.
Demographics	Verify the information in the Demographics module.
Social Support	Review social supports log for emergency contact, dependents, and household members.
Professional Contact	Update verified date of Direct Enrollment Specialist entry.
Documents	Upload documents not associated with specific modules.
Assessment/Interview	Review Tobacco Attestation entry and verify or update entry.
Labs	Review for viral load results within the previous 12 calendar months.
Verified Medical Care	Only review for viral load results if the Labs module does not have a viral load result from the previous 12 calendar months.
Employment	Review active employment entries and verify or update entry.
Income	Document all income, including income for spouse and dependents if applicable. Upload Income Determination Form and proof of income into appropriate entries in log.
Service Referral	Enter new Direct Enrollment Services referral.
Encounters	Enter encounter "JDESCUPR" on the current active Direct Enrollment Services referral. After entering the new Direct Enrollment Services referral, enter encounter "JDESSMU" with progress note detailing receipt of complete packet and documentation, include any other pertinent information, issues, or pending items.

Appendix B5

Transfer Workflow

Module	Transfer Request Workflow Process
Housing	Verify active housing entry.
Income	Verify that client's income is still within eligible guidelines.
Service Referral	Confirm that the client has an active Direct Enrollment Services referral entry and other referrals as needed.
Encounters	<p>Enter encounter with progress note that details client's need for additional services. Used either the JDESDOC or JDESPCC encounter code.</p> <p>After approval to return to Case Management and agency has contacted client, the receiving Case Manager will request a transfer encounter be entered. Enter transfer encounter.</p>
Communicate	Send communicate to Regional Supervisor and QSM detailing request to transfer back to Case Management system for client.

Appendix B6

Case Closure Workflow

Module	Transfer Request Workflow Process
Case Status	Enter the end date in the open case; select option <i>Why Closed</i> ; insert progress note to detail reason for closure or suspension.
Demographics	Review client Demographics; change active button from <i>yes</i> to <i>no</i> . If deceased, enter date of death and selected cause. Remove name from Case Manager drop-down box by selecting the blank/null option at the top of the drop-down.
Professional Contacts	Enter the end date, verified date, and change the Active status from yes to no for only the Direct Enrollment Services Specialist entry.
Documents	Upload scan of remaining documents, letters, or other correspondence sent to the client or on behalf of the client during the closure process.

The Case Closure Workflow closes clients from all services in the Ryan White system.

Appendix C1

DES Acronyms

Acronym	Formal Term
Ab	Antibody
ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
Ag	Antigen
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
DCN	Departmental Client Number
DES	Direct Enrollment Services
DHSS	Department of Health and Senior Services
DOLIR	Department of Labor and Industrial Relations
EHR	Electronic Health Record
EIA	Enzyme Immunoassay
EMR	Electronic Medical Record
FPL	Federal Poverty Level
HICP	Health Insurance Continuation Program
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health
HIV	Human Immunodeficiency Virus
IAF	Income Attestation Form
IDF	Income Determination Form
IRA	Individual Retirement Account
IRS	Internal Revenue Service
MIRF	Medical Information Release Form
NAAT	Nucleic Acid Amplification Test
PHI	Protected Health Information
QSM	Quality Service Manager
RW	Ryan White
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TGA	Transitional Grant Area

Appendix C2

DES Encounter Codes

The table below outlines the encounter codes available to use for DES program activity.

Encounter Code	Description
JDESCUPR	DES Complete Update Packet Received
JDESDOC	DES Documentation
JDESIUPR	DES Incomplete Update Packet Received
JDESPCBC	DES Phone Call on Behalf of Client
JDESPCC	DES Phone Call with Client
JDESSMU	DES 6 Month Update Completed
JDESTFROM	DES Refer From Program
JDESUPS	DES Update Packet Sent
JDESYU	DES Yearly Update Completed

1. **JDESCUPR – DES Complete Update Packet Received:** Used to document the receipt of a client’s complete update packet for both the 6-month and Annual update.
2. **JDESDOC – DES Documentation:** Used to document other forms of contact with or on behalf of the client, such as e-mail correspondence with the client or when faxing to request lab results from the client’s provider.
3. **JDESIUPR – DES Incomplete Update Packet Received:** Used to document in the electronic client database when a client’s update packet has been received but is missing one or more pieces of required documentation. This code can be used at both the 6-month or Annual update.
4. **JDESPCBC – DES Phone Call on Behalf of Client:** Used when the DES Coordinator makes or receives a phone call regarding a client with someone other than the client. Multiple calls about a single subject, in a single day may be documented in one encounter.
5. **JDESPCC – DES Phone Call with Client:** Used when the DES Coordinator makes or receives a call and speaks with a client. Multiple calls about a single subject, in a single day may be documented in one encounter.

6. **JDESSMU – DES 6 Month Update Completed:** After review and update for a client's six-month update, this code is attached to the new Direct Enrollment Services referral to document that the client completed their six-month update.
7. **JDESTFROM – DES Refer From Program:** Used to document the transfer of a client from the DES Program to the Case Management system.
8. **JDESUPS – DES Update Packet Sent:** Used to document when the DES Coordinator sends the client update packet. Update packets may be mailed or e-mailed to clients.
9. **JDESYU – DES Yearly Update Completed:** After review and update for a client's annual update, this code is attached to the new Direct Enrollment Services referral to document that the client completed their annual update.

Appendix C3

Documentation Description with Category

The following table is a list of frequently used documents in the DES Program.

Document Type	Description of Use
Correspondence	Closure letters or other correspondence but does not include the client update packet.
Documentation of Medical Visit	MIRF
Exception Request	To add documents, if applicable, that applies to an exception request for services.
Health Coverage – HSI Release for Insurance (2)	Release form to allow program to pay client's health insurance premiums.
Health Coverage – Medicaid Card	Copy of Medicaid Card.
Health Coverage – Medical Bills/EOBs	Medical bills to be uploaded for review and payment.
Health Coverage – Medicare A & B	Copy of client's Medicare card that shows client has Medicare Part A and Part B.
Health coverage – Medicare Part A	Copy of client's Medicare card that shows client has Medicare Part A only.
Health Coverage – Medicare Part B	DO NOT USE. Individuals are not eligible for Part B only. Individuals must have Part A to be eligible for Part B.
Health Coverage – Medicare Part C	Copy of a client's Medicare Advantage (Part C) card. Part C coverage is through private insurers and will be similar to Private Insurance cards.
Health Coverage – Medicare Part D	Copy of a client's Medicare Prescription Drug (Part D) card.
Health Coverage – Private Insurance Documentation	Copy of a client's private insurance card, including marketplace and employer based cards, marketplace insurance statements or other documentation related to a client's private insurance coverage.
HIPAA Release	Authorization for Release of Protected Health Information form.
MCM – Income Determination Form	Income Determination Form.
Verification of Income	Copy of client's pay stubs, taxes, social security statement, pension statements, or other documentation of a client's income.
Verification of Residency	Copy of approved forms of proof of residency.
X Other (Enter description in Name Field)	Used to upload the Client Acknowledgement Form, Client Data Sheet, and Self-Assessment submitted in an update packet.

The following table is a complete list of document types available in the electronic client database. Clients may have had documents from the list below uploaded in their records while they were in the HIV Case Management System.

Document Types
ACA – AE Pre-application with signature
ACA – Documentation
Additional Assessment Data
Agency Client Service Request Form
Case Consultation
Client Doc – Birth Certificate
Client Doc – Driver’s License/State ID
Client Doc – Healthcare Directives/Durable POA
Client Doc – Immigration Documentation
Client Doc – Medical records
Client Doc – Social Security Card
Client Doc – Will
Client File Sharing Consent
CM Service Agreement (Data Sheet)
Community Referrals
Copy of birth certificate if bill in minor chds nm
Correspondence
Documentation of Medical Visit
Exception Request
Grievance Policy
Health Coverage – Change Release Form/EFT Term.
Health Coverage – HSI Card
Health Coverage – HSI Release for Insurance (2)
Health Coverage – Insurance Cont./COBRA
Health Coverage – Insurance Eligibility Letter
Health Coverage – Letter of Creditable Coverage
Health Coverage – Medicaid Card
Health Coverage – Medical Bills/EOBs
Health Coverage – Medicare A & B
Health Coverage – Medicare Part A
Health Coverage – Medicare Part B
Health Coverage – Medicare Part C
Health Coverage – Medicare Part D
Health Coverage – Private Insurance Documentation
HICP Client Refund(s)
HIPAA Release
HOPWA Enrollment Form
Housing – Assistance Notification Form
Housing – Assistance Verification Form
Housing – Community Housing App./Verification
Housing – Criminal Background Check
Housing – Family Verification of Demonstrated Need

Document Types
Housing – HOPWA Inspection Form
Housing – Lead-Based Paint Disclosure Form
Housing – Lease
Housing – Mortgage Payment/Verification
Housing – Other
Housing – Physician Verification of Demonstrated Need
Housing – Rent Reasonableness Checklist
Housing – Rights and Responsibilities
Housing – Utility Asst. Calculation Worksheet
Housing – Utility Bill
Housing – VAWA Domestic Violence Certification
Housing – VAWA Lease Addendum
Housing – VAWA Notice of Occupancy Rights
Housing – W-9 Taxpayer ID Number
HSI Client Correspondence
LTC Data Sheet
Marriage Certificate
MCM – Budget Planner
MCM – Emergency Preparedness and Response Form
MCM – Income Determination Form
MCM – Intake Form
MCM – Release – Other (Description in Name Field)
MCM – Release OF PHI (Description in Name Field)
MCM – Signature Page
Missouri Medicaid Screening Tool
MO ADAP Affidavit of Declined Insurance form
OMO Award Letter
Positive Start – attachment
Positive Start – CMS Referral Form
Positive Start – What You Need to Know MO Law
Proof of Food Stamps
Resource/Care Plan
SPPC Waiver Client Choice Statement
SPPC Waiver Emergency Plan
SPPC Waiver HIVLOC
SPPC Waiver Medicaid Authorization Deter. Letter
SPPC Waiver Notification of Change Letter
SPPC Waiver Personal Goal Plan
SPPC Waiver QSM Plan Approval
SPPC Waiver Service Activity Instructions
SPPC Waiver Service Plan
SPPC Waiver Supervisory Monitoring Log

Document Types
TCM STEP documents
Transportation Request
Treatment Adherence – Care Plan
Treatment Adherence – Intake
Treatment Adherence – Notes/Discharge
Treatment Education Certificate
Verification Medigap Supplement Insurance
Verification of Community Housing Application
Verification of HIV+ Status
Verification of Incarceration

Document Types
Verification of Income
Verification of Income/Residency
Verification of Legal Name Change
Verification of Medicaid Application
Verification of Medicaid Denial
Verification of Medical Status
Verification of Preliminary Positive
Verification of Residency
X Other (Enter description in Name Field)