Ending the HIV Epidemic
Service Coordination Manual

April 2023

Ending the HIV Epidemic Service Coordination Manual
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Section 1.0 Program Overview	

1.1 Ending the HIV Epidemic (EHE) Coordinator Manual Purpose

The Ending the HIV Epidemic (EHE) coordinator manual establishes policies and procedures for the EHE intervention services within Missouri. The EHE coordinator manual is an evolving document that works in conjunction with the Missouri HIV Case Management manual, Outstate Services Manual and Statewide Services manual. This manual will focus on performance standards for EHE coordinators and the delivery of quality services provided to clients newly diagnosed with HIV and those who are not in care/ not virally suppressed. For a more detailed EHE process, please see section 5.1.

1.2 Ending the HIV Epidemic (EHE) Coordinator Model

EHE Service Coordination is a strengths-based, intensive, short-term service coordination program. The goal of EHE is to link individuals who are newly diagnosed with HIV or lost to care to medical care. EHE Service Coordination is structured to be delivered through multiple client interactions occurring within a thirty-day (30) day period or less, based upon the client's needs or the services available within the region in which the client resides. EHE will provide coordination and linkage to support services for clients newly diagnosed with HIV and those who are not in care/ not virally suppressed.

There may be situations where individuals do not qualify for Ryan White case management services, and they may need continued support through EHE service coordination. For a more detailed process, please see section 5.1.

1.3 Program Goal and Description

EHE is an intensive service coordination program for individuals based on their needs and/or the services available within their region, taking place within thirty (30) days of testing positive for HIV. Qualifying clients include those who are newly diagnosed with HIV, have Rapid Preliminary Positive HIV results or Rapid-Rapid HIV testing results, or are not in care or not virally suppressed. The primary goal of this program is to *establish or re-establish* medical care. The EHE program assists clients in overcoming initial barriers to engaging in medical care with the primary purpose of linkage to, and successful engagement in, medical care. Clients' success in EHE is based on completing at least one lab visit and one verified visit with an HIV care provider with prescribing privileges

(physician or nurse practitioner) in the initial 30- day period. The EHE program utilizes a 'gradual disengagement' model in which the EHE Coordinators provide frequent, in-depth, and supportive contact initially and gradually decrease contact and support as the client builds their self-management and self-advocacy skills. An example of gradual disengagement includes completing medical appointment scheduling; the EHE coordinators will make the client's first medical appointment as needed and have the client schedule their second appointment with assistance, if necessary. Gradual disengagement prepares clients to transition to less-intensive medical case management after the initial 30-day timeframe. EHE coordinators will explain the program goal of establishing medical care and a framework of gradual disengagement to clients throughout the program.

EHE service coordination is designed to help individuals accomplish the specific objective of engaging in HIV medical care. The goals of EHE service coordination are to assist the client to:

1. Develop short-term acceptance of their HIV-positive status.
2. Identify personal strengths they can use to overcome barriers to entry into HIV medical care.
3. Identify both individual and systemic barriers to early entry into HIV medical care.
4. Develop and carry out a plan for overcoming barriers to entry into HIV medical care.
5. Transition into the next level of support ranging from:
   A. Independent engagement in care (No Ryan White (RW) services needed/client not eligible for RW services)
   B. Limited support for engagement in care (resource and referral)
   C. Limited support for engagement in care (direct enrollment services)
   D. Medical/specialty case management to maintain engagement in care.

1.4 Eligibility

For the purpose of this manual, eligibility will refer only to individuals newly diagnosed with HIV, are not in care/ not virally suppressed, or who meet the criteria for EHE services. To be eligible for EHE services, an individual must:

1. Be a resident of the state of Missouri
2. Have a documented **positive** or **preliminary** HIV lab result.
   a. Acceptable forms of verification of HIV+ status are:
      i. Western Blot test results report form.
      ii. Missouri Department of Corrections medical records printout (from HIV

Accountability Records System).

iii. A copy of a laboratory report indicating a reactive or detectable nucleic acid amplification test (NAAT)/detectable viral load.
    1. 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.
    2. A quantitative test measures the number of copies of the virus per milliliter. 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.

iv. Copies of Confirmation of HIV Positive Status Letter for Rapid-Rapid HIV Testing method, which is based on one HIV rapid test to detect antibodies and a second comparable HIV rapid test, from a separate manufacturer, to confirm this detection at a 100% positive-predictive-value.

v. Copies of laboratory reports indicating two positive (reactive/qualitative) HIV immunoassays, which are based on different antigenic constituents or principles. Examples include:
    1. 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.
    2. A reactive EIA *ALONG WITH* an antibody differentiation immunoassay test (***i.e.***, Multispot) indicating the presence of HIV-1 and/or HIV-2 antibodies.

vi. 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 Ryan White services with no additional documentation required.)

vii. A copy of laboratory test results, which meet any of the Clinical and Laboratory Standards Institute, approved algorithms for the diagnosis of HIV. The HIV Case Manager must consult with their agency supervisor, who will contact the Regional Supervisor or Quality Service Manager to ensure that the results submitted meet approved diagnosis standards.

viii. 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:

1. Client name
2. Date of birth or social security number
    a. 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.
3. 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 in the name field of the Documents module of the electronic client database.
4. Acceptable verification of HIV+ status:
    a. Positive Western Blot
    b. A copy of a laboratory report indicating a reactive or detectable nucleic acid amplification test (NAAT)/detectable viral load.
        i. 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.
        ii. A quantitative test measures the number of copies of the virus per milliliter. This type of test may be referred to as a "viral load." This result is reported as the number of copies per milliliter. Results, which include a less than sign (<), are not acceptable as proof of HIV infection.
        iii. 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 EHE participation with no additional documentation required.)

ix. Documentation obtained from local 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.

If the client cannot supply any of the above, additional testing to confirm HIV status will be required before the Enrollment proceeds. The documentation must include the client's name and one additional identifier (DOB, Social Security Number, and/or Residency).

Any of the forms mentioned above for verification must be obtained and scanned into the electronic client database at the time of enrollment (see Enrollment with Positive Screening/Preliminary Test exception below).

Note: If a client states that a genotype HIV testing was conducted to confirm HIV+ status, the regional supervisor must consult with the Director of HIV Case Management to determine if the testing type is accepted by HIV State Surveillance Coordinator. If the test was conducted in Missouri and accepted by the HIV State Surveillance Coordinator, the test will be accepted as proof of HIV+ status.

Eligibility cannot be denied due to pre-existing conditions, non-HIV-related conditions, or provide any other barrier to care (i.e., due to a person's past or present health condition, ability to pay for care, and/or refusal to enroll in or share health insurance coverage information, etc.)

Enrollment with Positive Screening/Preliminary Test (3rd or 4th Generation/Rapid Test):

Clients who present for an Enrollment with a positive screening/preliminary test only (3rd generation, 4th generation, rapid, etc.) will be permitted to enroll in HIV Case Management services for up to thirty (30) days while confirmatory test results (Multispot, NAAT, etc.) are obtained and must be documented using the "Verification of Preliminary Positive" document type in the electronic client database. If documentation of the confirmatory test results is not obtained within this thirty (30) day period, all referrals must be closed and the client record inactivated. Acceptable documentation of a preliminary positive must include the client's name, date of birth, test date, type of test, test result, and testing site information (phone number, address).

1.5 Time Line Objective

1.5.1 Within seven (7) days of initial contact with the client (following HIV positive, preliminary positive diagnosis or referral to EHE program) the EHE coordinator will:

- Complete Missouri EHE Rapid Start Access Application, if needed (see attachment).
- Assist with scheduling a confirmatory HIV test, if needed.
- Provide HIV education and answer HIV-related questions from the client.
- Conduct preliminary crisis/risk assessment; EHE coordinators will explore feelings about and assess understanding of the diagnosis, assess for client's plans following contact with EHE coordinator, explore support systems for the client, and make a follow-up plan for contact with the client.
- Have routine contact with DIS to discuss client prior to EHE contact.
- If the client is not interested or declines EHE services, printed and/or electronic HIV information and resource list will be supplied with a DIS resource bag.
- Complete client enrollment visit (should begin at or near first interaction with a client by the EHE coordinator).
- Provide education and/or educational materials to include but is not limited to: "HIV 101", "Medication Adherence," "Understanding a Viral Load," and "Undetectable equals Untransmittable" (U=U).
- Make referrals to other programs and services as needed/eligible (e.g., primary care, medication assistance, etc.).
- Assist clients with collecting and submitting Ryan White eligibility verification documents.

1.5.2 Within the first 30 days after initial intake EHE coordinator will:

- Complete client assessment.
- Document referral in the electronic client database (SCOUT).
- Obtain confirmatory HIV test results.
- Schedule first medical appointment, and attend as needed with the client.

1.5.3 Prior to the program end, the EHE Coordinator will:

- Discuss medical case management transfer options and expectations.
- Make referrals to other programs and services as needed.
- Provide education on levels of support and goals of programs within the Missouri

RW System.

- Coordinate meeting to introduce the client to their new case manager, if applicable.
- Complete transfer to RW medical case management or other programs, as needed.
- Ensure a second medical appointment is completed or scheduled if still participating in EHE.

It may be beneficial to follow up with the assigned case manager or primary care provider to ensure the second medical appointment was completed.

Section 2.0 Initial Contact with Client	

2.1 Referral Sources:

Referral source refers to the entity notifying the EHE program or staff of a person who needs EHE services.

Referral sources can be from anywhere in the community, including but not limited to hospitals, opt-out testing sites, safety net clinics, health departments, DIS, or self-referrals.

2.2 Referral Process

EHE Coordinator will respond to the referral source by telephone or Face to Face (FtoF) within one (1) business day to discuss a plan of action.

2.3 Engaging Clients

Whenever possible and appropriate, EHE Coordinators will make initial contact by phone within 24-48 hours, but no later than five (5) business days to engage the client after the referral is made. All attempts to contact the client are to be documented. Under certain circumstances, this time frame may be extended with written supervisory approval explaining the reason for extension.

2.4 Intake Standard

Whenever possible, the EHE Coordinator will complete intake during the first contact.

Engagement Standard Summary

EHE services are designed to assist people with HIV to establish and maintain HIV medical care. The processes of inquiry, intake, agency assignment, and case assignment ensure engagement in EHE services.

Inquiry Policy:

Missouri residents who have proof of positive status can contact the EHE Coordinator to obtain more information about eligibility and services provided by the program. Callers will be given information regarding community resources, including referrals to available providers if needed.

Intake Policy:

Clients must first be screened for any immediate needs requiring a referral to emergency medical or community services. The process by which clients enter the EHE system will vary by region.

The function of the intake and screening is to:

1. Establish the client's desire and eligibility to participate in HIV case management.
2. Gather information that will assist in decision-making regarding immediate needs.
3. Assign the client to the appropriate HIV case management agency.
4. If a client does not qualify or desire case management services, assist the client in finding HIV medical care or medication assistance as appropriate.

Intake Procedure:

1. Referrals for EHE services come from various sources, including but not limited to: physicians' offices, nurses, state and local public health systems, emergency rooms, hospitals, STD clinics, client self-referral, and any other Ryan White partners. The client, guardian, or power of attorney (hereafter referred to as the client) must consent to participation.
2. A representative of the EHE team will initiate contact with a potential client.
3. The EHE Coordinator will assess the client needs and conduct the intake.
4. The EHE Coordinator will utilize the HIV case management intake/data form (or DHSS-approved regional intake form) to gather all required information and obtain verbal consent for entry into the electronic client database. The form must be scanned into the documents module of the electronic client database. All modules in the electronic client database need to be verified at enrollment and not the intake.
5. The EHE Coordinator will discuss the eligibility requirements of the Missouri HIV Case Management system as outlined in section 3.0 of the case management manual and provide the client with a list of items that may be useful to bring to the first meeting with the HIV case manager.

HIV Case Management Assignment Policy:

When the EHE Coordinator assigns a client to an agency, a communicate message is sent to the individual responsible for the case assignment. Care must be taken to ensure that the client is referred to the appropriate HIV case management and/or specialty case management program or agency (ex: Linkage to Care, Positive Start Transitional Case Management, Resource and Referral Case Management, etc.). The EHE Coordinator may be contacted if additional information and/or case conferencing is needed prior to the case assignment.

The EHE coordinator supervisor must ensure backup/coverage if the EHE Coordinator is absent from the workplace.

2.5 Initial Contact

Upon initial contact with the client, the EHE coordinator will introduce themselves, explain the EHE program, and encourage client enrollment in services for which the client is eligible. If a client accepts assistance, the EHE coordinator will complete the intake process for the client, which will include:

a. Assessing the client's understanding of the diagnosis.
b. Evaluating need for crisis and/or safety intervention(s).
c. Confirming correct contact information for the client and scheduling a follow-up plan for future contact.
d. Collecting any necessary documentation for release of client's health information prior to enrollment.

2.6 EHE Program Initial Objectives:

a. Introduce self and explain the EHE program to the client.
b. Familiarize client with goals of the EHE program.
c. Provide the client with an opportunity to explore thoughts and feelings of HIV diagnosis and assess understanding.
d. Offer to review and answer questions about HIV test results.
e. Begin identifying the client's strengths, abilities, skills, and needs.
f. Help assess others' role in promoting or impeding access to services.
g. Discuss options for HIV medical care and encourage engagement.
h. Plan for the next contact with the EHE coordinator.
i. Complete intake and/or verify contact information.
j. Offer client HIV education materials.
k. Summarize/recap the major points of the session.

EHE coordinators will document all required intake information on the approved intake form and obtain verbal consent for entry into the electronic database. Please consult with the EHE supervisor for the approved form.

Section 3.0 Enrollment Standard	

3.1 Enrollment Appointment

EHE coordinator will:

a. Complete all enrollment paperwork within 24-48 hours of intake.
b. Assess client's access to health care coverage. If the client does not have active health insurance coverage, assist the client in accessing eligible coverage.
c. Discuss and provide the client with information on available facilities and providers for HIV medical care.
d. Establish where the client will receive HIV medical care.
e. Schedule HIV medical appointment and develop a plan for attendance with the EHE coordinator if possible and if the client chooses.
f. Provide HIV education and address client concerns.

3.2 Enrollment Procedure

EHE Coordinator is responsible for entering EHE client information into the electronic database, completing an assessment, and entering service referrals. All modules in the electronic database need to be verified at the time of enrollment.

3.2.1 **EHE Service Referrals** – Service referrals represent a client's enrollment in and eligibility for specific services. Referral may be either to system or community providers. Services are to be tracked in the same manner as other services. A referral should be entered when a client:

A. Enters the EHE program.
B. Re-enters the EHE program after a break in service if they remain eligible.

Procedure: Clients will be referred to EHE Supportive Services at the time of enrollment.

Referral: The EHE Coordinator will contact the region-specific case management agency for all clients who meet Ryan White eligibility requirements (refer to HIV Case Management Manual Sec. 4.0 Enrollment Service Referral Table).

3.3 Transfers from Ending the HIV Epidemic Service Coordination to Medical Case Management or Specialty Case Management

The following will apply in the event that a client changes their mind about the utilization of services or if a client experiences changes in income. There may be other situations where the following applies and should be considered on a case-by-case basis.

The EHE coordinator will inform the client of the transfer process and options for HIV case management or other supportive services. Decisions for transfer should be based on the client's input and needs, including the type of facility the client prefers and any barriers client faces when accessing care, including language.

Once an agency/location for medical case management or other support services has been decided, the EHE coordinator will contact the receiving agency case manager (or appropriate staff member) through a SCOUT communicate and alert of the upcoming transfer. EHE coordinator's supervisor should also be Cc'd in the SCOUT communicate.

The EHE coordinator will enter an encounter and a 'transfer clipping' into SCOUT that includes, at minimum, an overview of client needs (ex. active service referrals, presenting barriers, outstanding issues, and pending items); pertinent client information (ex. insurance status, information on diagnosis location, current medical issues, updates to housing or income, and any upcoming appointment needs); information relevant to next update (ex. service plan updates, due date); and any safety concerns/information.

The EHE coordinator will contact the receiving regional supervisor either in person, through email, or via telephone communication to ensure the transfer clipping has been reviewed and to provide any further case conferencing needed prior to transfer. When a regional supervisor is unavailable, the EHE coordinator will contact the case manager and the quality service manager. After case conferencing is complete, the EHE coordinator and receiving case manager will schedule a transfer appointment with the client. Whenever possible and appropriate, both the receiving case manager and the EHE coordinator will be present at the transfer appointment. The EHE coordinator will enter the transfer encounter within two business days of the appointment.

Section 4.0 Supervision and Quality Reporting	

4.1 Verified Medical Visit within 30 Days of Diagnosis

The *HIV National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025* objective for the Linkage to Care Program is to link clients to a verified medical care visit within 30 days from the date of a confirmatory test result showing the client is HIV positive.

Verified Medical Care Visit is defined as an HIV medical appointment attended by the client with a care provider with prescribing privileges (Physician or Nurse Practitioner). Verified Medical Care visits within the first 30 days from diagnosis must be documented in the SCOUT database. New goals for successful linkage to care will be evidenced by a minimum of one lab visit and one verified medical provider visit within the 30-day period. Quality measures are in place to promote and track practices that will help retain newly diagnosed clients in care and advance the process for linking an individual to care by:

a. Responding to referrals or reported incidents of individuals who have a preliminary positive test result. (ex. HIV rapid test).
b. Responding to referrals in person whenever possible and practical.
c. Attending HIV medical appointment with the client when possible. EHE Coordinators will document in SCOUT any medical appointments attended with the client under the J10.2M Medical Visit (Accompanied Client).

4.2 Antiretroviral Drug Assistance Support

4.2.1 Newly diagnosed clients in need of antiretroviral drug assistance will be offered the following options:

a. Referred to Medicaid;
b. Referred to a patient assistance program; or
c. Provided assistance with co-pays, if applicable
d. Provided full assistance with prescriptions

4.2.2 Clients who are lost to care and ineligible for RW and in need of antiretroviral drug assistance will be offered the following options:

a. Referred to Medicaid;
b. Referred to a patient assistance program; or
c. Provided full assistance with prescriptions

d. Provided assistance with co-pays, if applicable

4.3 Quality Management

Record and Documentation Standard

All interactions with or on behalf of clients must be documented in a timely, objective manner and maintained in the electronic client database. The electronic client database is the primary repository of client-specific information.

EHE Coordinators will follow DHSS record release and retention policies. EHE Coordinators will follow DHSS confidentially and HIPPA policy and procedures.

Case Management Record Request

Policy:

All clients in the EHE system have the right to request their EHE record. This includes the right to inspect and/or obtain a copy of the protected health information (PHI) and direct the covered entity/agency to transmit a copy to a designated person or entity of the individual's choice. The client's request to direct the PHI to another person must be in writing, signed by the client, and clearly identify the designated person and where to send the PHI. EHE record requests will be process according to DHSS policies and procedures for record requests.

Electronic Communication

Policy:

The EHE system requires securing PHI on all mobile media, laptops, workstations, servers, and externally hosted sites to comply with HIPAA/HITECH.

Procedure:
The process for documenting in the client's electronic record is detailed in specific policies throughout this and other associated manuals.

Scanning

Policy:

1. A comprehensive client record in the electronic client database assists in the provision of EHE. Scanning documents into the record allows other users to have access to information for timely service provision. Additionally, Ryan White funded providers may have access to add documents and information about services they provide to inform EHE.
2. EHE will assure the confidentiality of the documents by leaving no documents in view of the public while they are being scanned. Agencies are required to place scanning equipment in a confidential location.
3. Documents will be scanned into the electronic client record within **two (2) business days of receipt.** Timely scanning of documents is required to avoid delays in the provision of services.
4. Documents that have been scanned will be shredded according to agency policy.

Electronic Signatures

Client electronic signatures via DocuSign or AdobeSign are acceptable or as approved by the DHSS. Using DocuSign or AdobeSign does not change requirements for face-to-face encounters.

Pre-Exposure Prophylaxis (PrEP) Referrals

Policy:

The EHE will document the following activities in Websurv:
1. PrEP referrals for clients' partners.
2. PrEP discussions with clients/clients' partners and resources for accessing PrEP.

Procedure:

1. The EHE will discuss PrEP with their clients/clients' partners throughout the entire interaction, including but not limited to:
    a. Phone calls
    b. Office visits
    c. Accompanying clients to medical visits

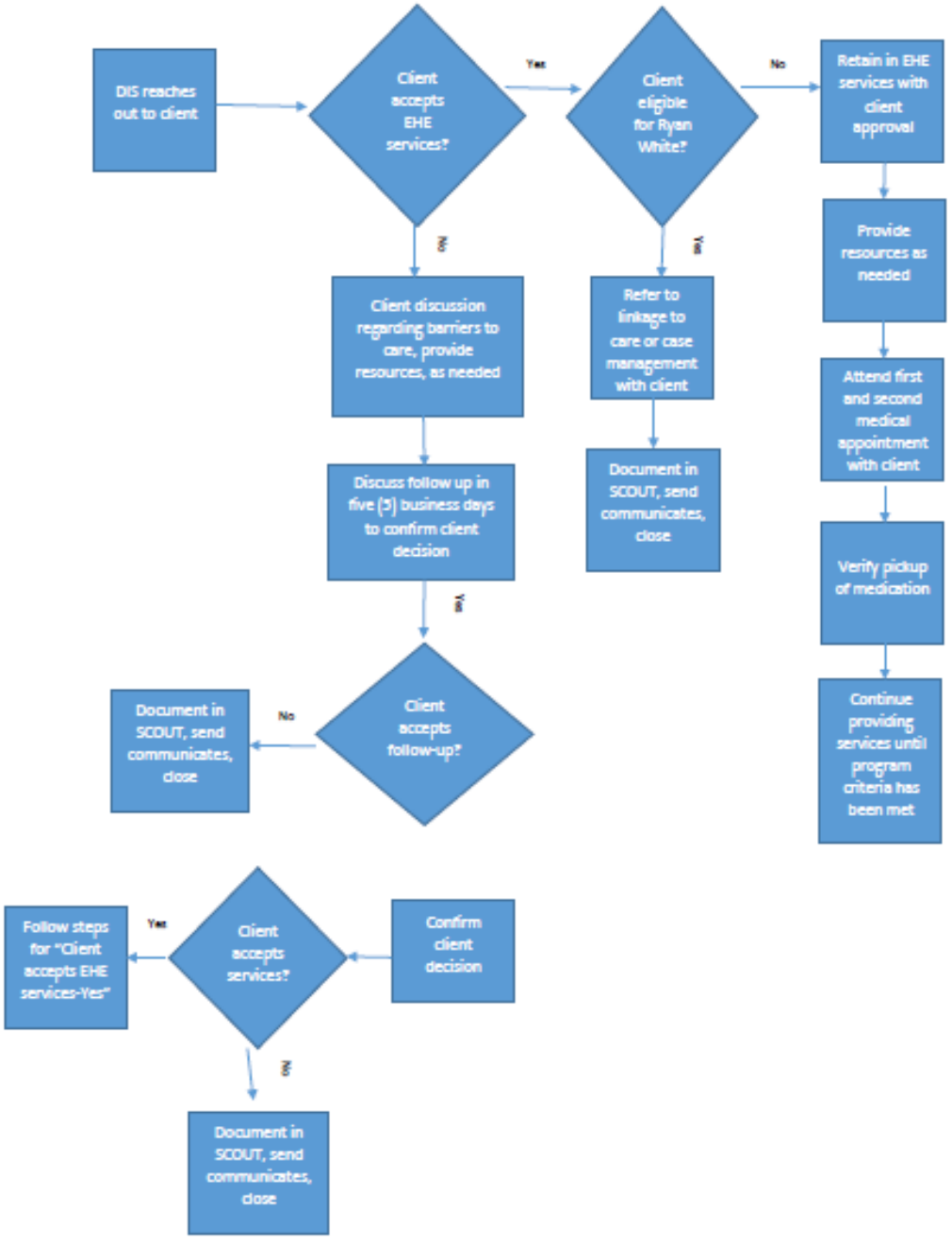
2. The EHE will enter the appropriate documentation into Websurv and/or SCOUT.

The EHE will add the “PREP – Individual Referred to PrEP Resources” activities and procedures code to the encounter.

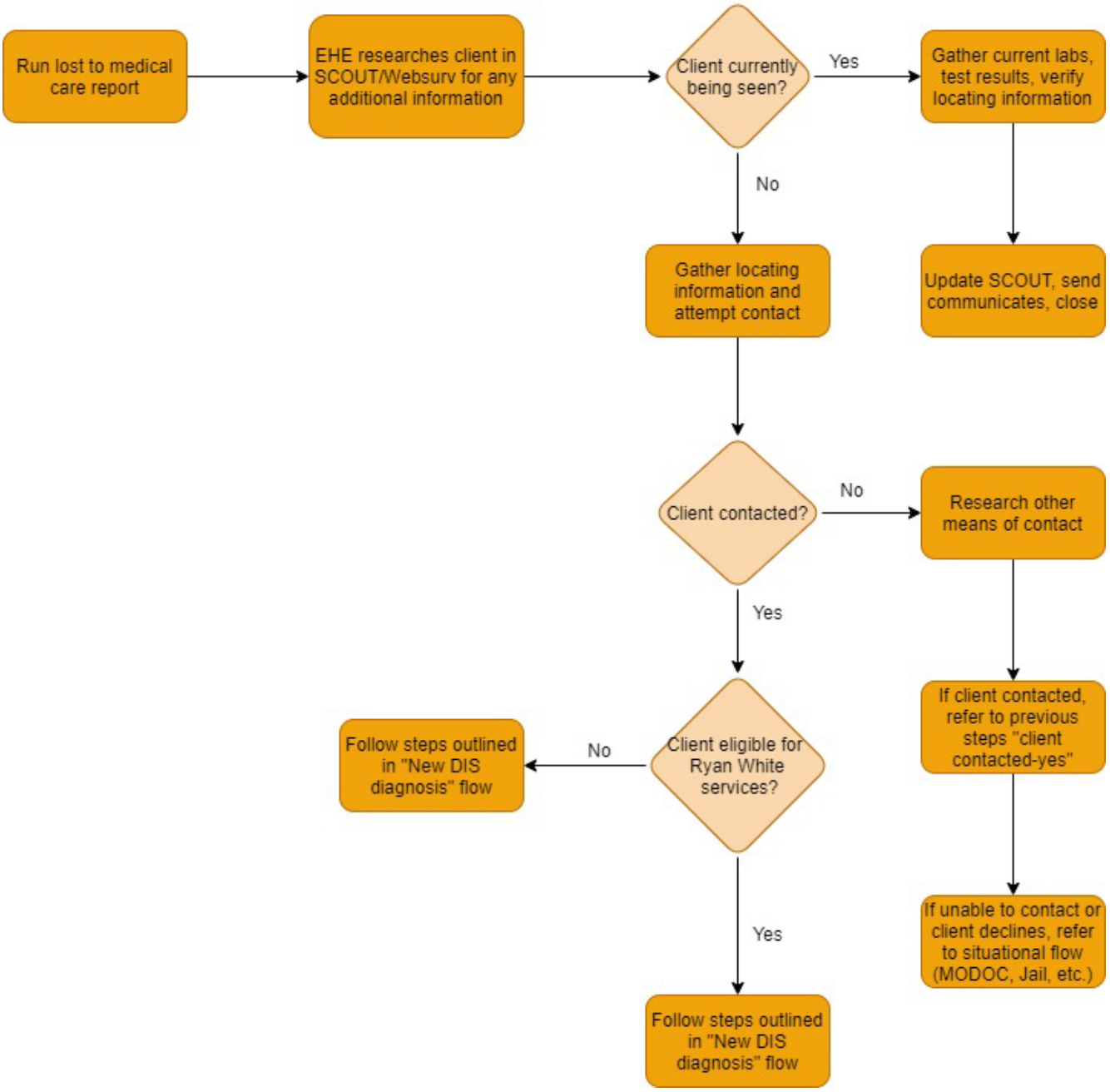
Section 5.0 Examples and Figures	

5.1 Flow Charts

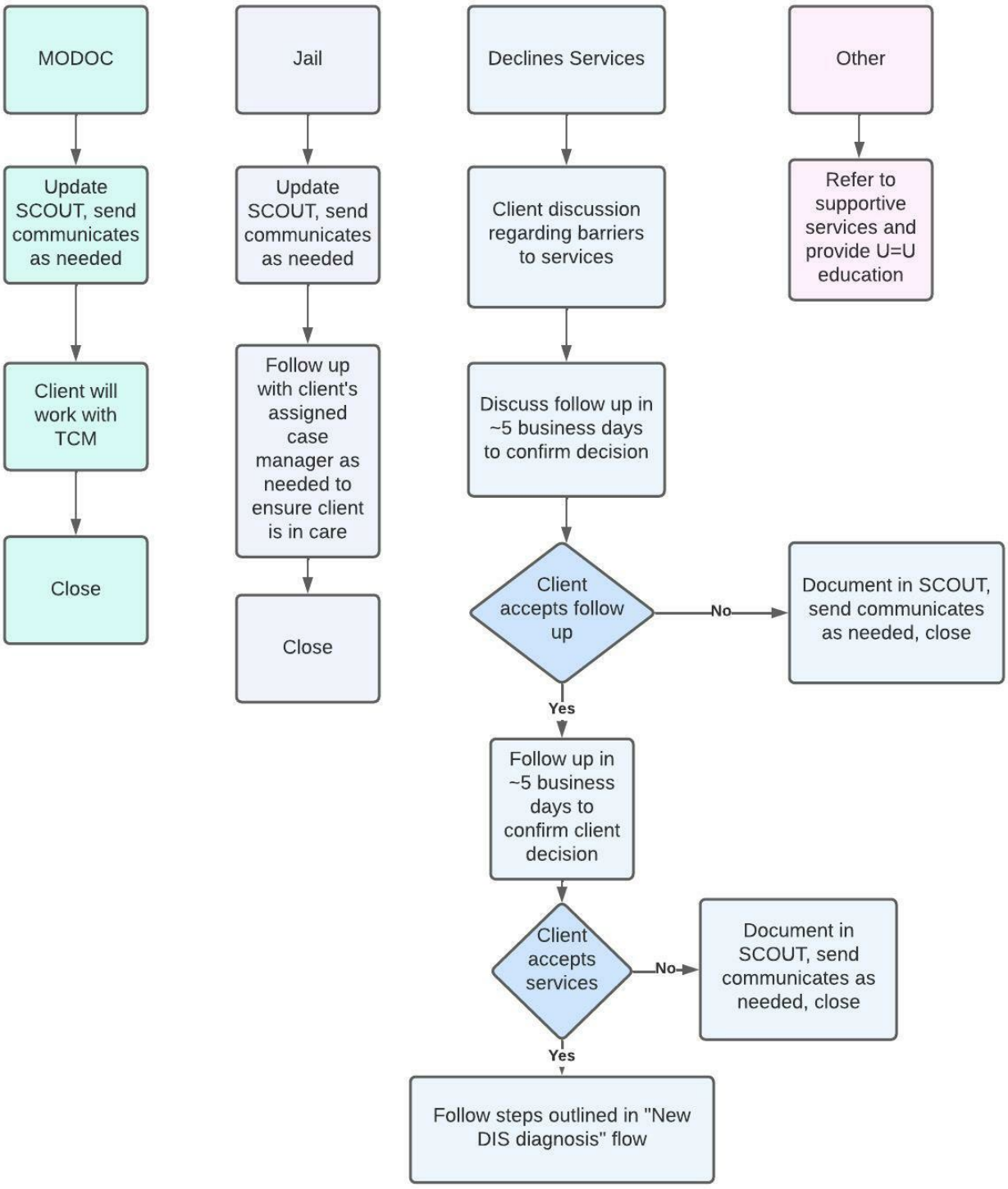
DIS New Diagnosis Flow



Lost to Medical Care Flow:



Situational Flow:



5.2 Example Communications

Sample Text Messages

Your first text message should identify who you are/where you work and provide a brief message and your contact number.

- I am *John Doe* with the Missouri Department of Health and Senior Services, and I need to speak with you. Please call me as soon as possible at 555-555-5555.
- I am *John Doe* with the Missouri Department of Health and Senior Services, and I have important information regarding your health. Please call as soon as possible 555-555-5555.
- Hi_____, I am *John Doe* with the Missouri Department of Health and Senior Services. I have information regarding an urgent matter. Please call 555-555-5555.

A second message urging the person to call you may be sent if the person does not respond to your initial text within 24 hours.

- This is *John Doe* again with the Missouri Department of Health and Senior Services. I need to talk to you regarding an urgent health matter. Please call me at 555-555-5555.
- This is *John Doe* again with the Missouri Department of Health and Senior Services. I have urgent health information for you. Please call me at 555-555-5555.

A final text may be sent if the person does not respond to either of your first two messages.

- This is John Doe. I have been trying to contact you as it is very important that we talk. Please call me at 555-555-5555.

Should the client you are texting with respond with a text message requesting more information, your response should read:

- To protect your privacy and confidentiality, I can't discuss specific information over text message. Please call me at 555-555-5555. Thank you, John Doe
- This is a serious matter. I can tell you more when you call. Please call me at 555-555-5555. Thank you, John Doe
- The information I have for you is confidential. I can tell you more when you call. Please call me at 555-555-5555. Thank you, John Doe

Standardized Referral Letter

Letter #1 (send twice)

Dear [patient name],

My name is _____, and I work for the Missouri Department of Health and Senior Services. I'm trying to contact you regarding an important and confidential personal matter. If you could please call me at 555-555-5555, I would greatly appreciate it. If I am unavailable, please leave a message, and I will return your call. It is very important that you contact me immediately.

Sample Voicemail
At a minimum, three calls over two consecutive business days should be made.
Alternating attempts in the morning and afternoon are best practice.
If there is no answer, a text should be utilized to communicate within one business day after the call has been placed.

Example message #1:
Hello, my name is _____, Missouri Department of Health and Senior Services. Can you please return my call as soon as you can? I can be reached at 555-555-5555. If I am not able to answer, please leave a message, and I will return your call as soon as I can.

Example message #2:
This is_____ with the Missouri Department of Health and Senior Services. Please call me as soon as you can. This is regarding an urgent matter. I can be reached at 555-555-5555.

Answering machine setup example:
This is _____ with the Missouri Department of Health and Senior Services. I am unable to take your call at this time. Please leave your name, number, and a brief message, and I will return your call as soon as possible. This voicemail is confidential and password protected.

5.3 Initial EHE Assessment

Prior to Initial Contact:

- Client verification
    - WebSurv research: ensure the individual is not in the system as a duplicate. Verify name, check for slight misspellings, date of birth, etc.
    - Initial Provider Contact: Contact the provider to determine what the patient may or may not know. Also, share your information with the provider to give to the patient.
- Schedule Initial Contact
    - Contact the client to establish a time and date to conduct an assessment. Be sure to verify the client discretely, e.g., phone call, letter. If the client wants to meet immediately, the EHE Coordinator will work with the client right then and there. The goal is to meet the client where they are.
- Initial Contact
    - The first attempted contact should be made within one business day. It is recognized that there may be situations where there is no working phone number or proper address, which may require more time for research. For example, if the person was tested due to an emergency room visit or blood bank visit. If the case is assigned after 3:00 pm, the follow-up contact will start the next business day. However, the EHE Coordinator is to begin the paperwork process when possible.
- Client Assessment Opening
    - Explain their right to privacy, HIPAA, need to know/not need to know concept, and that you will be following up.
    - Inquire about current or previous HIV testing history to establish proof of HIV positive or preliminary positive status.

Appendix

A. EHE Contact Form Instructions

Date of Interaction: The date the EHE Coordinator discussed which individuals could benefit from a test with the client.

Original Patient ID#: This number is found in WEBSURV in the client's electronic record.

EHE Staff: John Doe

Submitted to regional DIS supervisor, name: John Doe II, 01/01/2021 and state when you completed form and emailed to regional DIS supervisor.

CONTACT INFORMATION (About the person to be tested)

Name: John Doe III

Nickname/Preferred name: Johnny

Sex: Male

Age/DOB: Use either age your client believes this person to be or a DOB if one is provided.

Address: Where this person stays or can be found most often.

Phone: Most discreet phone number. If this is a message number, please indicate that here as well as the phone number.

Email: JohnDoe@Email.com

Social Media contact(s): Johnny2 on Facebook, BigJohn on GRINDR, etc.

Best time to contact: When does your client believe it is best to reach out? For example: Call Johnny at 4 pm on Tuesday only.

Notes about the client: Include any relevant information that cannot be reflected above. If your client states named person is a sex partner, add that note here. Include the date of the first and last sexual encounter.

B. EHE Encounter Documentation

EHE COORDINATOR:
ASSIGNED:
CLOSED:

NAME:
DOB:
LOCATORS:
phone

SCOUT ID #

NOTES:

CHECKLIST:

- ❒ **Intake Document complete.**
- ❒ **Introduce client to EHE Coordinator.**
- ❒ **Assess the client's understanding of the diagnosis.**
- ❒ **Offer to review and answer questions about HIV test results.**
- ❒ **Provide client with HIV education materials.**
- ❒ **Provide the client with an opportunity to explore thoughts and feelings about being diagnosed HIV positive.**
- ❒ **Evaluate the need for crisis and/or safety interventions.**
- ❒ **Begin identifying the client's strengths, abilities, and skills.**
- ❒ **Familiarize client with goals of Linkage to Care Case Management.**
- ❒ **Collect any necessary documentation for the release of the client's health information prior to enrollment.**
- ❒ **Help assess others' role in promoting or impeding access to services.**
- ❒ **Discuss options for HIV medical care and encourage engagement.**
- ❒ **Confirm correct contact information for the client and schedule a follow-up plan for future contact.**
- ❒ **Summarize/recap the major points of the session.**
- ❒ **Plan for the next contact with the EHE Coordinator.**

C. Missouri EHE Rapid Start Access Application

Missouri EHE Rapid Start Access Application

Please print clearly. If you need assistance completing this application please contact DHSS EHE at 1-866-628-9891, and select option #5. The application may be mailed to P.O. Box 570, Jefferson City, MO 65102-0570 or faxed to 573-751-6447. **Income documentation is not required.**

SECTION 1: GENERAL ELIGIBILITY INFORMATION

Please check to indicate the following are true. **All** must be true in order to be approved for expedited medication services.

☐ I have been diagnosed with HIV.
☐ I reside in Missouri.
☐ If my household income is between 0-138 % of the federal poverty level (FPL) I will apply for Medicaid.
☐ I understand that with this application, I am applying for MO EHE assistance with a maximum of a 60-day supply of HIV medications ONLY.

SECTION 2: CONTACT INFORMATION

First Name	Middle Initial	Last Name and Suffix	Maiden Name (if applicable)

Date of Birth (MM/DD/YYYYY)	Social Security Number (SSN) ☐ I do not have a SSN
Language Preference (if not English)	Marital Status:

Number of Dependents:	Household Size:

Are you currently homeless (residential address and mailing address still required) ☐Yes ☐No

Residential Address (where you sleep; no PO Boxes) **Required**	Apartment/Unit #	
City	State	Zip Code

Do you want mail sent to your residential address?

☐ Yes. Send mail to residential address. ☐ No. Send mail to the mailing address.

Mailing Address (if different than residential address)	Apartment/Unit #	
City	State	Zip Code

Primary Phone	☐ No Primary Phone	May EHE Staff contact you at this number? ☐Yes ☐No May EHE Staff leave a voicemail message at this number? ☐Yes ☐ No May EHE Staff text you at this number? ☐Yes ☐No
Secondary Phone	☐ No Secondary Phone	May EHE Staff contact you at this number? ☐Yes ☐No May EHE Staff leave a voicemail message at this number? ☐Yes ☐ No May EHE Staff text you at this number? ☐Yes ☐No

Do you have an alternative contact? ☐Yes. Fill in contact information. ☐No

Alternate Contact's Name	Relationship to You	Phone Number

Email Address contact	☐ I Prefer e-mail contact	☐No e-mail

SECTION 3: DEMOGRAPHIC INFORMATION

Gender: Pronouns: Risk Factor:

Race: **Check all that apply.**

☐American Indian or Alaska Native ☐Asian ☐Black/African American ☐Native Hawaiian or Pacific Islander ☐ White/Caucasian ☐ Other

If you answered *"Asian,"* how do you identify? **Check all that apply.**

☐Asian Indian ☐Chinese ☐Filipina/o ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian

If you answered *"Native Hawaiian or Pacific Islander,"* how do you identify? **Check all that apply.**

☐Native Hawaiian ☐Guamanian or Chamorro ☐Samoan ☐Other Pacific Islander

Ethnicity:

☐Hispanic or Latinx **Fill in below.** ☐Non-Hispanic

If you answered *"Hispanic or Latinx"*, how do you identify? **Check all that apply.**

☐Mexican, Mexican-American, or Chicana/o ☐Puerto Rican ☐Cuban ☐Other Hispanic, Latinx or Spanish Origin

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐Yes ☐No

If yes, would you like information about military-related services in Missouri? ☐Yes ☐No

SECTION 4: INSURANCE INFORMATION

Do you have any form of health insurance with prescription drug coverage?

☐Yes (Marketplace, employer sponsored) ☐Yes (Medicare) ☐Yes (Medicaid) ☐ No

SECTION 5: PROVIDER INFORMATION

Do you have one or more providers who you want to have access to EHE records? ☐Yes ☐No

Provider 1 First and Last Name	Provider 1 Entity/Agency Name	Provider 1Telephone Number
Provider 2 First and Last Name	Provider 2 Entity/Agency Name	Provider 2 Telephone Number

SECTION 6: CLIENT RESPONSIBILITIES AND RELEASE OF CONSENT

By signing below I confirm that I understand the following:

- The information from my application is being entered into an electronic database that can be seen by EHE and HSI staff.
- I agree to let EHE and HSI staff get, check and/or share my demographic, medical, prescription and/or insurance information, if it's needed to help me get my medications, healthcare, and/or premium payments.
- It's my responsibility to notify the EHE staff anytime my contact/mailing information or insurance status changes.
- I might not be approved for EHE Services if I don't provide the requested documentation.
- EHE can only provide services if my enrollment is active and not expired, and if program funds are available.
- I understand that EHE support should only be spent if there are no other payment sources available.
- If I report any information that I know is false, my EHE services may be suspended or taken away.

This consent will remain in effect as long as I/my dependent remain enrolled for services through EHE.

I have read, understand, and agree to the above Client responsibilities and release of information. I verify that the information provided in this application is completed and accurate to the best of my knowledge.

Signature of Applicant or, if under 18, Parent/Legal Guardian ONLY	Date Signed

Print First and Last Name of Applicant or, if under 18, Parent/Legal Guardian ONLY	Relationship to Applicant (if applicable)
For MO DHSS EHE Staff Use Only Reviewer Initials: Data Entry Initials: Date Complete Application Received: Date of Application Determination: Application Type: New Enrollment/Returning Application Determination: Approved Denied	

D. Record Request Form

	Missouri Department of Health and Senior Services **Disease Intervention Specialists Program** **Record Request Form**
Please complete the following information:	
I, , am requesting any and all records pertaining to my HIV diagnosis and care.	
Printed Name:	
DOB (MM/DD/YYYY):	
Signature:	
Date (MM/DD/YYYY):	
Date Range of Records Requested:	
Start Date (MM/DD/YYYY):	End Date(MM/DD/YYYY):
Check the box if all available records are needed: ☐	
Please send all records to the following address:	
Street Number(#) and Name:	
City:	State: / Zip Code
Do not complete any information below this line. For DHSS use only.	
This request has been reviewed and approved for release by:	
Reviewer Printed Name:	Position Title:
Signature:	Date(MM/DD/YYYY):