Provide Enterprise

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GROUPWARE TECHNOLOGIES

Client Registration & Client Profile

Provide Enterprise User Guide

Virginia Department of Health

Last Updated December 2024

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Client Registration

Intake is the process of collecting information concerning the client and his or her support system, as well as determining program eligibility prior to any services being provided and funded. The following procedures should be followed at the time a new client is to be entered in the Provide® Enterprise system.

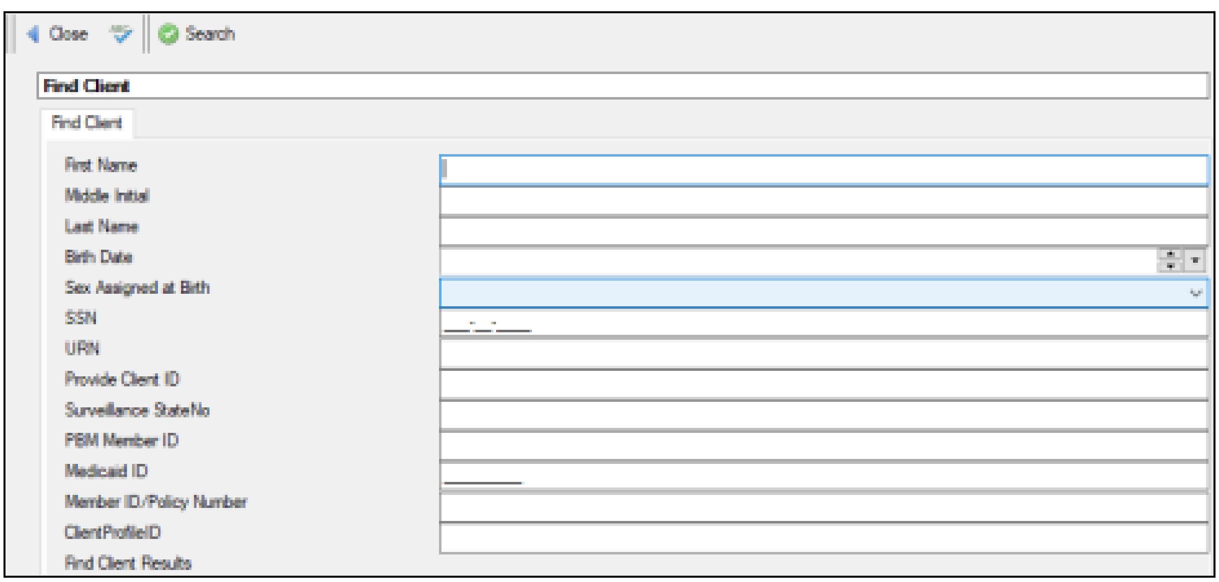
Registration Verification

Prior to entering the client in the Provide® Enterprise database, you should check to make sure that the client has not previously been entered in the database. To verify that the client has not already been registered, follow the steps below.

Find Client

The Find Client function will search the entire database to see if the client has previously been entered in the system and, therefore, has received Ryan White Part B services in the past. To do this, follow the steps below:

- Select the Find – Client screen in the menu bar.
- This will activate the Search criteria screen, seen in the figure below:

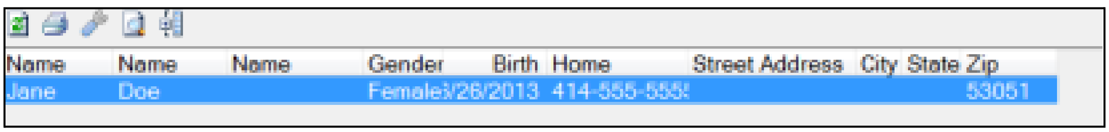


● Fill out the search criteria as appropriate and click on the Search button to complete the search.

NOTE: You may not want to enter full SSN or names in the appropriate fields, due to the possibility of prior data entry errors.

● You can enter an asterisk (*) as a wild card to do more general searches.

● After the search is completed, the client records that match the search criteria are listed and displayed below the search dialog in a view like the one below:



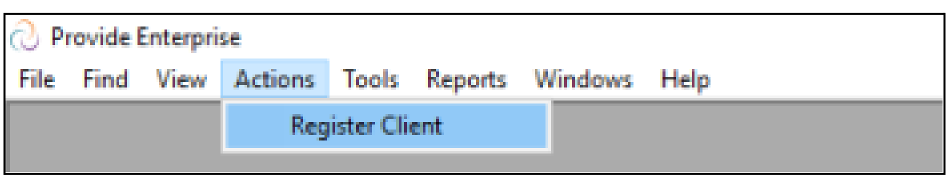
Simply double click on the record that you wish to view in order to open the desired Client Profile.

● If, after reviewing the Client Profile, you determine that it is not the client that is present at your agency to receive services, you can move onto the next steps and actually register the client in the system.

Client Registration

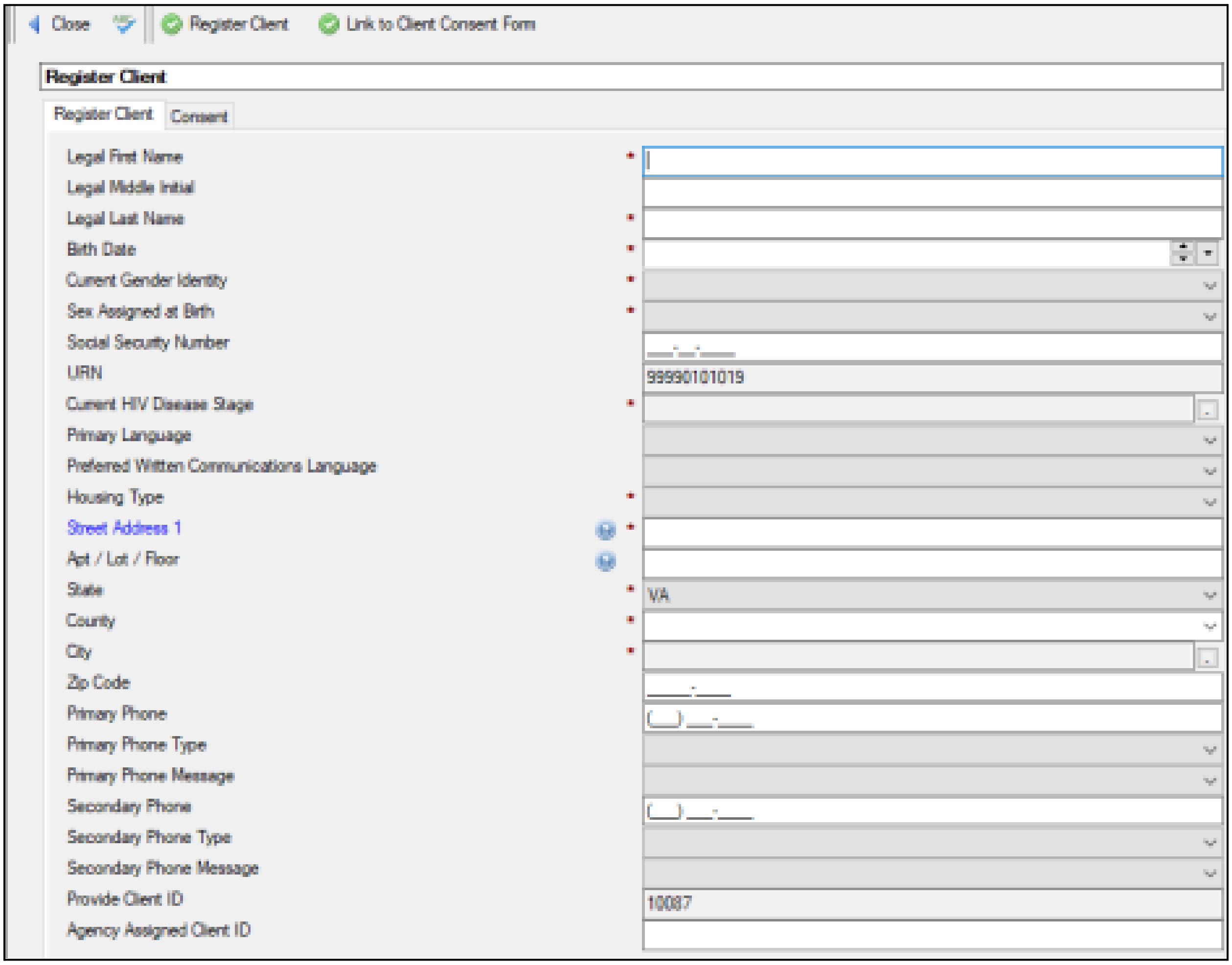
If, after searching the database, you determine that the client is **NOT** in the database, you will want to register the client in the system. To do that, follow the steps below:

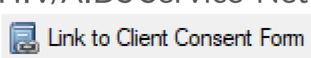
● From the Menu Bar, select **Actions – Register Client**.



● The Register Client screen will appear. The Register screen appears as shown below. Fill in the appropriate fields. Some of the notable fields in the Register Client form have been detailed below.

- Legal First Name: Enter the client's legal First name. I.E. if the client's legal name is William but goes by Bill, please enter William and not Bill.
- Legal Last Name: Enter the client's legal Last name.
- Birth Date: Enter the client's birth date.
- Current Gender Identity: Select what the client's current gender identity is.
- Sex Assigned at Birth: Select what sex the client was assigned at birth.
- URN: This field will automatically populate based on the client's name, date of birth, and gender.
- Current HIV Disease Stage: Select the current HIV Disease Stage of the client.
- Housing Type: Select the client's housing situation.
- Street Address 1: Enter the client's current street address.
- State: Select what state the client's current street address is located.
- County: Select what county the client's current street address is located.
- City: Select what city the client's current street address is located.
- Agency Assigned Client ID: The "Agency Assigned Client ID" should reflect the ID number that is used at your agency to identify clients.



On the "Consent" tab of the Register Client form, attach or scan in the client's Virginia HIV/AIDS Service Network Consent. For a link to a blank Consent form, click 

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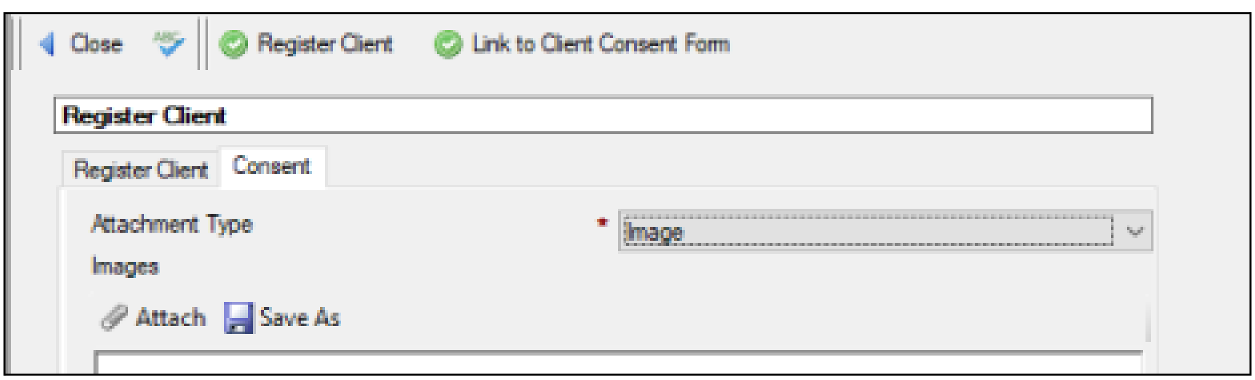
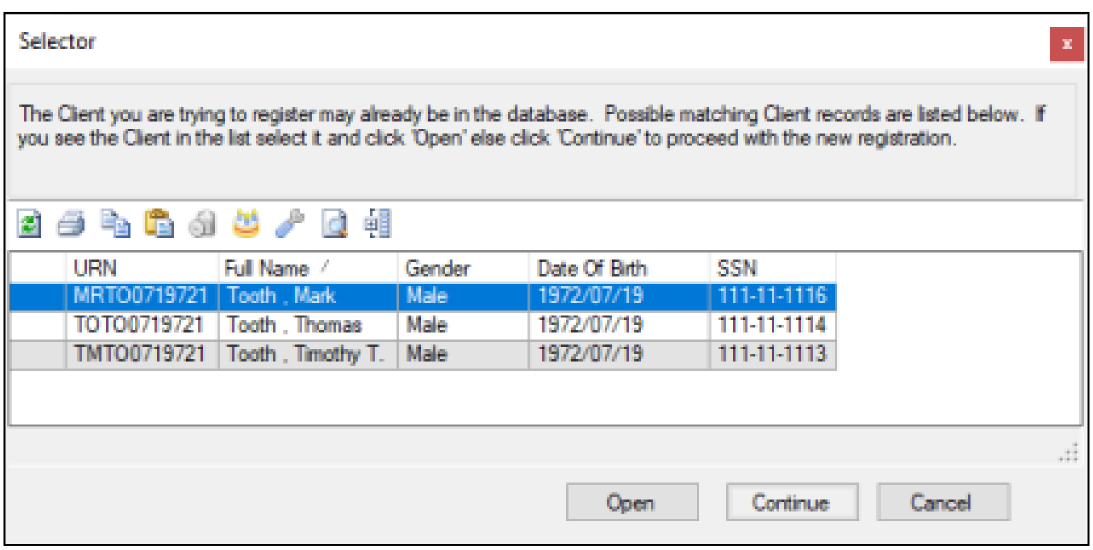


Once the form is completed, click the **Register Client** button on the button bar.
At this time, the system will start the duplicate check process to see if this client may already be in the database. The duplicate check logic looks to ensure there are no existing client records that are possible duplicates of the client you are trying to register.

If the client you are registering matches an existing client file with any of the below client information, you will not be allowed to register the duplicate client.

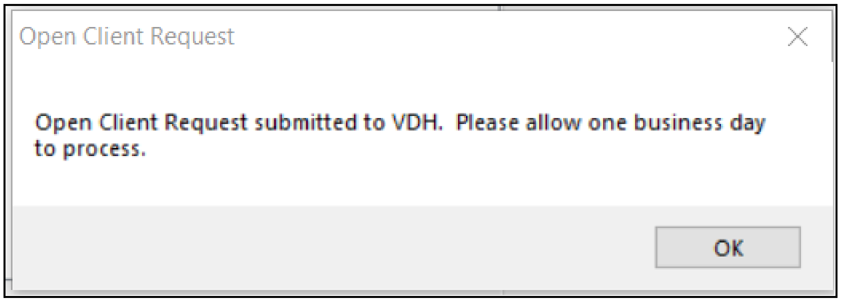
- Exact match on SSN
- Exact match on URN
- Exact match on First and Last Name (only shows for users from your agency unless Virginia DOH)
- Exact match on Last Name and Birthdate (only shows for users from your agency unless Virginia DOH)
- Exact Match on Client ID
- Exact match on Date of Birth, the register client's Last Name to existing client's First Name, and the register client's First Name to existing client's Last Name (to catch name reversal errors)

If any of the above matches are made to an existing client file, for which you have visibility, a screen similar to the following will appear:



If you believe that one of the clients listed in the duplicate check window is the client you are trying to register, simply place a checkmark  next to the client and click the Open button to go to that Client Profile.

If no match is found that you can see, but the system detects a potential matching client for which you can see, then an Open Client Request will be submitted to the state.

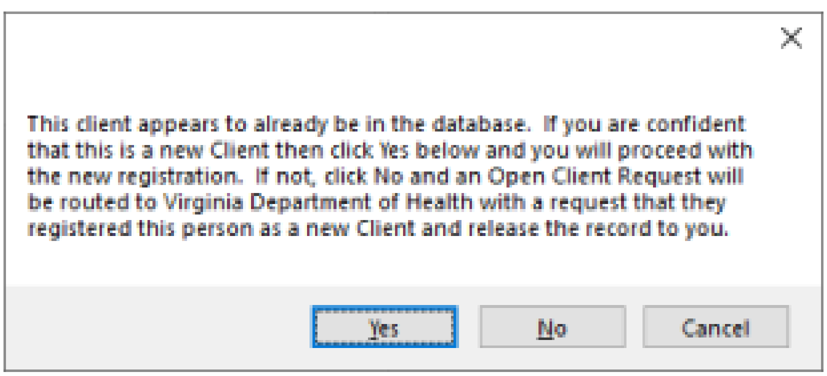


If you believe that none of the clients listed in the duplicate check window are the client you are trying to register, click the **Continue** button. This will do a duplicate check within the system for all of the Virginia Department of Health excluding the clients that were just shown in the previous screen. The system will look to see your role and determine if you can register as a new client. If not able to create a new client the system will send it to the Virginia Department of Health as an Open Client Request.

Otherwise, click on the **Cancel** button to cancel your new client registration.

If you click the **Continue** button it will do a duplicate check against the database for all Organizations within that Program type.

If your security settings allow you to override potential duplicate clients, and you are a sub-recipient agency for the Virginia Department of Health, the following prompt will appear.



If you click **Yes**, it will create a new registration for that client. If you click **No**, then an Open Client Request will be automatically sent to the Virginia Department of Health. If you click **Cancel**, the system will cancel out of the submission of the client you are registering.

If your security settings do not allow you to override potential duplicate clients, the system will automatically send an Open Client Request to the Virginia Department of Health.

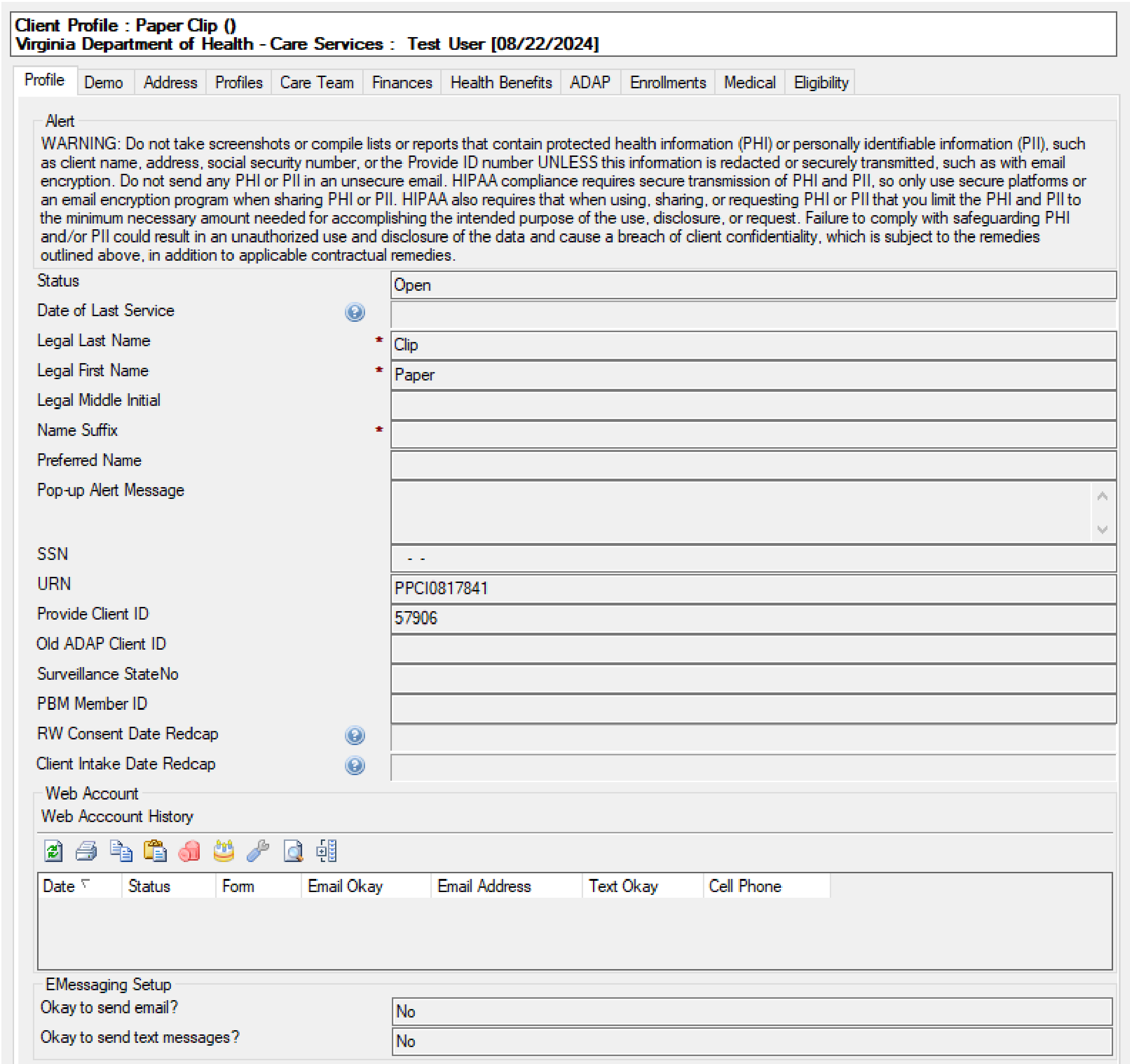
Completing the Client Profile

This section of the guide will review all of the tabs found within the Client Profile. To edit the Client Profile, click the 

button to place the record in "edit mode." It is important to also note that information contained within the Client Profile is also collected during an Eligibility Assessment, and then copied to the Client Profile automatically. More details about Eligibility Assessments can be found in the Eligibility Assessment User Guide.

Profile Tab

The Profile tab of the client file shown in the below image is where you will find key client information, such as name, date of birth, and SSN:



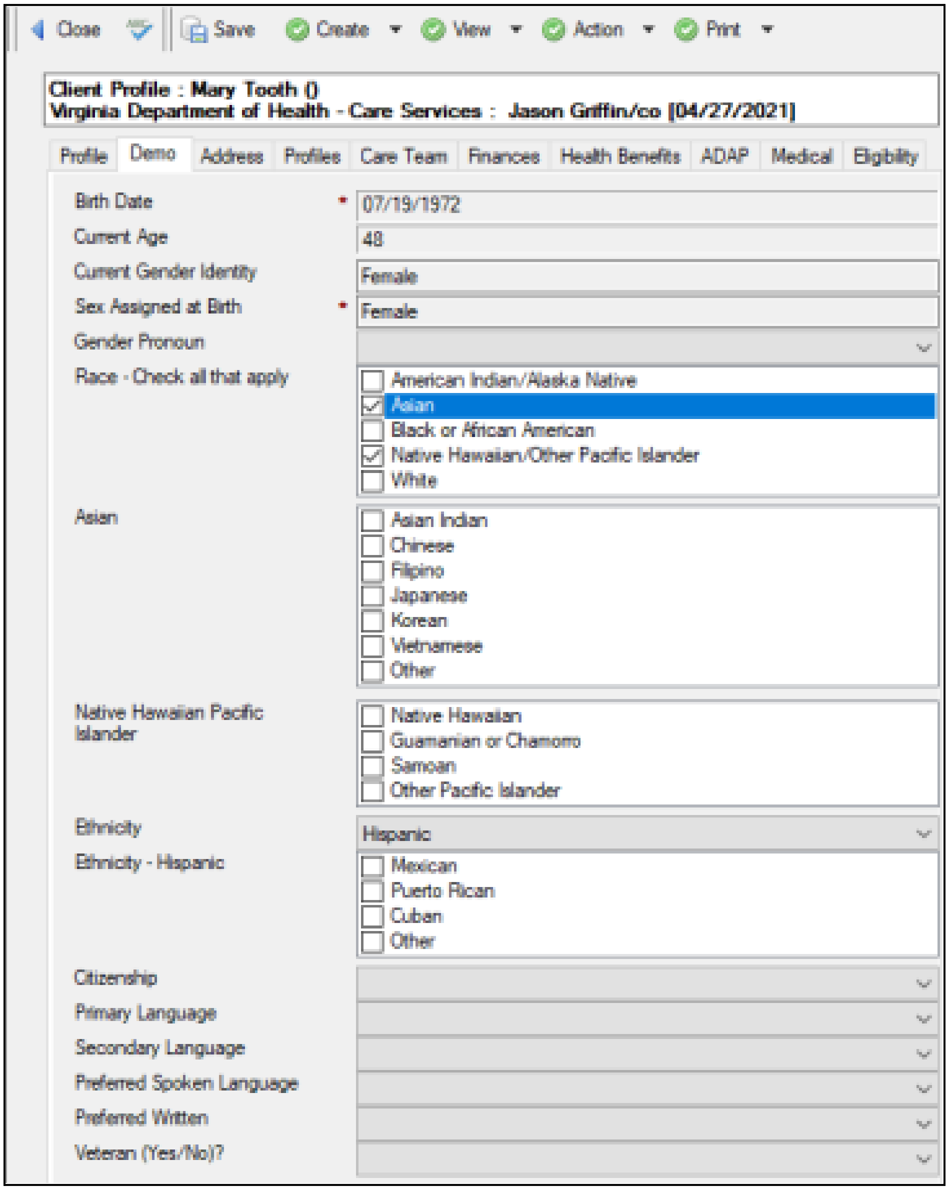
The following fields may be edited.

- Preferred Name: If a client has a preferred name or alias, enter it here.
- Pop-up Alert Message: The field is used to enter a pop-up alert that will display any time the Client Profile is accessed by a user.
- Surveillance State No: If the client has a state surveillance ID, it can be used to help match client records with the state's surveillance system.
- PBM Member ID: This field can be used to identify the member ID assigned by the Prescription Benefits Manager (Ramsell).

Demo Tab

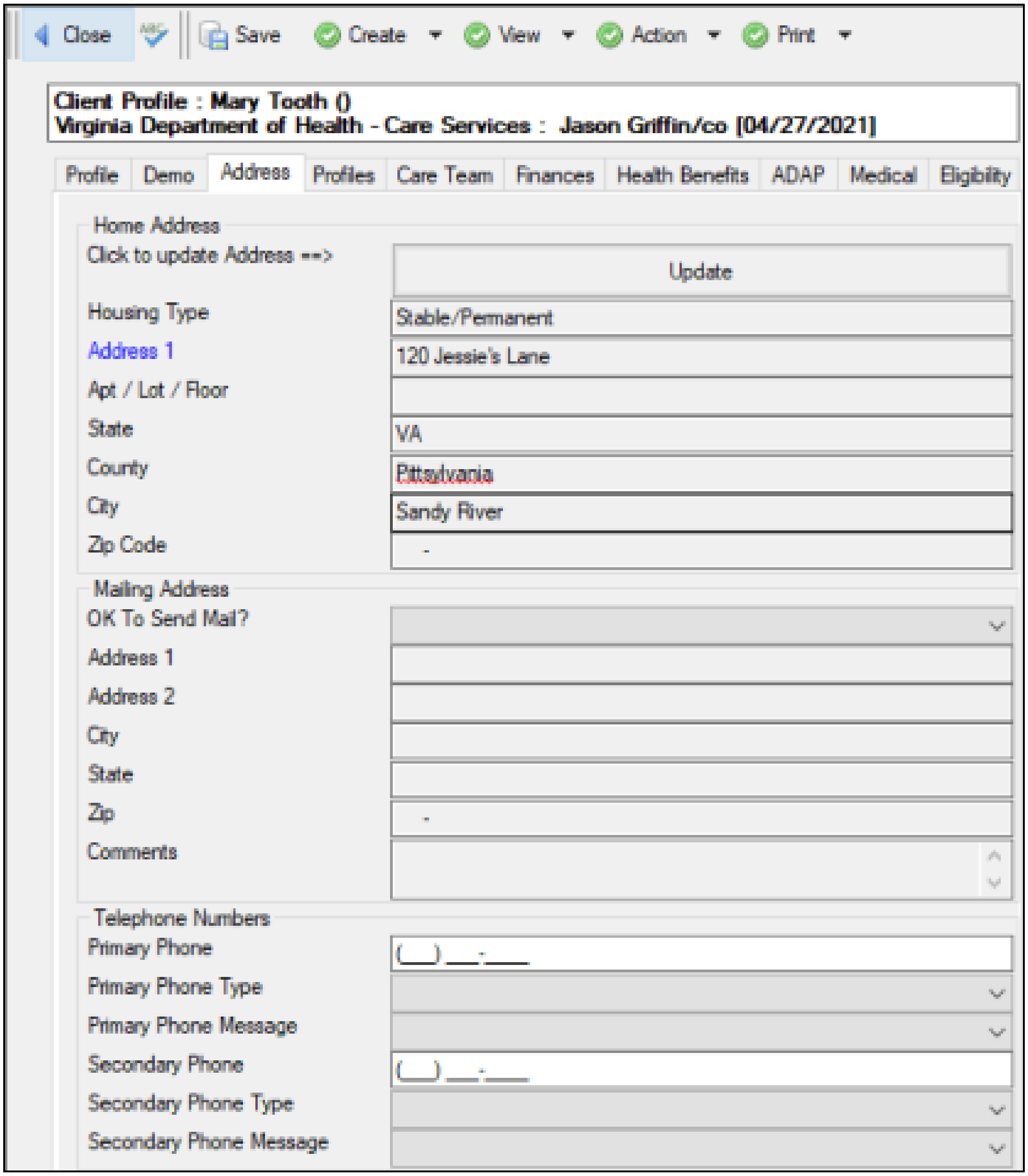
The Demographic section of the client file is where all vital demographic information on a client is located. Move through each field, filling all available information.

- Race – Check all that apply – If you select “Asian” or “Native Hawaiian/Other Pacific Islander” extra fields will appear asking you to specify the client’s race (shown in the image below).
- Ethnicity – If you select “Hispanic”, an extra “Ethnicity - Hispanic” will appear asking you to specify the client’s ethnicity.

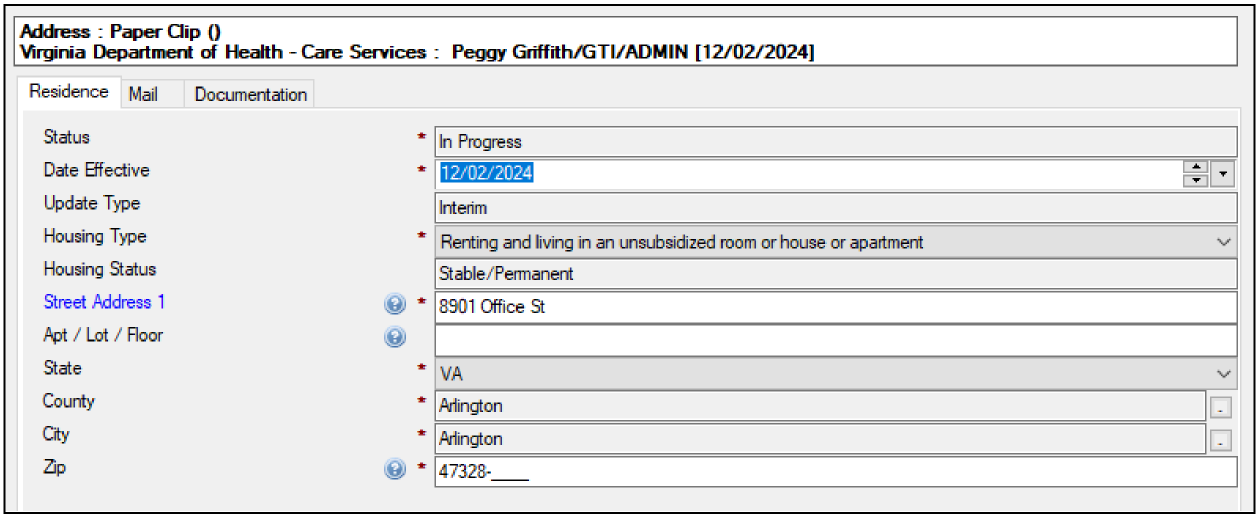


Address Tab

The Address Tab in the Client Profile holds the client's current residential address, mailing address, and phone information.



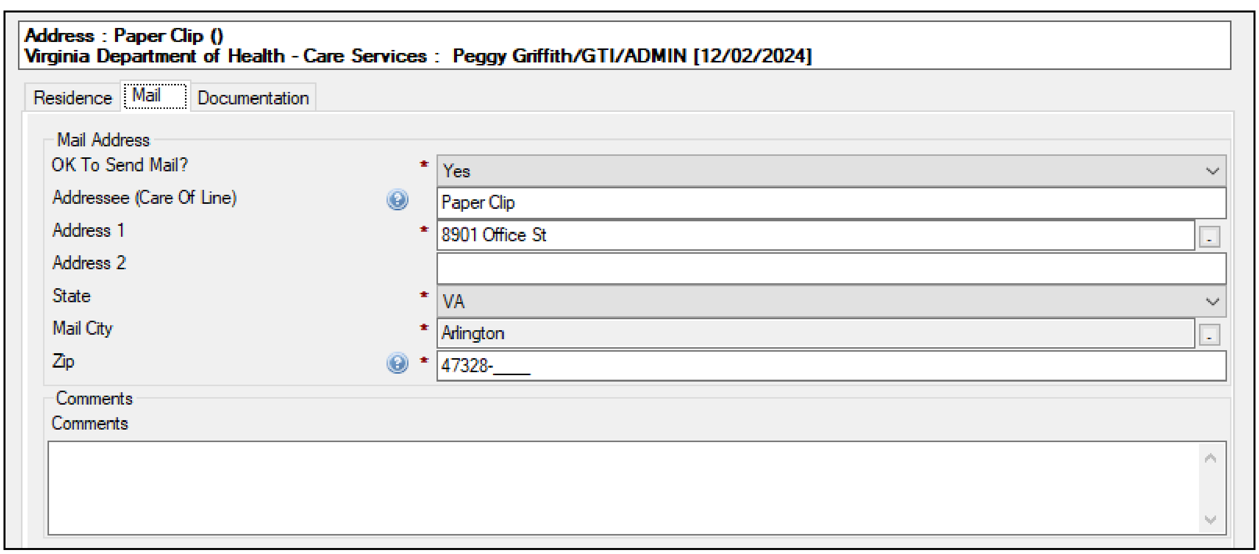
To update the address, you must click on the Update button. When you click on this button, you will see the following Address screen:



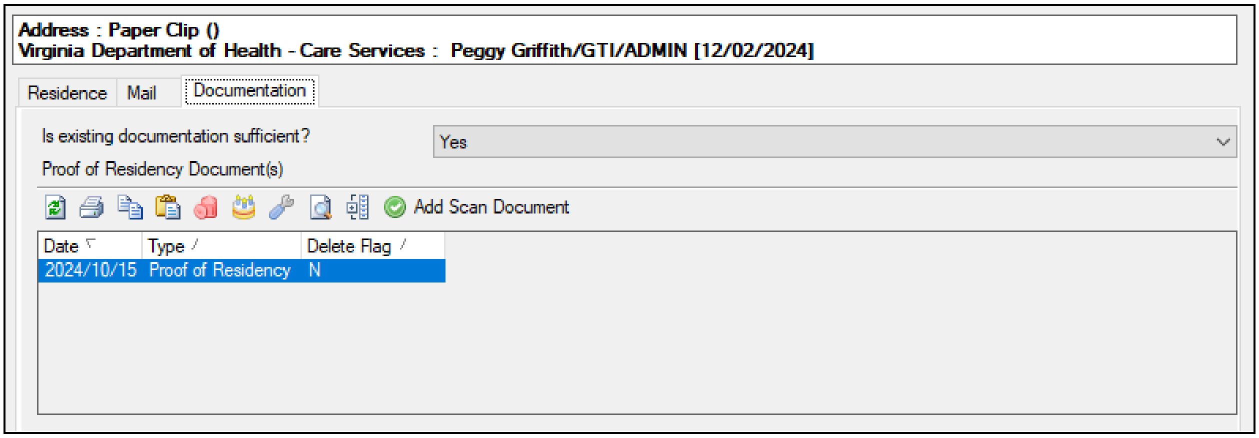
Fill in the fields with the client's current residential address information.

On the Mail tab, the client can choose whether the client wants mail to be sent to an address. If you choose yes, fill in the address details. If there is address information in the previous screen and this is the same address the client wants as the mailing address, click on the user button on the right on "Address 1".

If the client does not want mail sent to an address select No.



On the Documentation tab, you can review already existing proof of residency documentation or you can add new proof of residency documentation.



Select whether the existing documentation is sufficient. If not, you will need to answer “Why Not?”. If existing documentation is sufficient, you should add new proof of residency documentation. To add new proof of residency documentation, see the “Create Proof of Residency Scan” section below.

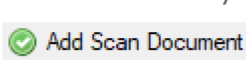
When the address update is complete, hit the **Submit** button to submit your changes. Since address changes have the possibility of impacting a client’s eligibility, once you submit the address update, it will be in a Submitted status, and will need to be reviewed by someone who has access to review and “Complete” the update.

Once the update has been submitted and set to Completed, the final step will be to **Process** the updated address record, by a user with the appropriate entitlements.

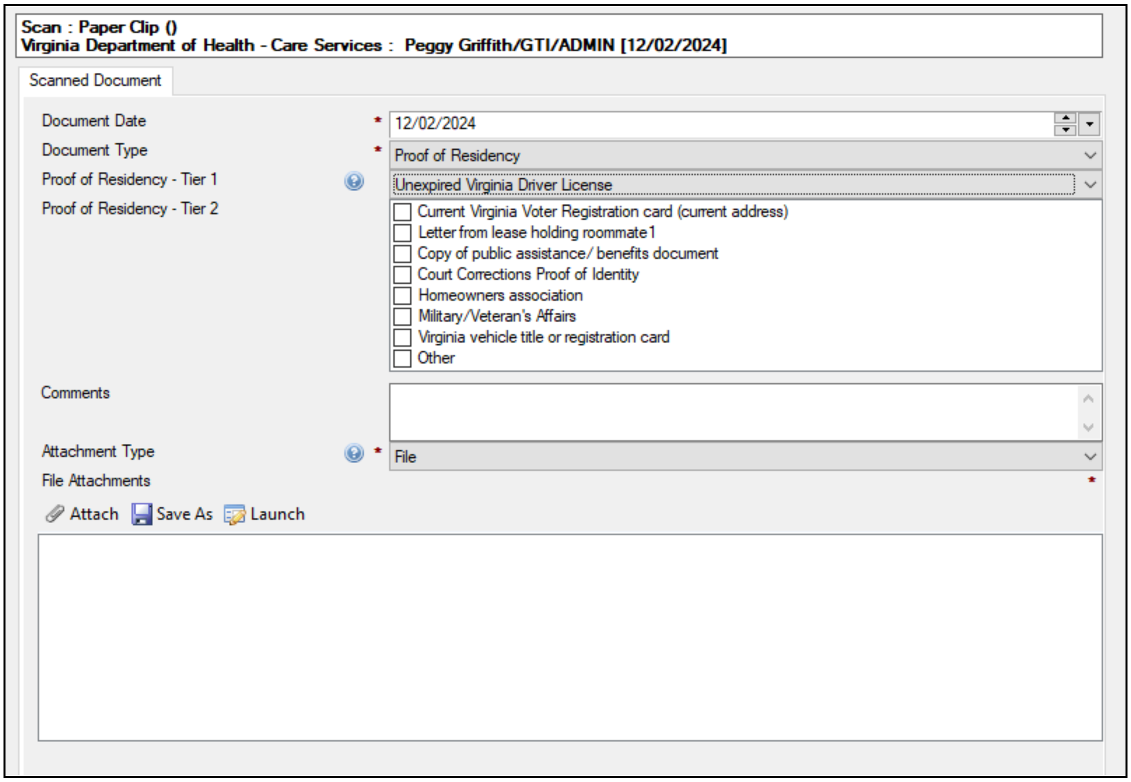
**Note that if a client has VA MAP, the update request will be routed to VA MAP to be processed.

**Note that if a client has moved out of Virginia, the client will no longer be eligible for Ryan White or VA MAP services.

Create Proof of Residency Scan

Click the 

button from the embedded view.



Select the Proof of Residency Tier 1 and/or Tier 2 types and click Attach to browse and attach the file.

When finished, click on the **Close** button and then select **Yes** to save your changes. You will then be brought back to the Address Update screen. Or, click on **Save and Create Another** to save this scan and open another blank Scan record.

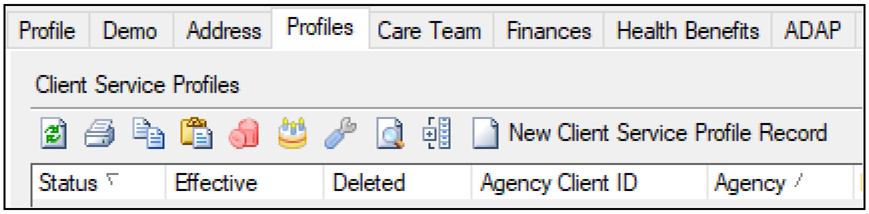
Profiles Tab

This section of the client profile is to view and/or create Client Service Profiles and Client Service Category Profiles.

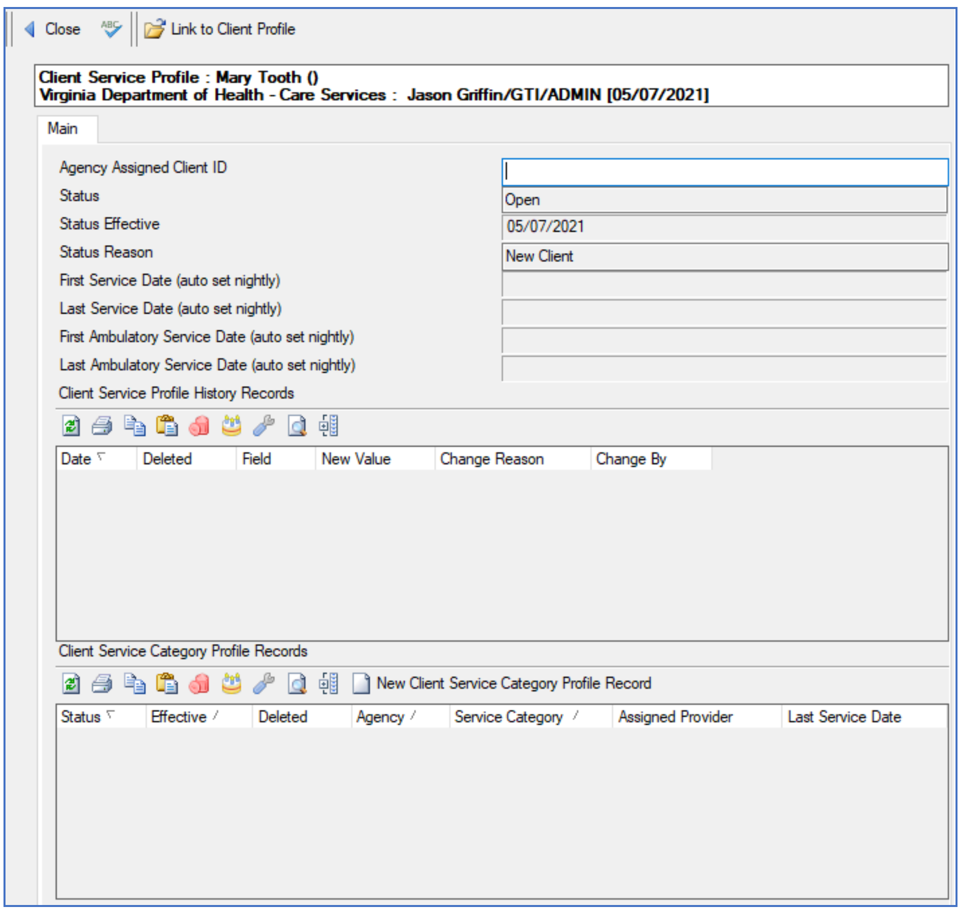
Client Service Profiles

Client Service Profile records show whether a client is currently opened or closed to your agency.

To create a Client Service Profile, click the New Client Service Profile Record button above the view.



Fill out appropriate fields as needed.



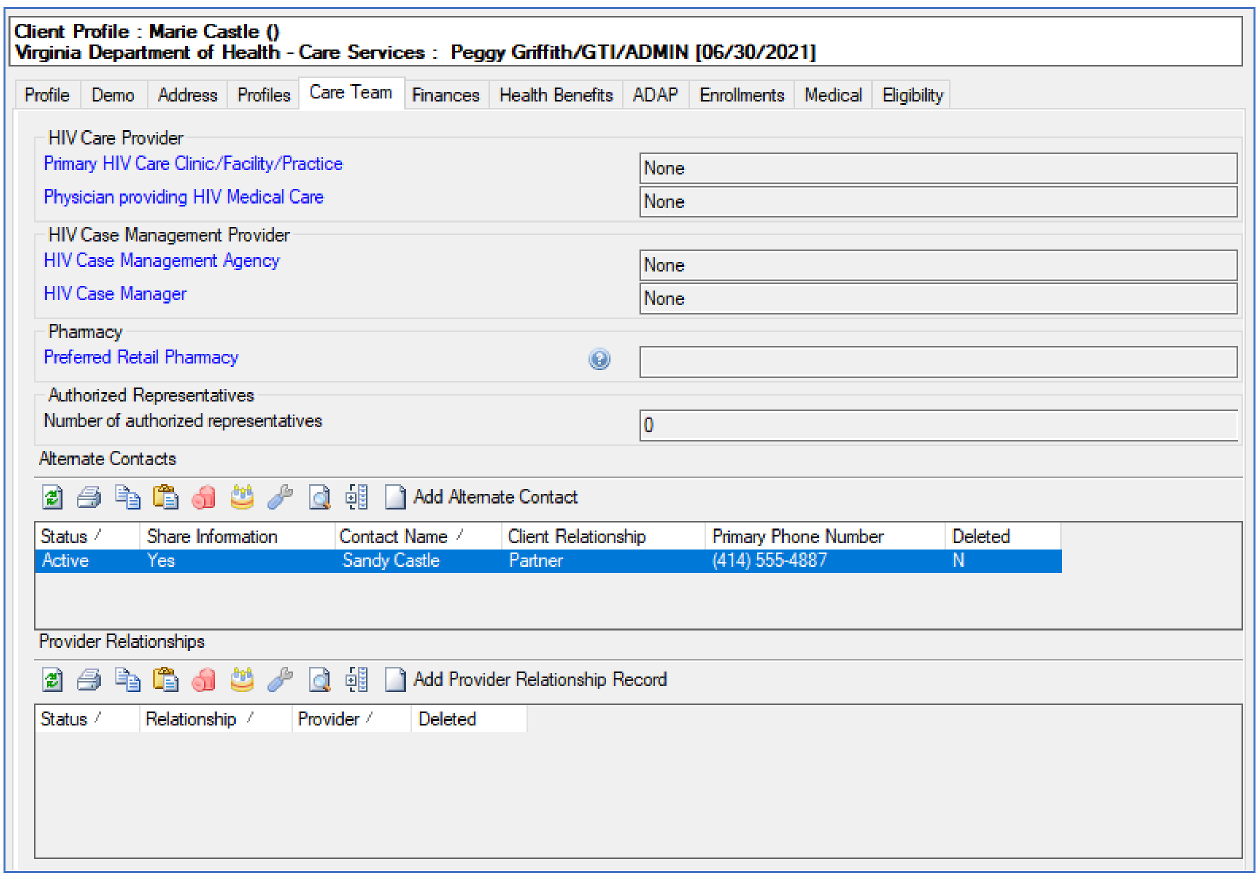
Here, you can see the current status of the Client Service Profile and a history of every time this Client Service Profile record has been opened or closed.

Depending on the status of the Client Service Profile, you will see either a Close button or an Open button at the top of the record. You can use these buttons to open or close the client to your agency.

Care Team Tab

This section of the client profile is where the HIV Care Provider, HIV Case Management Provider, Pharmacy, Authorized Representatives and Provider Relationships are located.

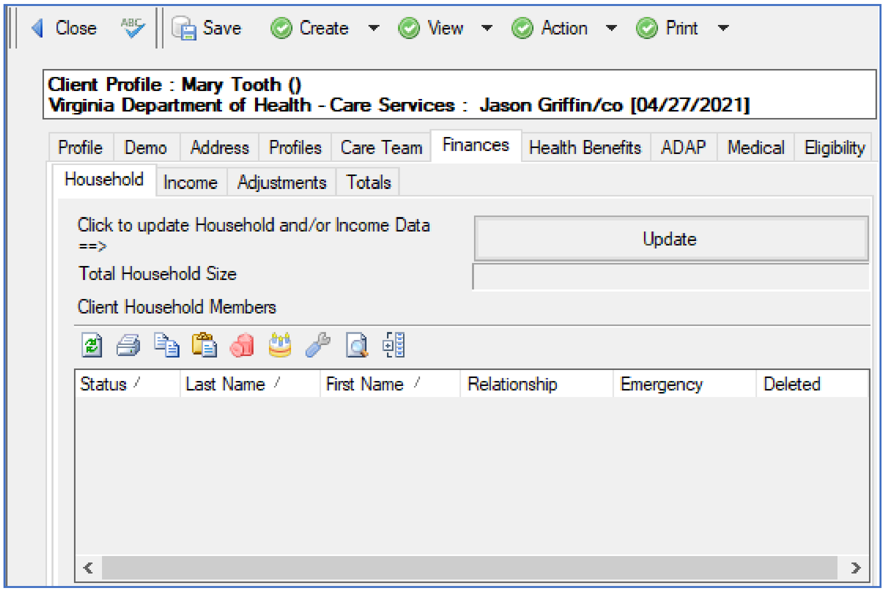
Alternate Contacts are those relationships that were converted from the prior ADAP database for visibility purposes. Going forward, Authorized Representatives and Providers should be entered in the appropriate fields.



Finances Tab

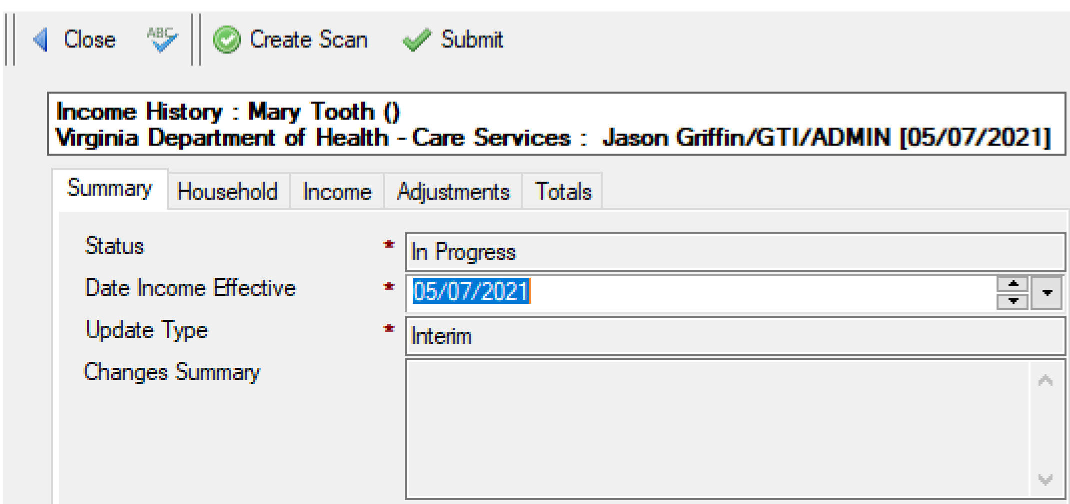
The Finances tab of the Client Profile is where the client's financial information is located. The Finances tab has four subtabs: Household, Income, Adjustments, Totals. On Household and Income Subtabs, you may view or update the financial data.

To update the client's financial data, you must click on the **Update** button. This **Update** button will be found on two of the Finances Subtabs (Household and Income).



Summary tab

This tab in the Income History record holds the income history's status, date effective, and update type.



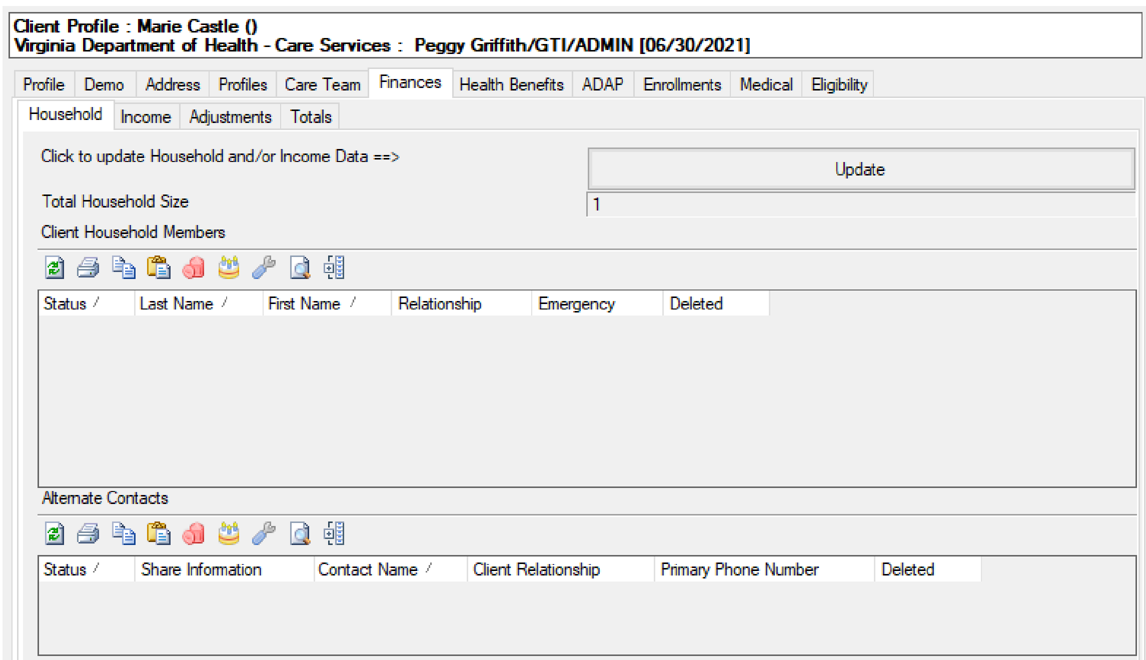
Fill in the fields as appropriate.
- **Status**: Defaults to "In Progress" until the income record is submitted.
- **Date Income Effective**: Enter the date the income became effective.

- **Update Type:** Automatically defaults to the update type.
- **Changes Summary:** Detail about what was changed.

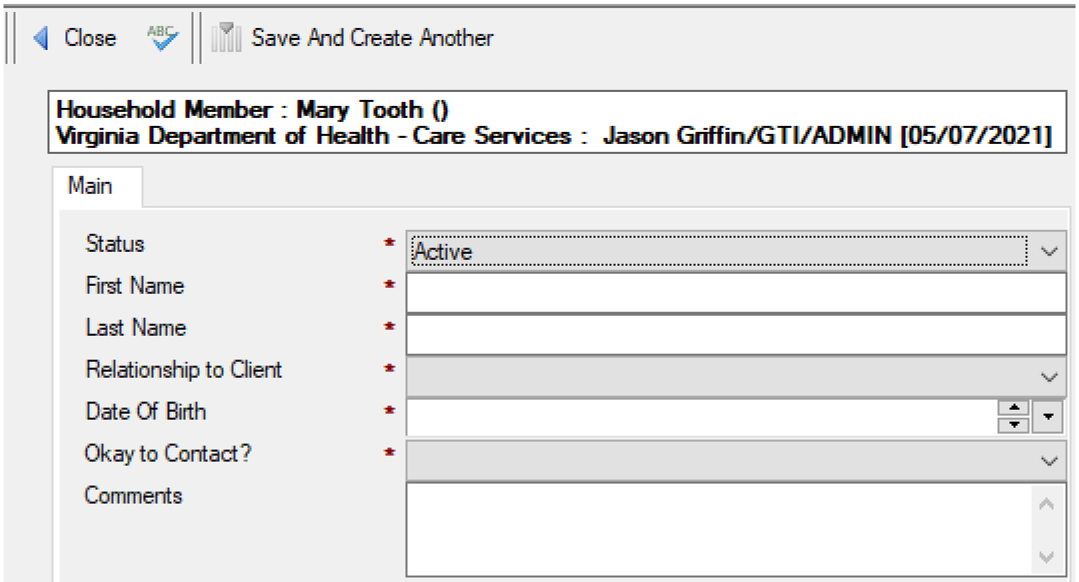
Household Tab

This tab shows the client's current household size.

Alternate Contacts are those relationships that were converted from the prior ADAP database for visibility purposes. Going forward, Authorized Representatives and Providers should be entered in the appropriate fields.



Click on the **Add Household Member** button to add an individual to the client's household.

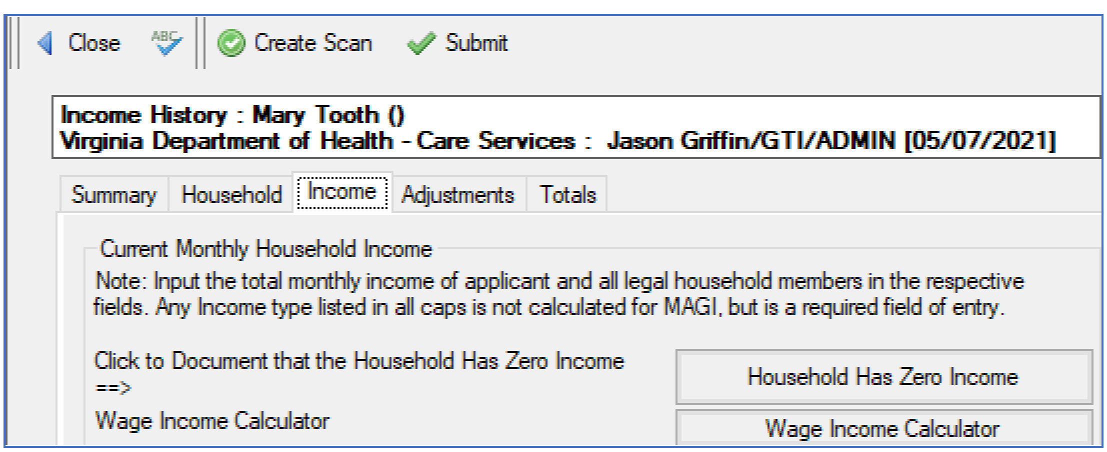


Fill in all fields with the available household member information. When you are finished, click on the **Close** button and select **Yes** to save your changes.

After you add or update any household members records, you should recompute the household size. To recompute the household size, click on the **Recompute** button on the Household Tab in the Income History record. The household size will then be recomputed.

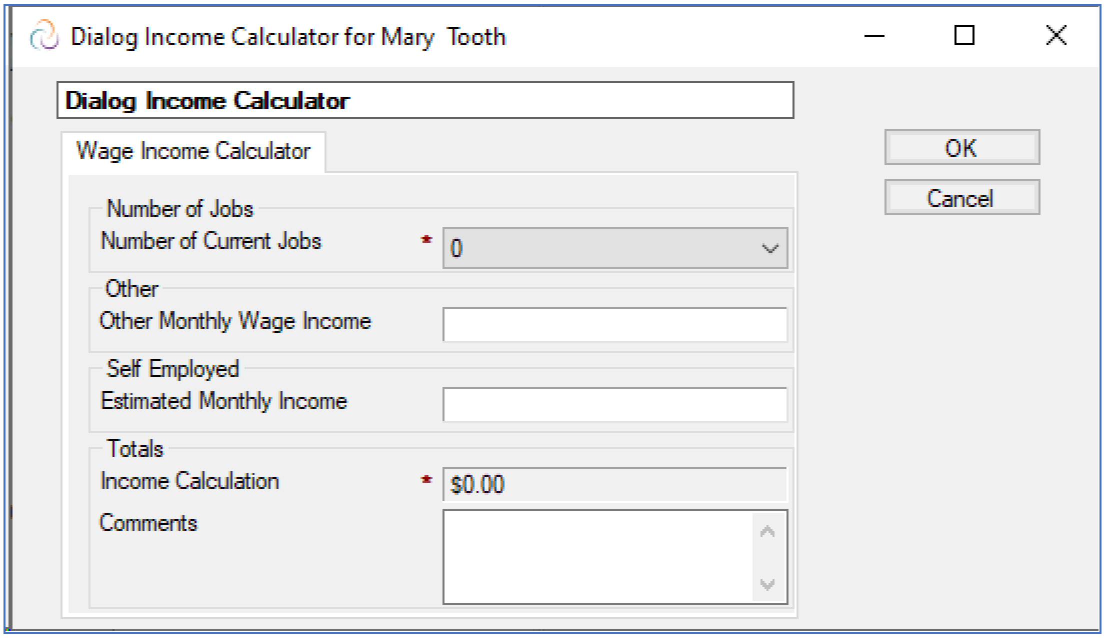
Income Tab

The Income tab is where you document the client's incomes. Input the total <u>monthly</u> income of the applicant and all legal household members in the respective fields. Any income type listed in all caps is not calculated for MAGI, but is a required field. Fill in each income field with the appropriate amount. The notable fields have been detailed below.



Click the **Household Has Zero Income** button to fill all fields with $0.00. Then go through the fields to update the client's household income.

Wage Income Calculator button is a calculator to help with processing the wages.

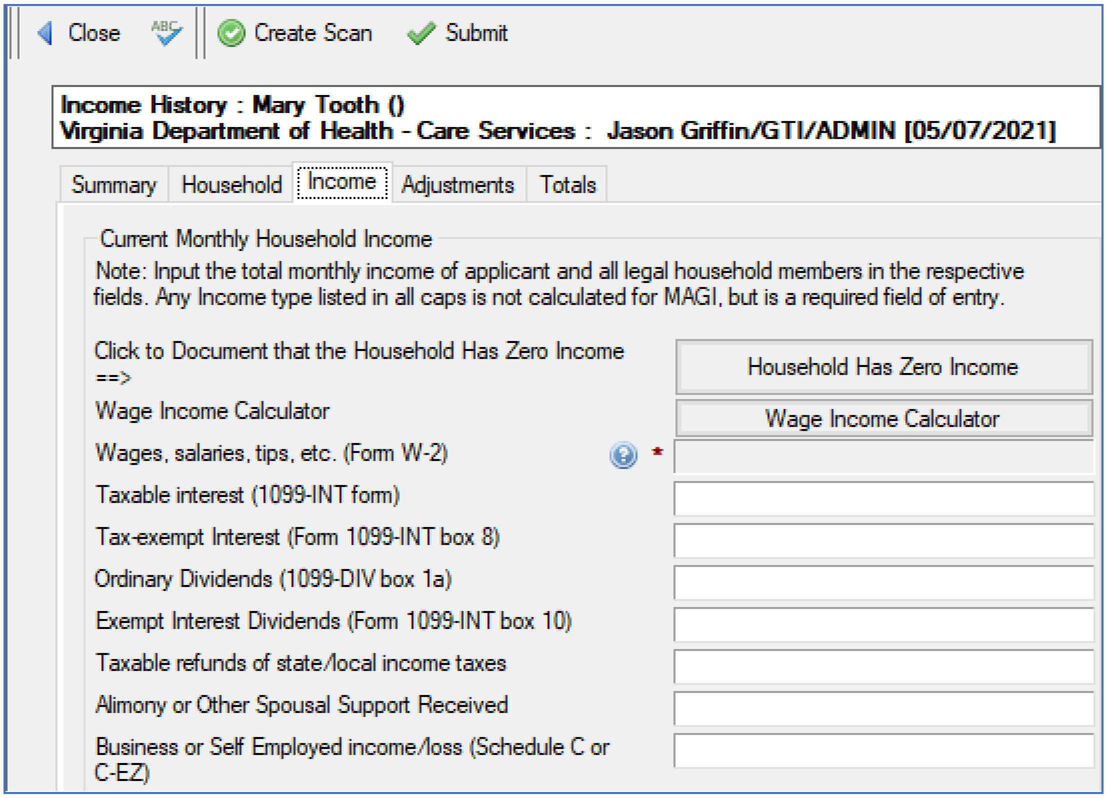


- **Number of Current Jobs:** Select between 0 and 6 jobs.

Depending on the amount of jobs in the household will determine the next fields. For information purposes say you select anywhere from 1 to 6 jobs. The form will populate depending on your selection. Repeat next step for all the jobs selected.

- **Job – Pay Frequency:** Select whether the client gets paid monthly, weekly, bi-weekly, 2x month or year to date. This will determine what happens next.
  - **Monthly:** Will ask for two paystubs.
  - **Weekly:** Will ask for eight paystubs.
  - **Bi-Weekly:** This means that the client gets paid once every other week. Will ask for 4 paystubs.
  - **2x Month:** This means that the client gets paid twice per month. Will ask for 4 paystubs.
  - **Year To Date:** Will ask for Start Date and Thru Date. Enter Year To Date Amount.
- **Other Monthly Wage Income:** Enter any other monthly wage income.
- **Estimated Monthly Income:** Enter any monthly income from self-employment.
- **Income Calculation:** This field is computed depending on your entries. This field will be carried over to the "Wages, salaries, tips, etc." field on the "Income History" Tab.
- **Comments:** Enter necessary comments.

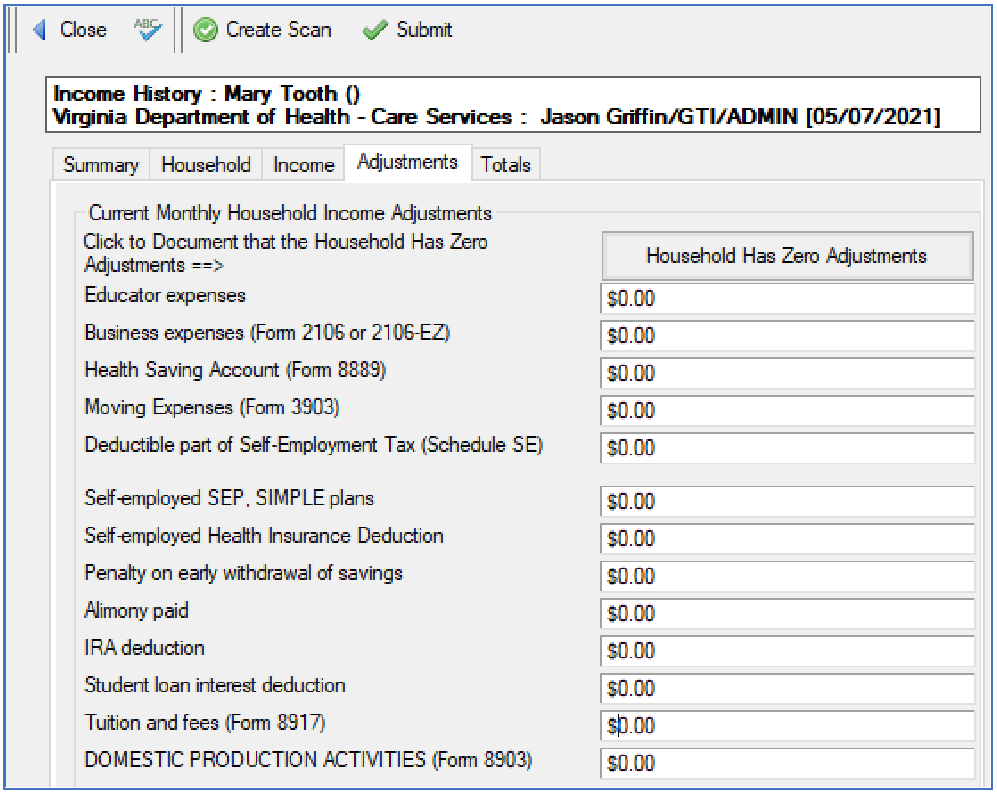
Click the **OK** button to continue. You will be returned to the Income tab. Enter any additional income amounts as necessary in the other income categories.



Adjustments Tab

The Adjustments tab is where you document the client's income adjustments. Input the total monthly adjustments of the applicant and all legal household members in the respective fields. Any income adjustment type listed in all caps is not calculated for MAGI, but is a required field. Fill in each adjustment field with the appropriate amount.

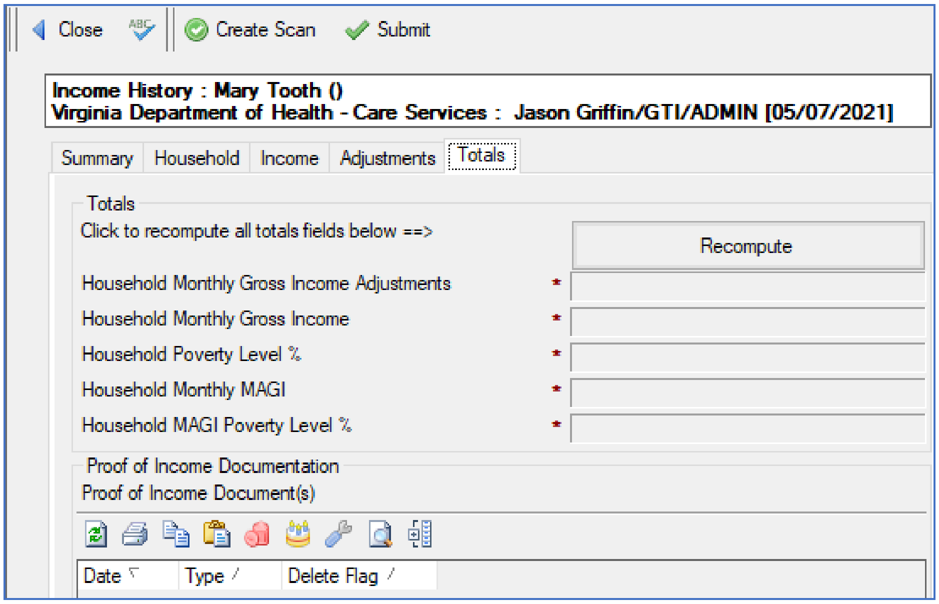
If the client has zero income, click on the **Household Has Zero Adjustments** button and each adjustment field will automatically fill in as $0.00.



Totals Tab

The totals tab will calculate the monthly gross income and the household poverty level percentage.

After the employment, household, income, and adjustments tabs have been updated as necessary, you should recompute the client's income totals. To do this, click on the **Recompute** button found on this Totals tab. The income totals will then be recomputed.



When the income update is complete, hit the **Submit** button to submit your changes.

Since income changes have the possibility of impacting a client's eligibility, once you submit the address update, it will be in a Submitted status, and will need to be reviewed by someone who has access to review and "Complete" the update.

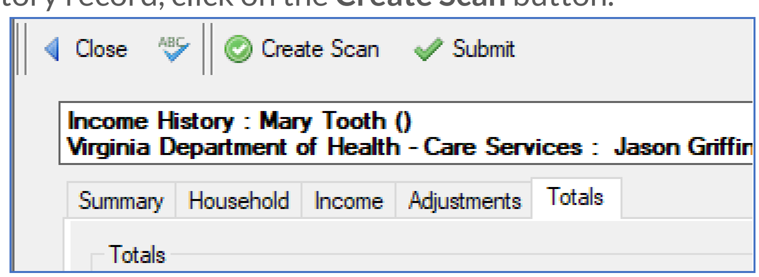
Once the update has been submitted and set to Completed, the final step will be to **Process** the updated address record, by a user with the appropriate entitlements.

**Note that if a client has VA MAP, the update request will be routed to VA MAP to be processed.

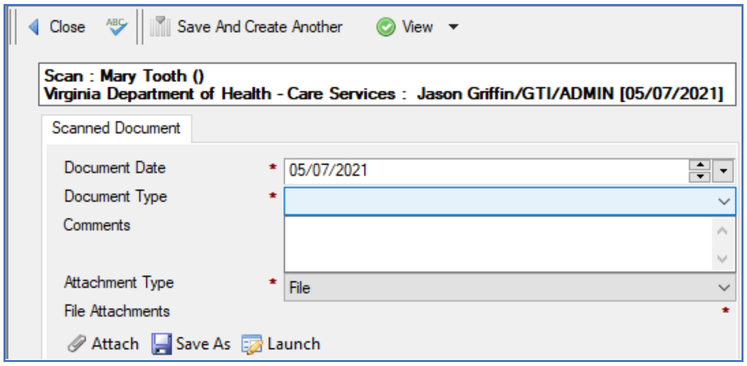
**Note that if a client's household income exceeds the FPL limits, the client will no longer be eligible for Ryan White or VA MAP services.

Create Proof of Income Scan

In the Income History record, click on the **Create Scan** button.



In the Scan record, enter the Document Date, select "Proof of Income" as the Document Type, select the "Proof of Income", and then scan in or attach the client's proof of income documentation.

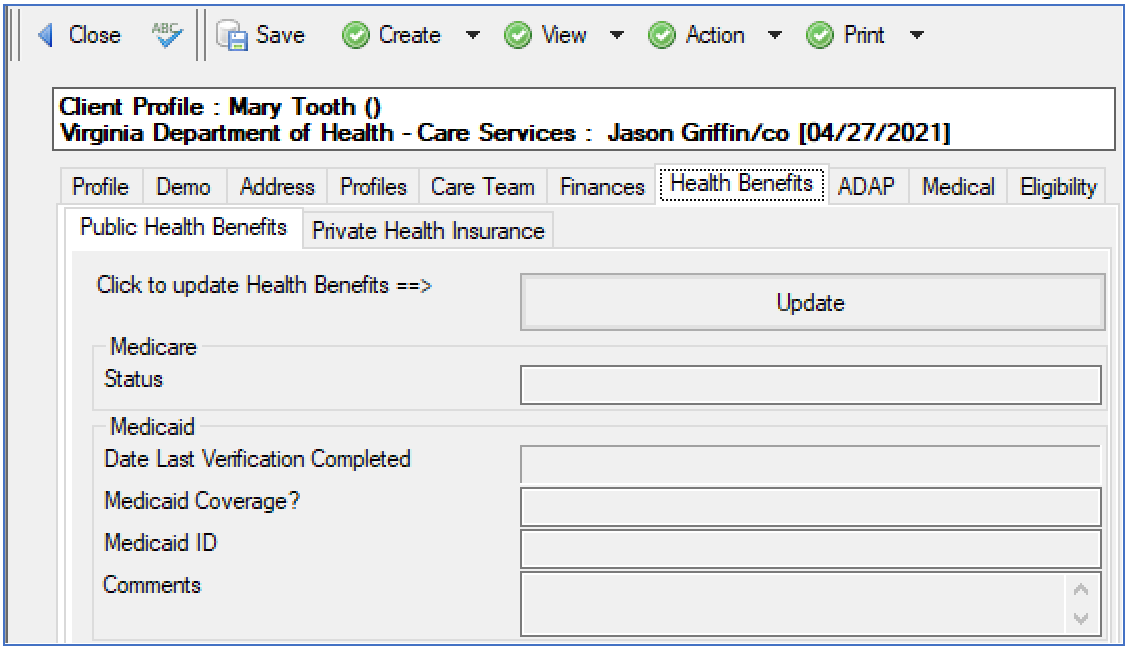


When finished, click on the **Close** button and then select **Yes** to save your changes. You will then be brought back to the Income Update screen. Or, click on **Save and Create Another** to save this scan and open another blank Scan record.

When you have finished entering the client's current income information on all tabs in the Income Update, click on the **Submit** button to submit your changes. After you submit the Income update, you will be brought back into the client's Client Profile.

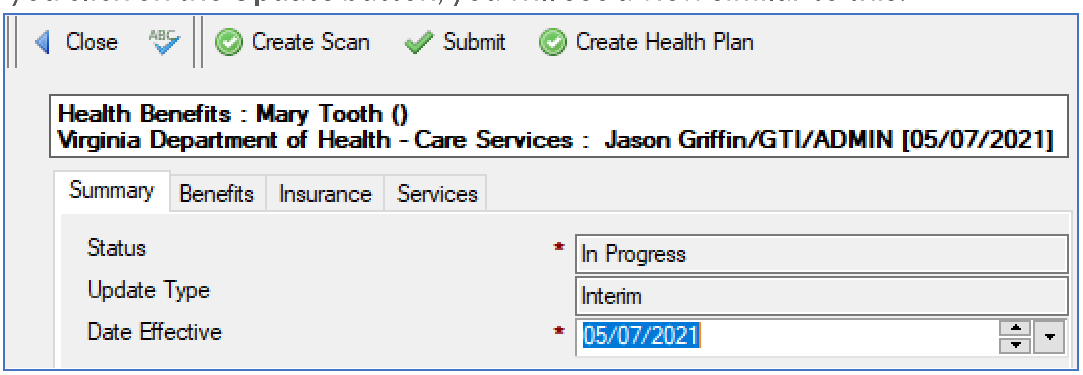
Health Benefits Tab

The Health Benefits tab in the Client Profile is where you can view and update the client's private health insurance and public health benefits. The Health Benefits tab consists of two subtabs: Private Health Insurance and Public Health Benefits.



To update any of the health benefits, you must click on the **Update** button. You can click on **Update** on either of the two Health Benefits subtabs.

When you click on the **Update** button, you will see a view similar to this:



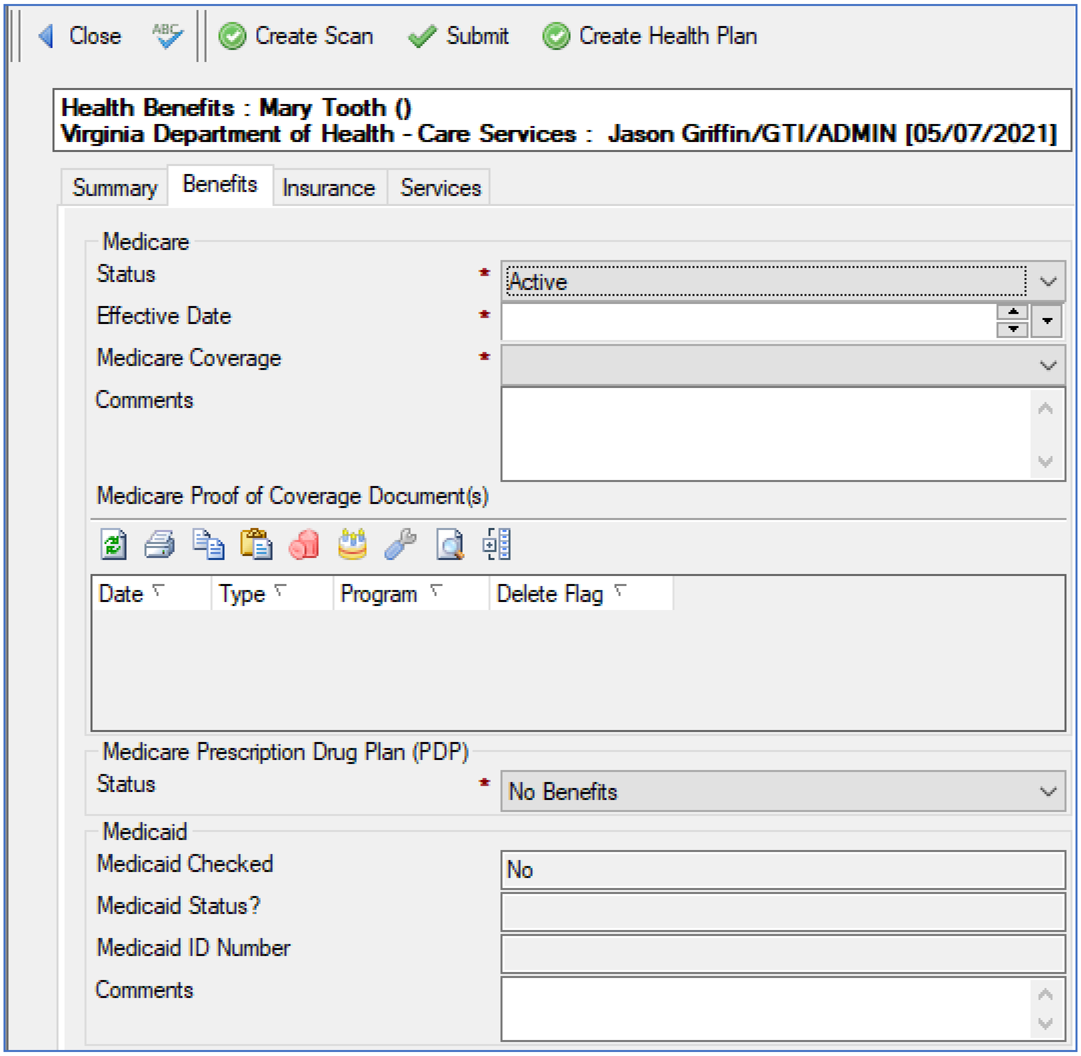
Summary Tab

On the Summary tab in the Health Benefits update, fill in the appropriate fields:

- **Status** – defaults to "In Progress" until the health benefits record is submitted.
- **Update Type** – automatically defaults to the update type.
- **Date Effective** – select the date the health benefits information became effective.

Benefits Tab

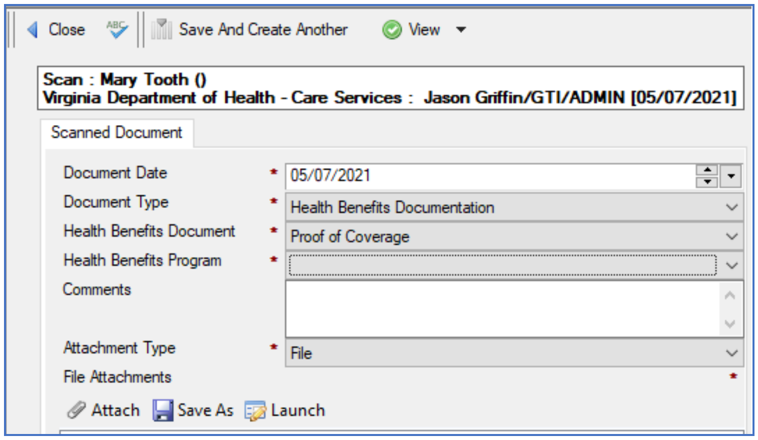
Select the client's Medicare status. If you select any status other than "No Benefits", additional fields will show for you to fill in the client's insurance information.



If the client has Medicare coverage, you need to create a proof of coverage document by clicking on the **Create Scan** button.

In the Scan record, enter the Document Date. Select "Health Benefits Documentation" as the Document Type, "Proof of Coverage" as the Health Benefits Document Type (see image below).

Then, select either "Medicaid, Medicare, Medicare Part D or Private Medical" as the Health Benefits Program.



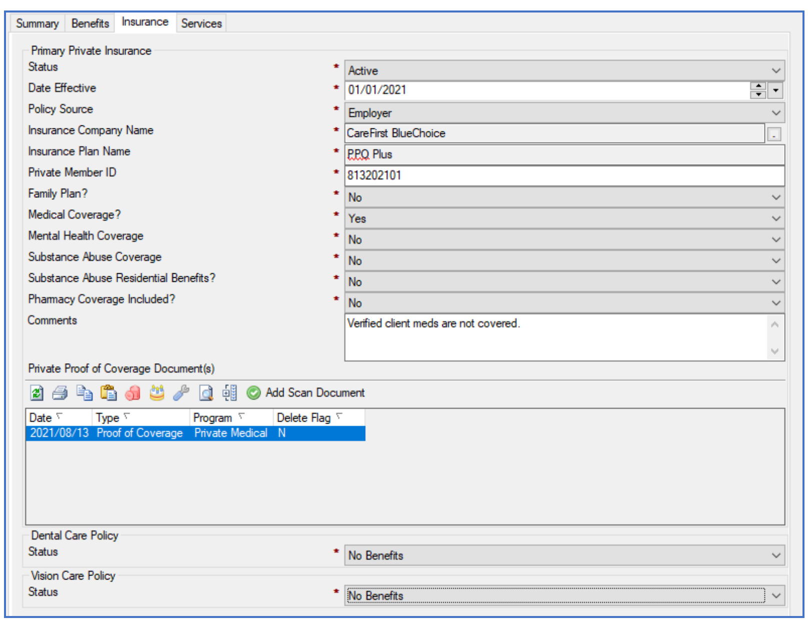
Next, scan in or attach the client's proof of coverage documentation.

When finished, click on the **Close** button and then select **Yes** to save your changes. You will then be brought back to the Health Benefits Update screen.

When you are finished, click the **Close** button and then select **Yes** to save your changes.

Insurance Tab

If the client has private health insurance (either through ACA, Employer, or other Private Source), enter the required information for the policy based on coverage documentation provided by the client.



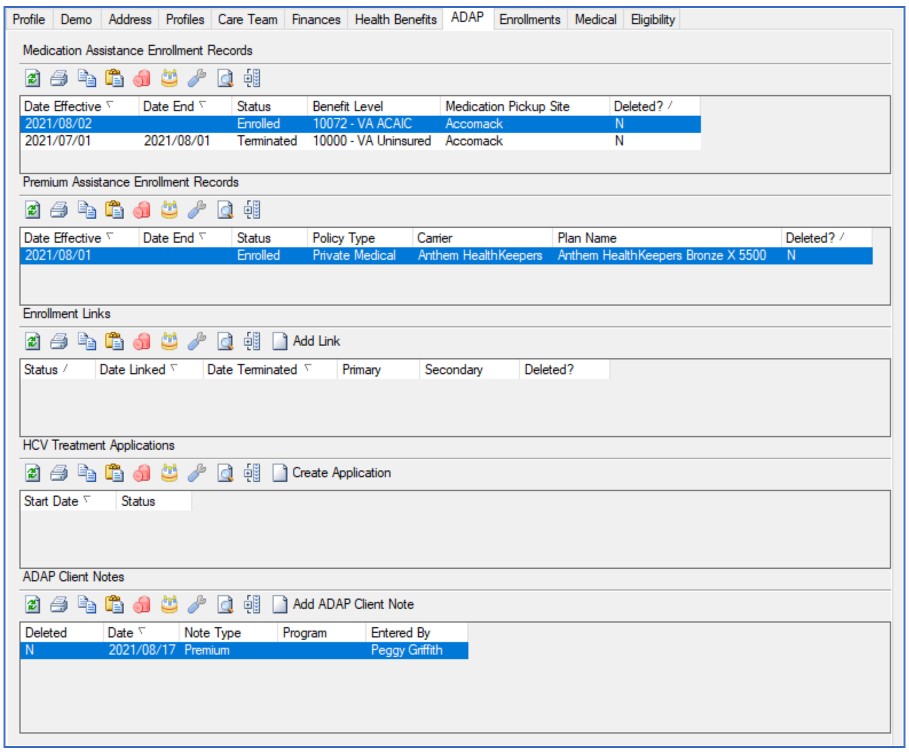
Next, scan or attach the Proof of Coverage documentation provided by the client.

If the client also has access to private coverage for dental and/or vision care, enter the required information for those policies based on the coverage documentation provided by the client. Then scan or attach the proofs of coverage.

When you have finished entering the client's current health benefits information on all four tabs in the Health Benefits Update, click on the **Submit** button to submit your changes. After you submit the Health Benefits update, you will be brought back into the client's Client Profile.

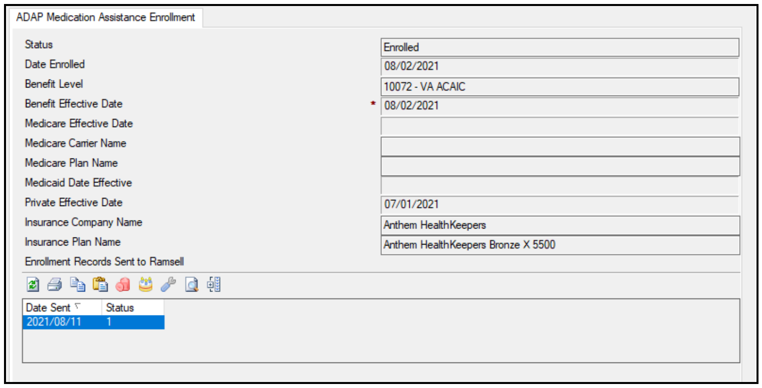
ADAP Tab

The ADAP Tab shows links to all ADAP enrollment records as well as historical Client Notes. Permissions related to updating any VA MAP enrollments are limited to the VA MAP team.



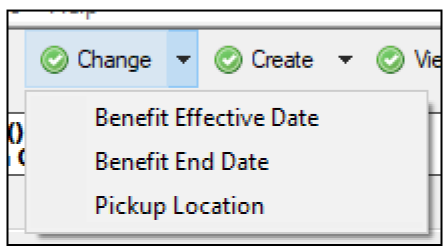
Medication Assistance Enrollment Records

An embedded view shows all prior and current enrollments in direct ADAP. To view any record, double-click on the record to open the detail.

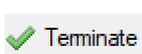


Changing the Enrollment Record

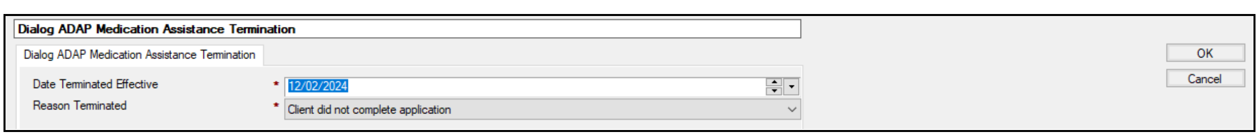
Click the Change button to change either the Benefit Effective Date, Benefit End Date, or Pickup Location for the enrollment record.



Terminating the Enrollment Record

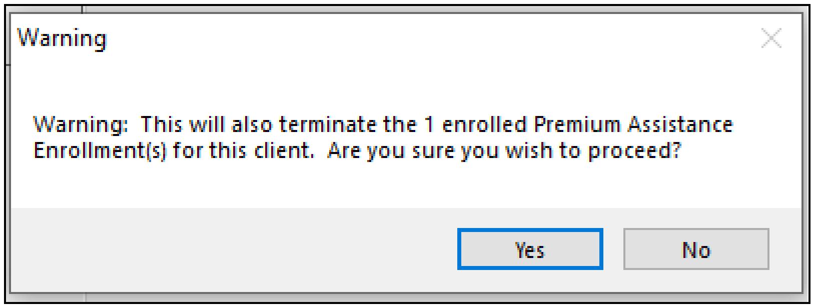
Click the 

button to terminate the enrollment.



Enter the effective date of the termination, and the reason for termination. Then click OK.

If the client also has a Premium Assistance enrollment, you will receive a warning message which will alert you that the Premium Assistance enrollment will also be terminated.



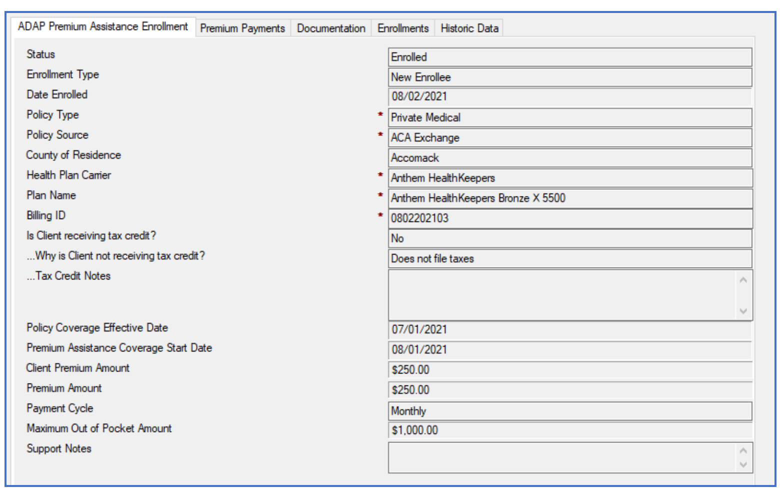
Premium Assistance Enrollment Records

An embedded view shows all prior and current enrollments in premium assistance (MPAP, ICAP, HIMAP).

Other embedded views on this tab include:

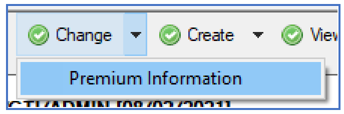
- **Enrollment Links** – embedded view allows you to link another client who is covered under the same family insurance policy.
- **HCV Treatment Applications** – embedded view shows all prior and current applications for HCV treatments. To create a new application record, click the Create Application button to submit a new application.
- **ADAP Client Notes** – embedded view shows historical note entries. ADAP Client Notes are available only to ADAP users to view, add, and edit notes. To add a new note, click the Add ADAP Client Note button.

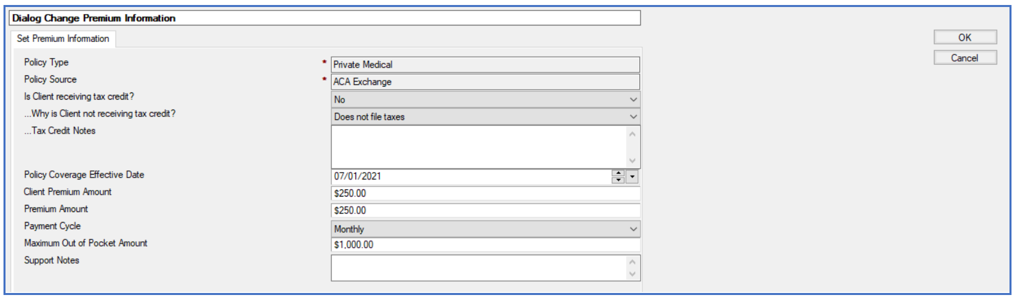
To view any record, double-click on the record to open the detail.



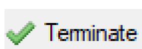
Change Premium Information

To update premium or Maximum Out of Pocket Information, click on Change > Premium Information.

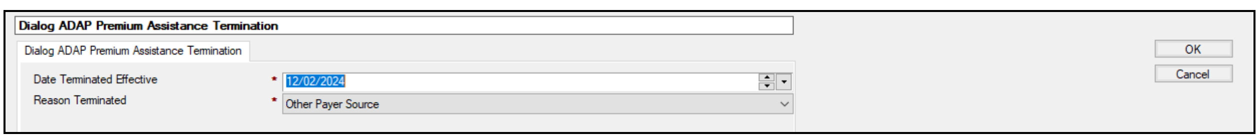




Terminating the Enrollment Record

Click the 

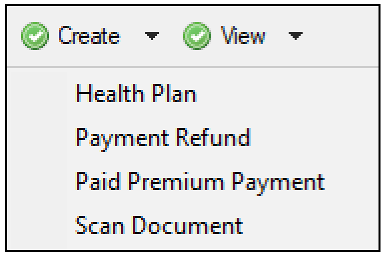
button to terminate the enrollment.



Enter the effective date of the termination, and the reason for termination. Then click OK.

Create Button

Users with appropriate permissions may use the Create button to create additional records as needed.

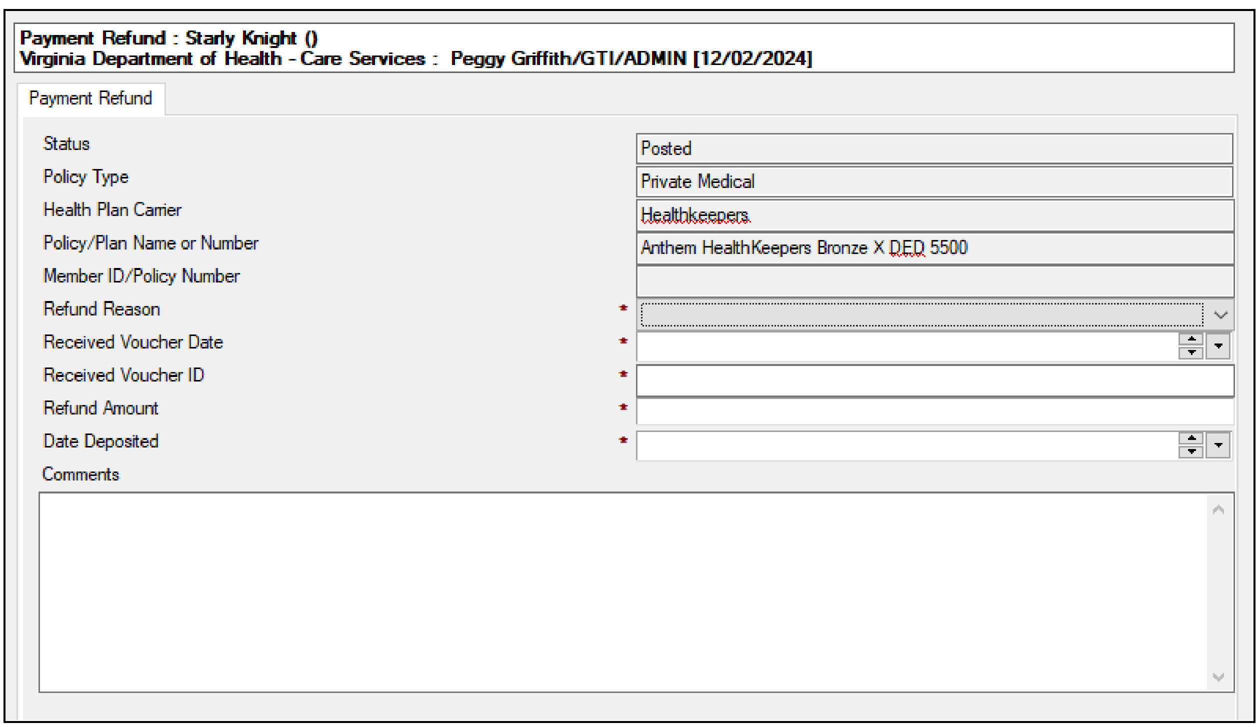


Create Health Plan

This button allows a user to create a new Health Plan in the Health Plan directory (located in the View > Reference menu).

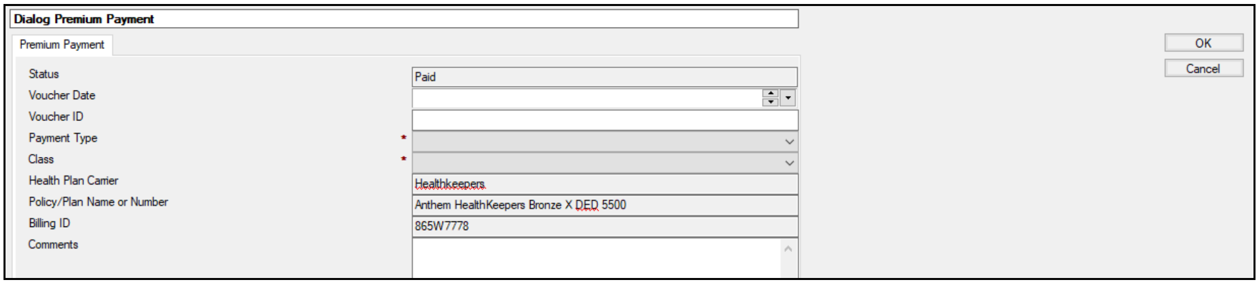
Create Payment Refund

This button allows a user to create a premium payment refund record. This may be needed in cases where the refund was received by check to the client outside of the Benalytics process.



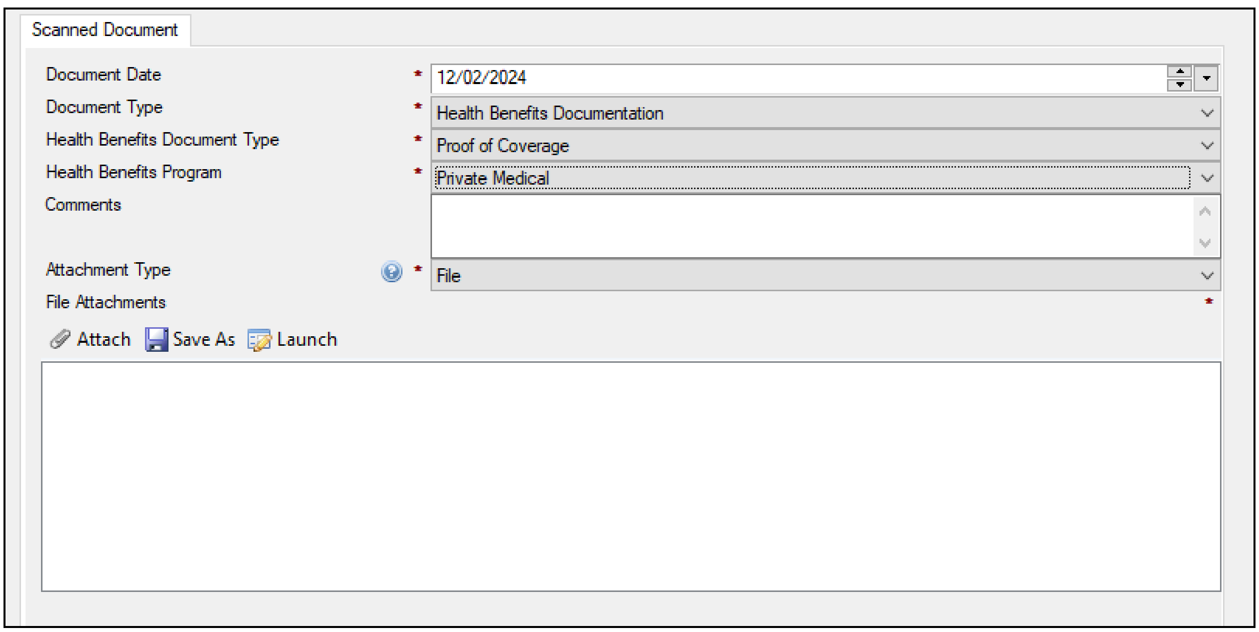
Create Paid Premium Payment

This button allows a user to create a premium payment record. This may be needed in cases where where a binder payment is made outside the Benalytics process.



Create Scan Document

This button allows a user to create a Scan Document and attach it to the client profile.



Premium Payments

The Premium Payments tab displays any Premium Payments or Refunds that have been made by Benalytics for this enrollment.

Documentation

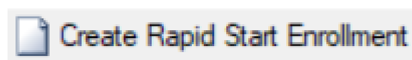
This tab displays any insurance-related information (premium statement or proof of insurance).

Enrollments Tab

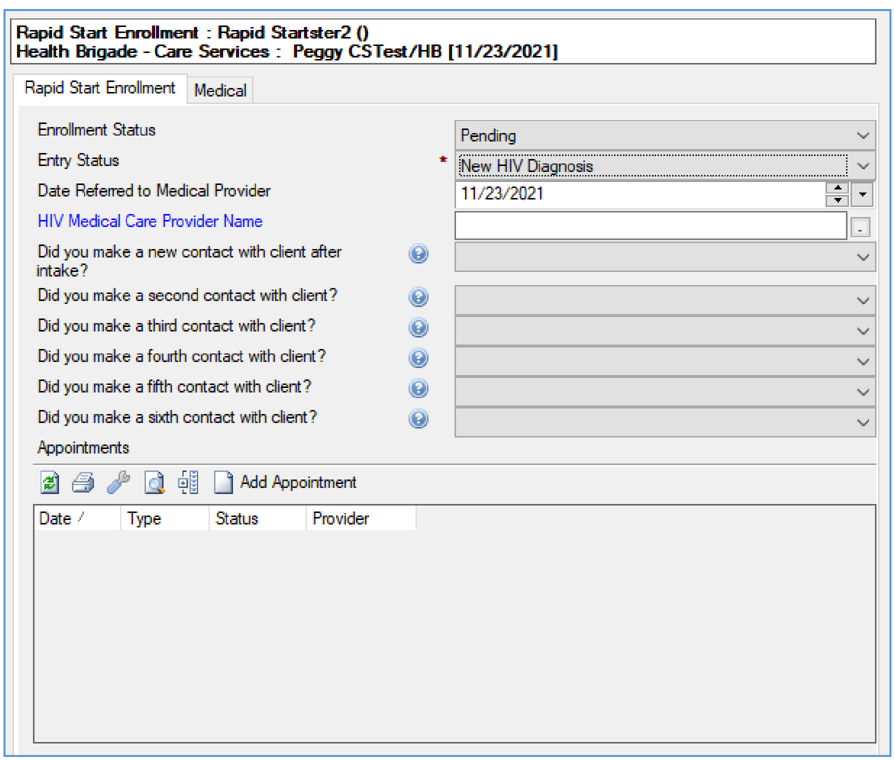
This tab contains an embedded view that displays other enrollments where the client may be enrolled. Instructions for working with these enrollments are documented in the appropriate user guides supporting those programs.

- VDH Seamless User Guide
- VDH Rapid Start User Guide
- VDH Status Neutral User Guide
- VDH CHARLII User Guide

Create Rapid Start Enrollment

If Rapid Start is available at your agency, click 

.



Complete the required information on the enrollment form.

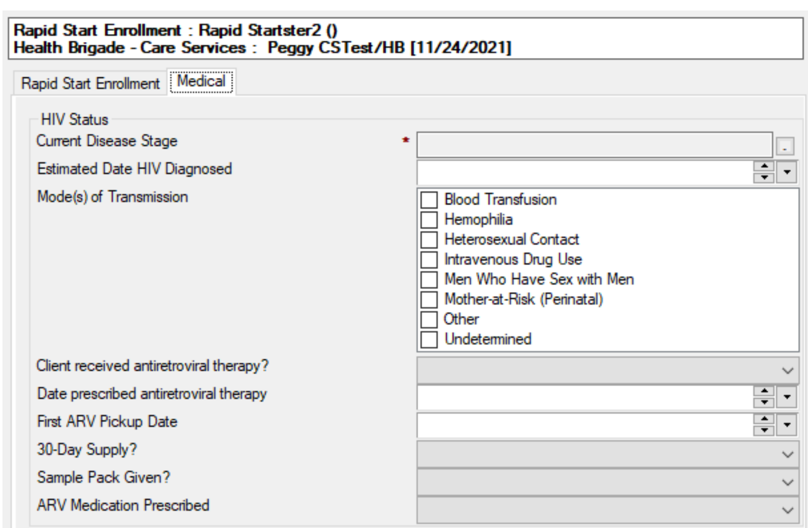
- **Status** – defaults to Pending. Change the status to Enrolled once the client is enrolled in the Rapid Start program.
- **Entry Status** – select whether the client is newly diagnosed or reengaging in care.
- **Referral Source** – select the source of the referral.
- **Date Referred to Medical Provider** – enter the date the client was referred.
- **HIV Care Clinic** – select the appropriate HIV Care Clinic.
- **HIV Medical Care Provider** – select the appropriate Medical Care Provider.
- **Did you make a new contact with client after intake?** – This is recommended 1 day after ARV initiation. Select Yes or No.
- **Date of First Contact** – If Yes is selected, enter the date of the first contact.

The remaining fields are intended to track recommended follow up contacts to the client after ARV initiation.

- Second Contact – recommended 5 days after ARV initiation.
- Third Contact – recommended 10 days after ARV initiation.
- Fourth Contact – recommended 30 days after ARV initiation.
- Fifth Contact – recommended 90 days after ARV initiation.
- Sixth Contact – recommended 180 days after ARV initiation.

An embedded view shows any prior appointment records that are made for the client. You may also click "Add Appointment" to create a new appointment.

Medical Tab:



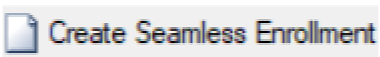
Use the Medical tab to record the following:

- **Current Disease Stage** – enter the client's current HIV stage.
- **Estimated Date HIV Diagnosed** – enter the date diagnosed.
- **Mode of Transmission** – select mode of transmission (all that apply).

- **Client Received antiretroviral therapy?** – enter Yes or No.
- **Date prescribed antiretroviral therapy** – enter date of prescription.
- **First ARV Pickup Date** – enter the date of first ARV pickup.
- **30 day supply**? – enter Yes or No.
- **Sample Pack Given**? – enter Yes or No.
- **ARV Medication Prescribed** – select the appropriate medication.

Create Seamless Enrollment

If you have permissions to create a Seamless enrollment, click the



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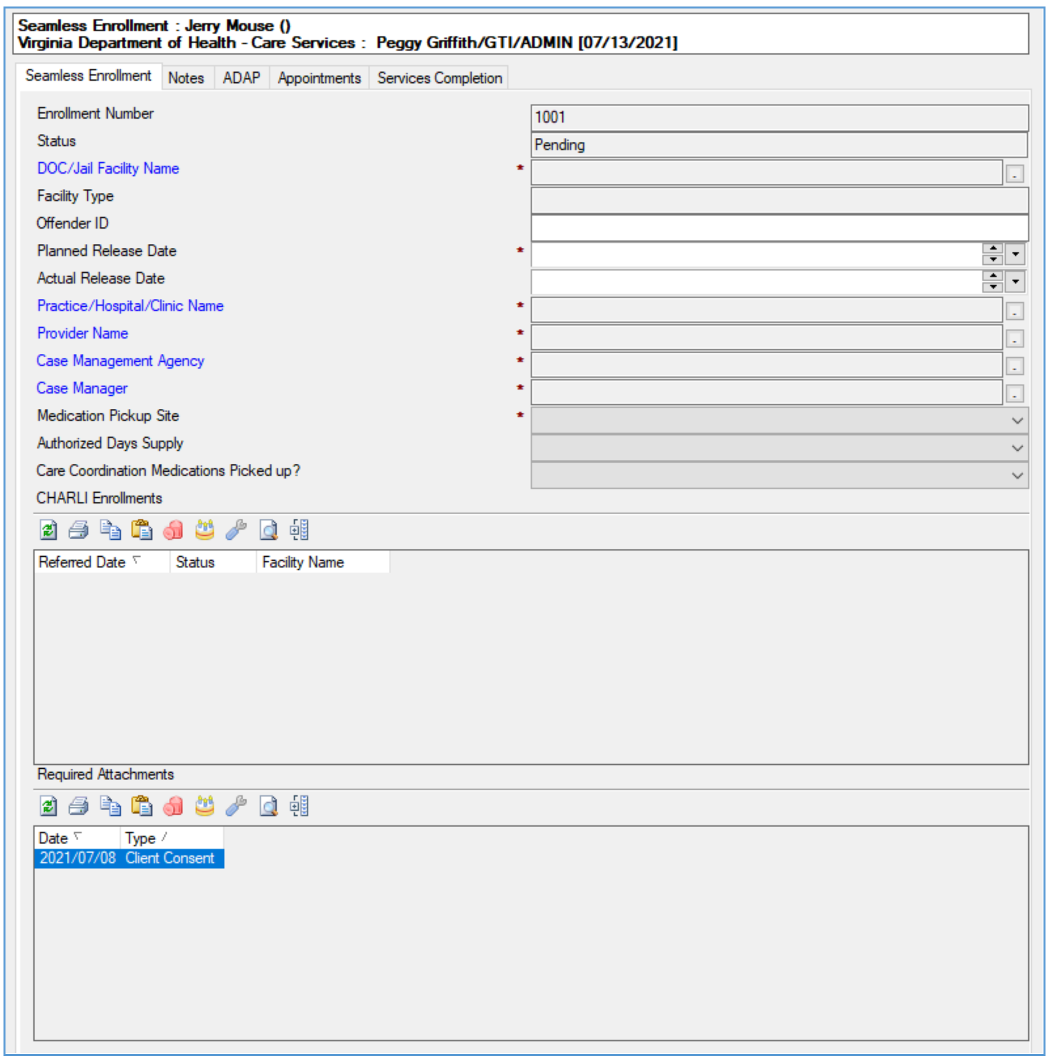
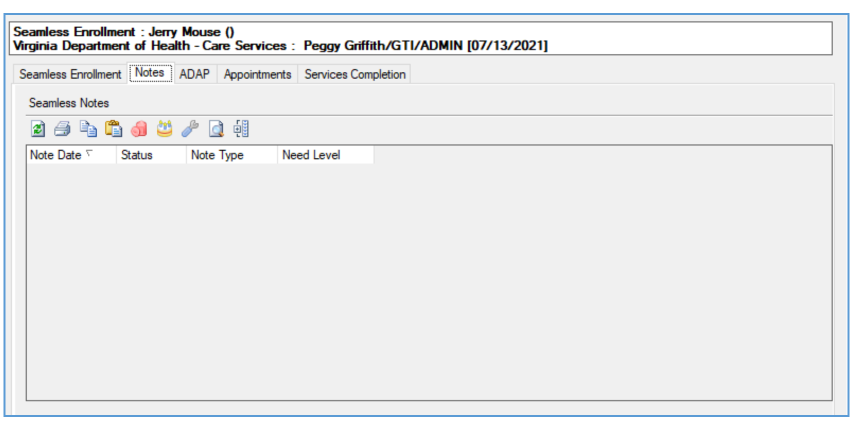


Complete the required information on the enrollment form.

- **Enrollment Number** – automatically generated
- **Status** – defaults to Pending
- **DOC/Jail Facility Name** – select the facility from which the client is being discharged
- **Facility Type** – automatically populates based on the facility chosen above
- **Offender ID** – if included in the discharge summary, enter the offender ID
- **Planned Release Date** – enter planned release date provided in the discharge summary
- **Actual Release Date** – enter actual release date if known
- **Practice/Hospital/Clinic Name** – select the clinic provided in the discharge summary
- **Provider Name** – select the medical provider name provided in the discharge summary
- **Case Management Agency** – select the case management agency provided in the discharge summary
- **Case Manager** – select the case manager name provided in the discharge summary (likely Charli Coordinator)
- **Medication Pickup Site** – select the location where client will pick up medications
- **Authorized Days Supply** – select 30, 60, or 90 day supply
- **Care Coordination Medications Picked Up**? – If known, enter Yes or No if medications were picked up
- **Date of Care Coordination Pick Up** – if known, enter date medications were picked up

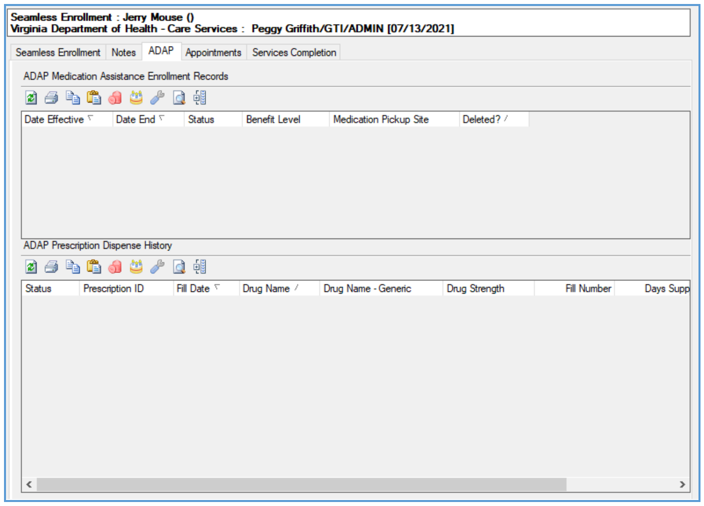
The signed client consent should appear in the Required Attachments embedded view from the Client Registration process. If not, use the Create button > Scan to upload the attachment.

Notes Tab:



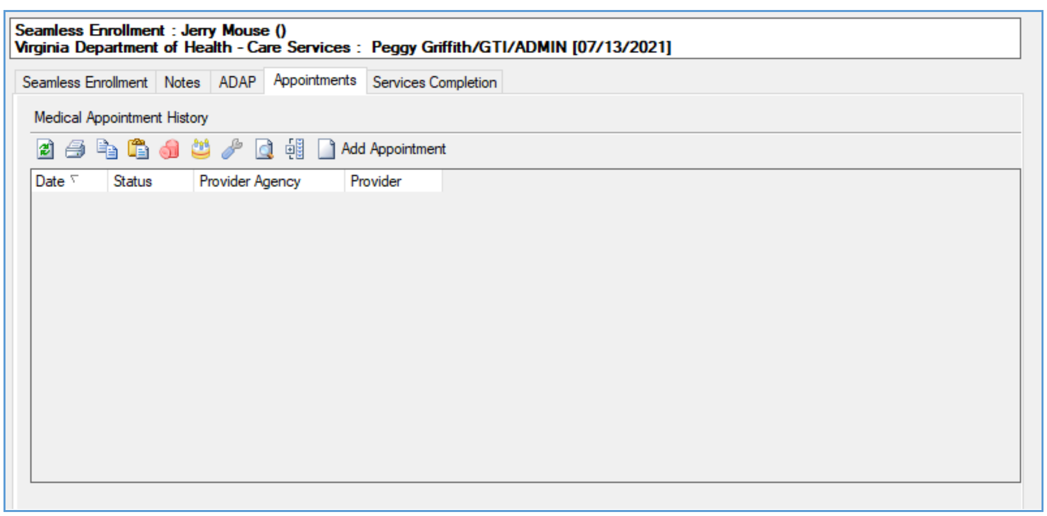
In the Notes tab, enter any additional notes regarding this enrollment. Notes may be created with type “Follow Up” to identify if follow up is needed for the enrollment.

ADAP tab:

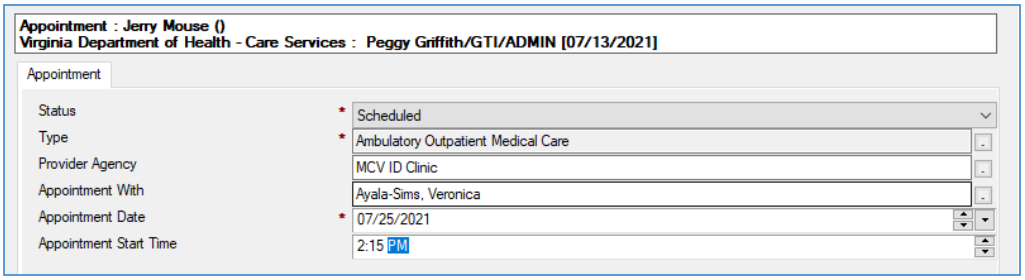


The ADAP tab will show any prior ADAP medication enrollments. The ADAP Prescription Dispense History section will be available in a later phase of the implementation.

Appointments tab:



The Appointments tab will display any prior medical appointment history. You may also use the “Add Appointment” button to document any upcoming appointments provided in the discharge summary.

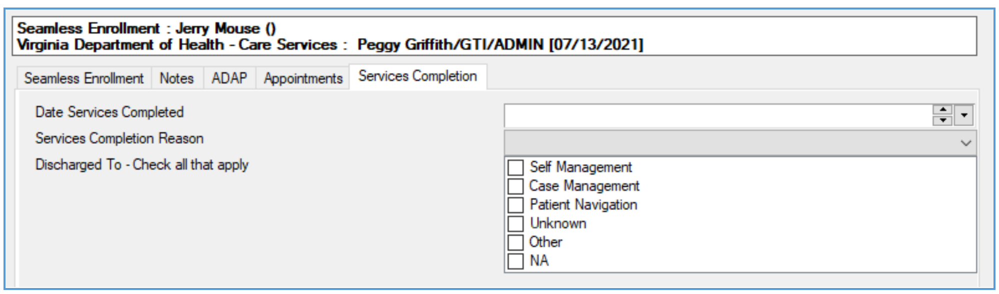


Approve Enrollment

Click the Approve Enrollment button to approve the client's enrollment into the Seamless program.

Complete Enrollment

When Seamless services are complete, navigate to the Services Completion tab.

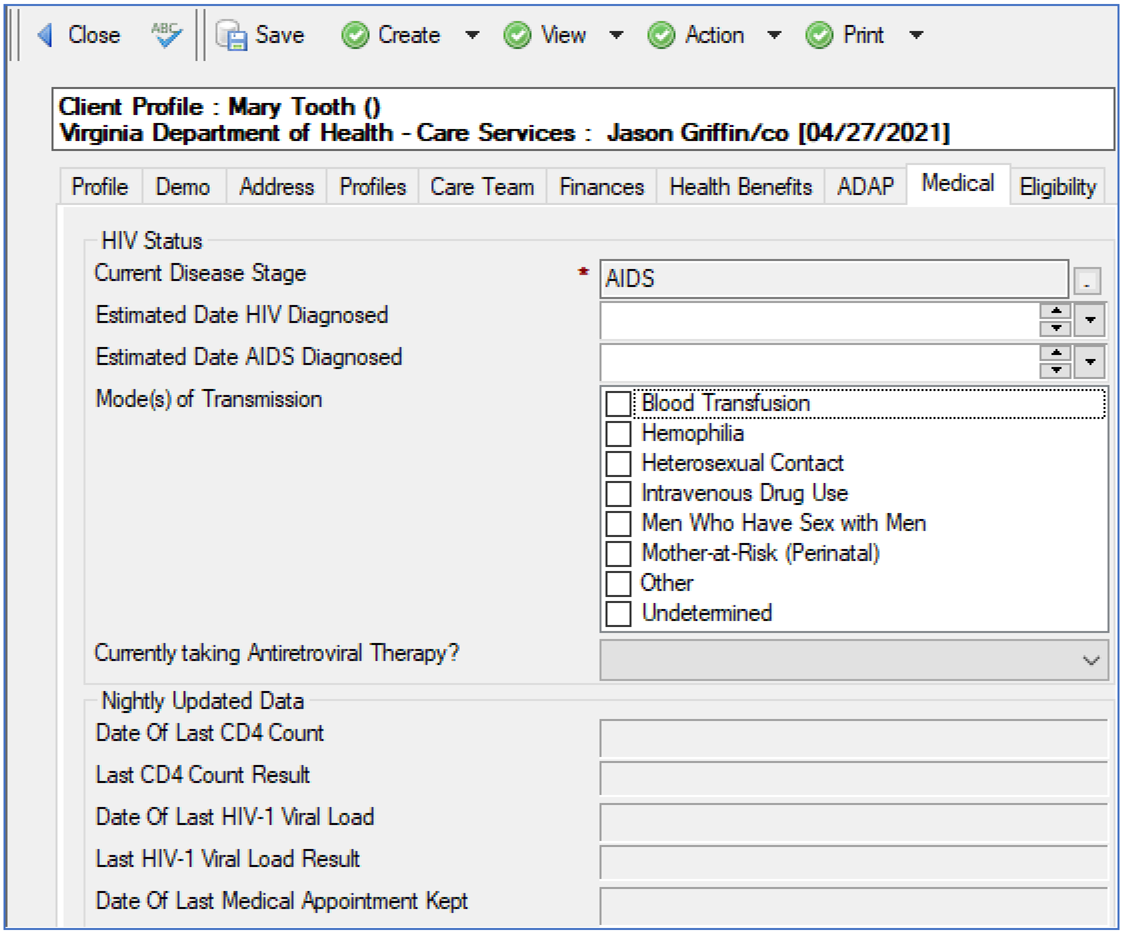


The Services Completion tab documents the closure of the client's case and disposition.

Click the Complete Enrollment when the client is discharged from the Seamless program.

Medical Tab

The Medical tab in the Client Profile holds the client's current HIV information such as current disease stage, risk factors, and whether they are on ARV.



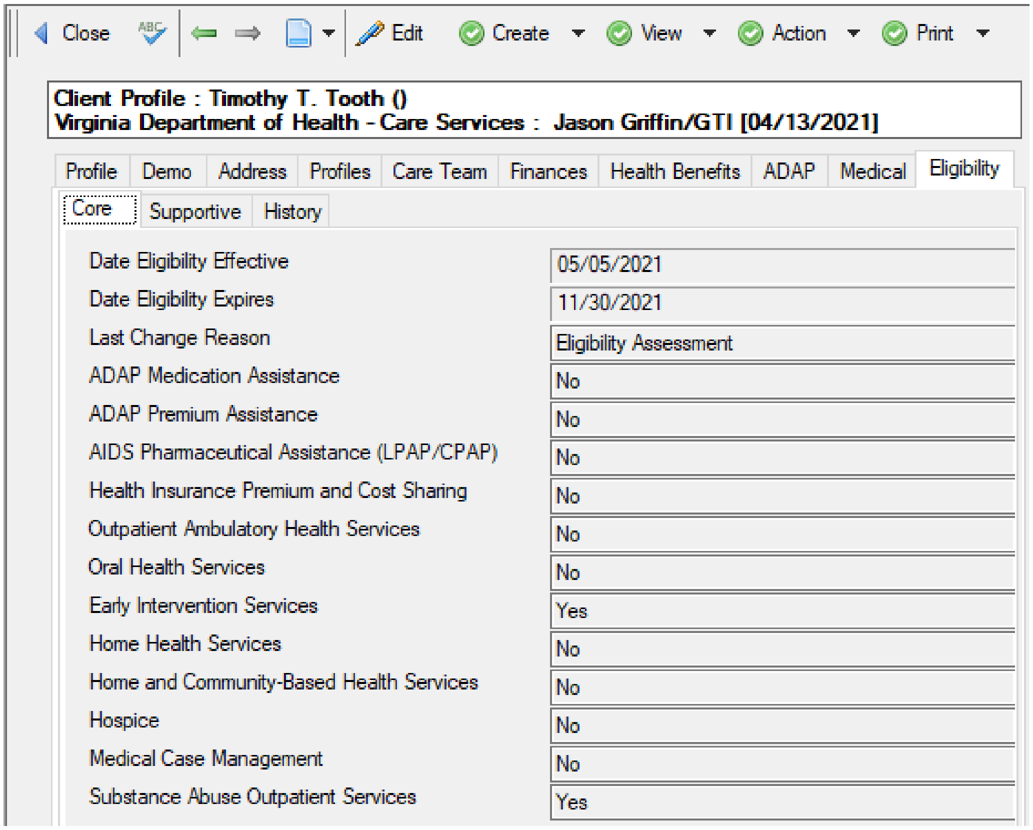
Fill in the fields as appropriate. Depending on the client's "Current HIV Disease Stage", fill in their "Estimated Date HIV Diagnosed", "Estimated Date AIDS Diagnosed", "Mode(s) of Transmission" and if the client is "Currently taking Antiretroviral Therapy".

The fields on the bottom of the form are reference only. These will be populated as data is entered into the system. These will be updated nightly and auto-populate when you look at a client's profile.

Eligibility Tab

The Eligibility tab in the Client Profile has three tabs "Core", "Supportive" and "History".

These tabs have the eligibility data for the client after all information has been submitted.

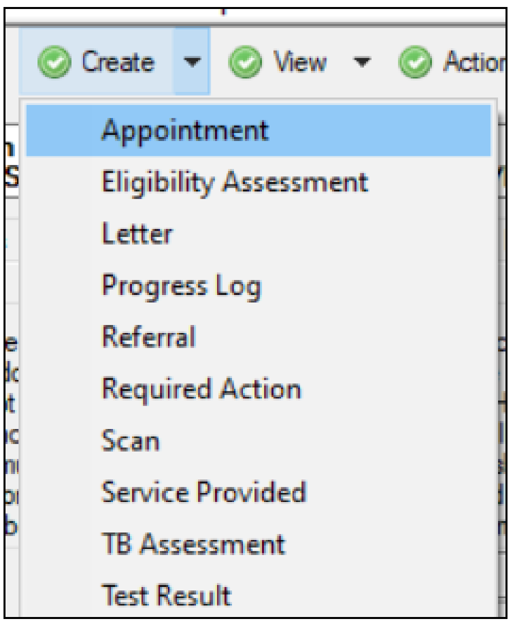

Close
Edit
Create
View
Action
Print
Client Profile : Timothy T. Tooth ()
Virginia Department of Health - Care Services : Jason Griffin/GTI [04/13/2021]
Profile
Demo
Address
Profiles
Care Team
Finances
Health Benefits
ADAP
Medical
Eligibility
Core
Supportive
History
Date Eligibility Effective
05/05/2021
Date Eligibility Expires
11/30/2021
Last Change Reason
Eligibility Assessment
ADAP Medication Assistance
No
ADAP Premium Assistance
No
AIDS Pharmaceutical Assistance (LPAP/CPAP)
No
Health Insurance Premium and Cost Sharing
No
Outpatient Ambulatory Health Services
No
Oral Health Services
No
Early Intervention Services
Yes
Home Health Services
No
Home and Community-Based Health Services
No
Hospice
No
Medical Case Management
No
Substance Abuse Outpatient Services
Yes

Working with the Client Profile

This section will walk through the menus and actions available for working with the Client Profile.

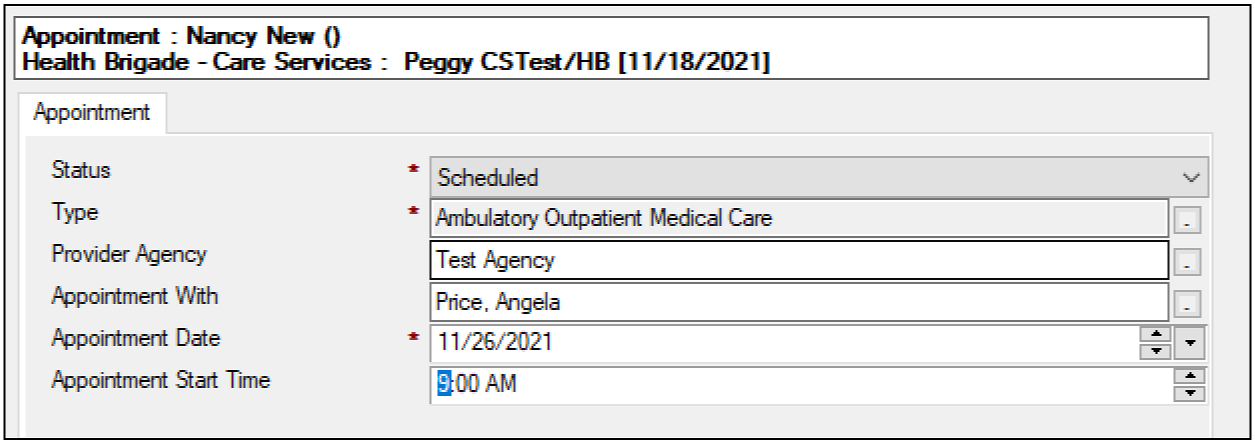
Create Menu

The Create menu from the Client Profile allows you to create various sub-records related to the client.



Appointments

This form is used to document scheduled, kept and missed appointments. It is useful to record appointments of all status (scheduled, kept, missed, etc.).



Fill in the appropriate fields.

When finished, click on the Close button and then Yes to save your changes. You can come back into an appointment at any time and click on the Edit button to update the status of the appointment.

Eligibility Assessment

This topic will be covered in the VDH Eligibility Assessment User Guide.

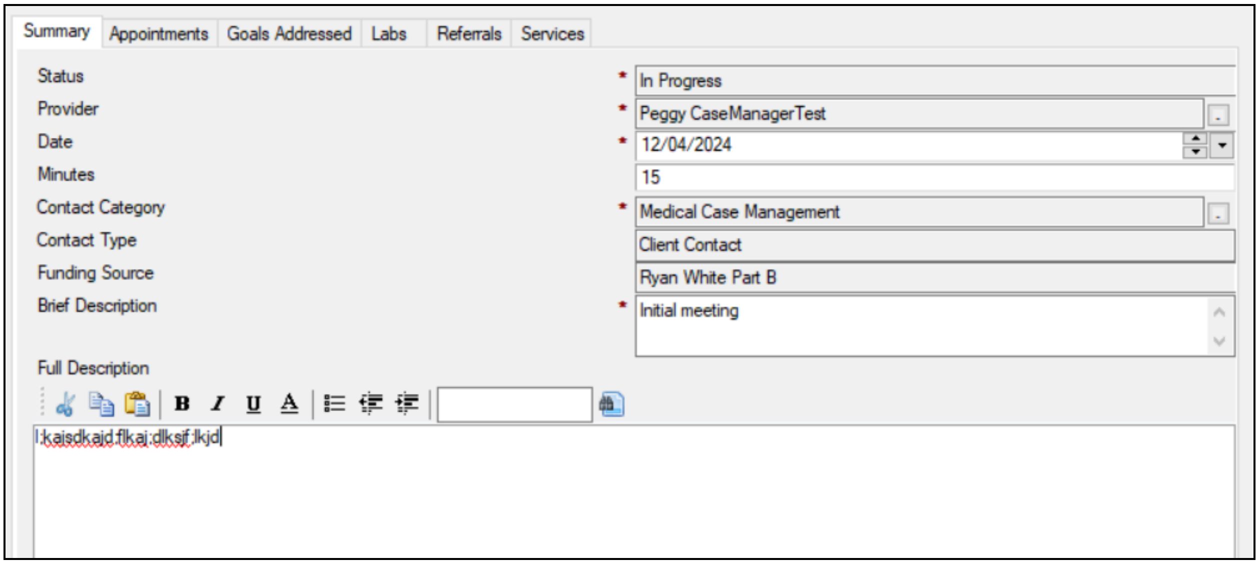
Letter

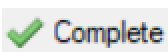
This feature is not used.

Progress Log

This feature is not used at limited agencies. To enable progress logs at your agency, contact vaprovide@vdh.virginia.gov.

Progress Logs are used to document interactions and notes regarding a client's progress.

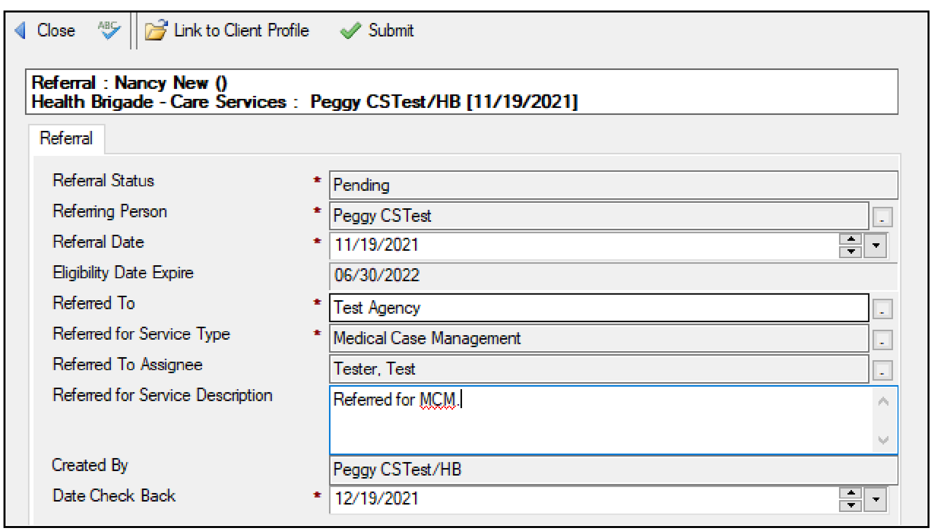


When you are finished entering your progress note information, be sure to click the 

button.

Referral

This feature is used to create and manage referrals to internal and external organizations for a client.



- Fill in the appropriate fields:
  - **Referring Person –** This will default to you, but you can select a different person
  - **Referred To –** Select the agency you are referring the client to
  - **Referred for Service Type –** Select the service type

- ○ **Referred to Assignee –** If there is a referred to assignee, select it here
- ○ **Referred for Service Description –** Enter the description of the referral service
- ○ **Date Check Back** – Enter the date to check back on the referral.
- ○ **Consent Required** – defaults to Yes
- ○ **Client Consent Obtained**? **–** Confirm that client has signed informed consent

When finished, click on the **Submit** button to save your changes and submit the referral. The referrals then can be "Acknowledged" by the receiving agency by clicking on the **Acknowledge** button. Acknowledging the referral will inform the referring provider that the referral has been received.

When a referral is completed, the agency receiving the referral will be able to view the referral in any of the *View\PLWH Activity\Referrals* views.

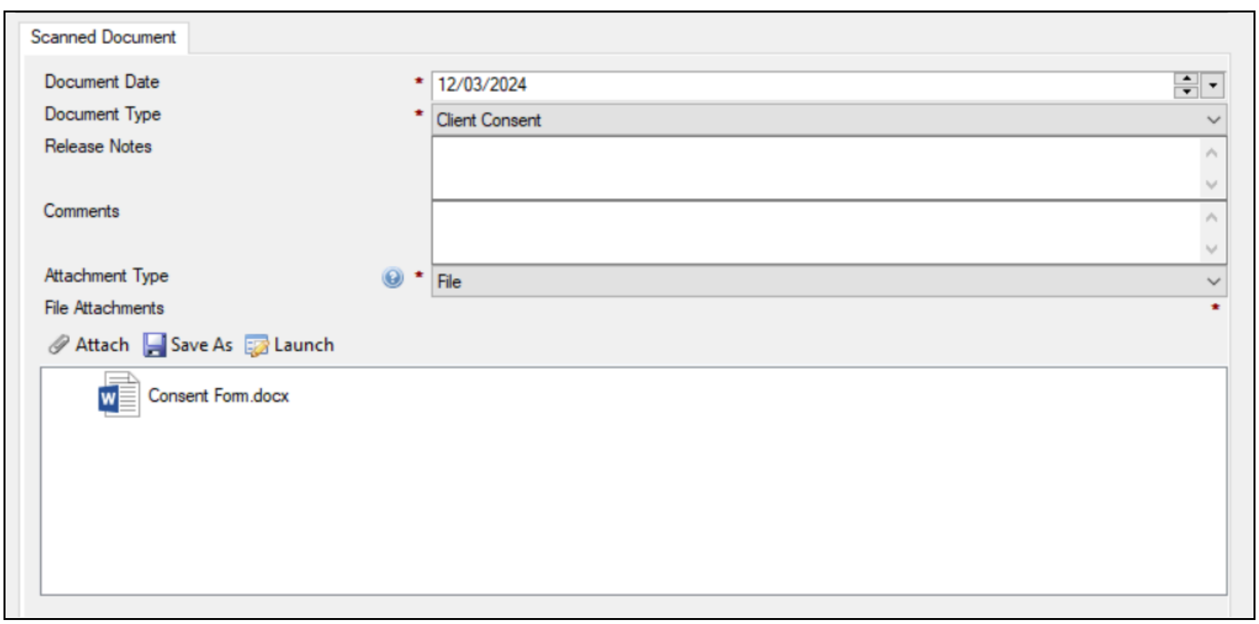
Once a referral is opened, it cannot be edited. However, you can come back to the referral at any time and click the **Close** button to close the referral.

Required Action

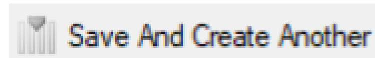
This feature is not used.

Scan

This feature is used to attach scanned and saved documents to the Client's profile.



- Fill in the appropriate fields.
- Click on the **Attach** button to attach a document that you saved on your computer.

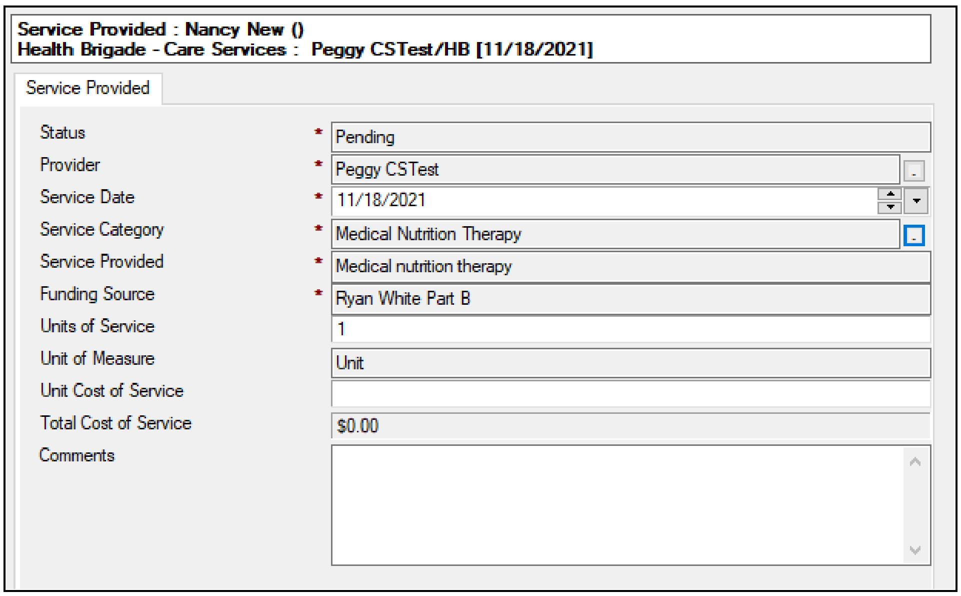
If you would like to save and create another scan, click 

.

When finished, click on the **Close** button and then **Yes** to save your changes.

Service Provided

Services Provided are used to document a tangible service that you provided to the client. To create a Service Provided, follow the steps below:



Service Provided : Nancy New ()
Health Brigade - Care Services : Peggy CSTest/HB [11/18/2021]

Service Provided

Status	*	Pending
Provider	*	Peggy CSTest
Service Date	*	11/18/2021
Service Category	*	Medical Nutrition Therapy
Service Provided	*	Medical nutrition therapy
Funding Source	*	Ryan White Part B
Units of Service		1
Unit of Measure		Unit
Unit Cost of Service		
Total Cost of Service		$0.00
Comments		

- Fill in the appropriate fields. Depending on the Service Provided, the data entry fields will vary.

When finished, you can either mark the service as "Completed" or "Not Provided".

If you do not have time to enter in all the required information in one sitting, you can save the Service Provided as "Pending" so you can come back to it later. To save it as "Pending", click on the **Close** button and then **Yes** to save your changes. When you want to come back and complete the Service Provided, double click into the "Pending" Service Provided and click on the **Edit** button.

PLEASE NOTE: It is important to complete each Service Provided. Services Provided that are not in a "Completed" status will not be included in your reports. You can see a list of all your "Pending" Services Provided at *View\PLWH Activity\Services Provided Records Pending*.

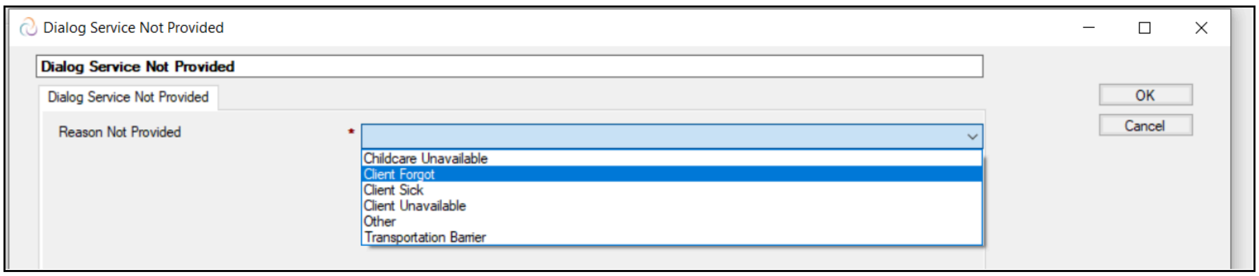
Marking the Service Provided as “Completed”

Click on the **Complete** button to save your changes. Once a Service Provided is marked as Complete, you <u>cannot</u> edit the Service Provided.

Marking the Service Provided as “Not Provided”

Marking the Service Provided as “Not Provided” allows you to document that you had planned to deliver a service but did not actually deliver the service.

Click on the **Not Provided** button to mark the Service Provided as “Not Provided”.



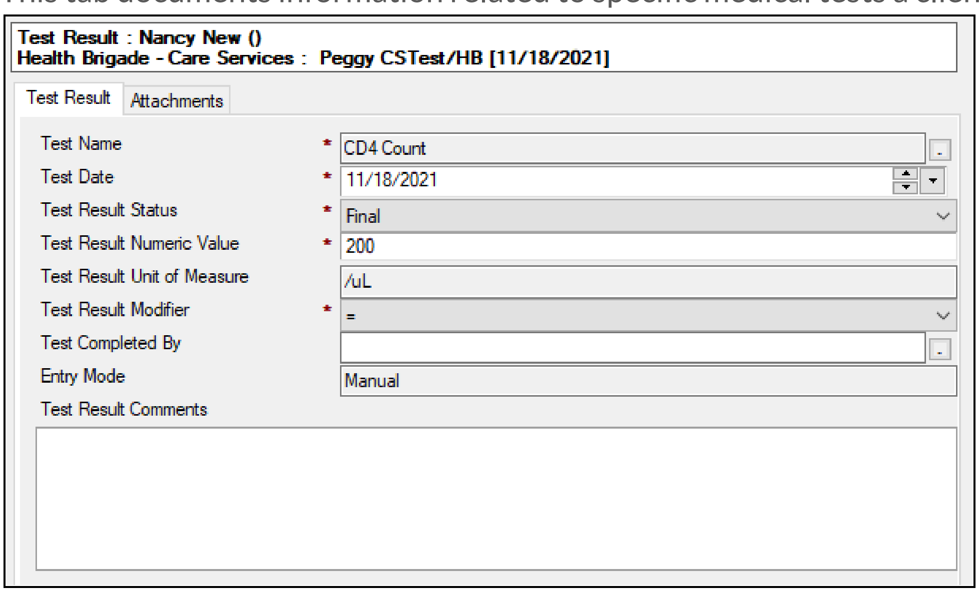
Select the reason you are marking the service as “Not Provided” and click **OK**.

TB Assessment

This feature is not used.

Test Result

This tab documents information related to specific medical tests a client has been given.

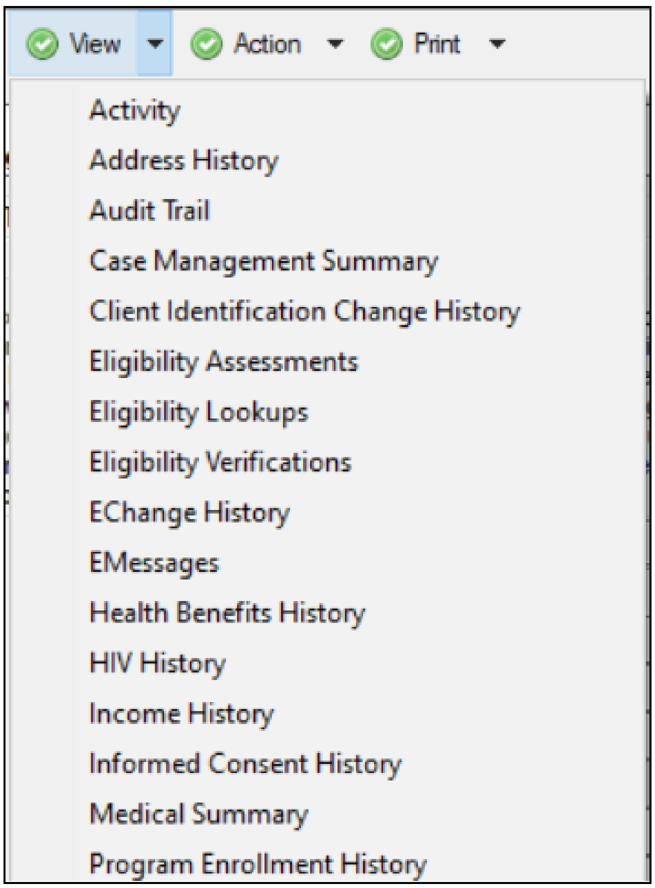


- Fill in the appropriate fields.
- Use the Attachments tab to attach any proof documents.

When finished, click on the **Close** button and then **Yes** to save your changes.

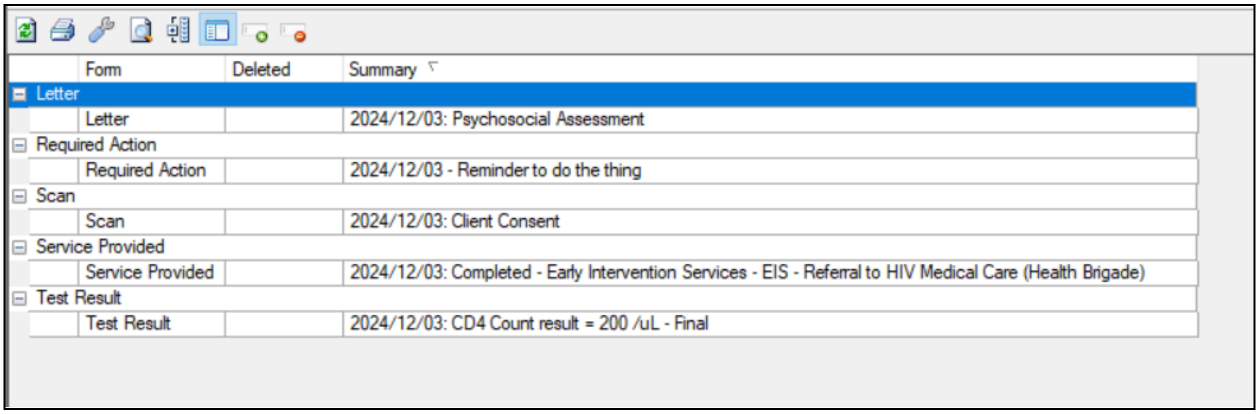
View Menu

The View Menu on the Client Profile is a powerful source of information that allows you to view history and activity that has taken place for the client.



Activity

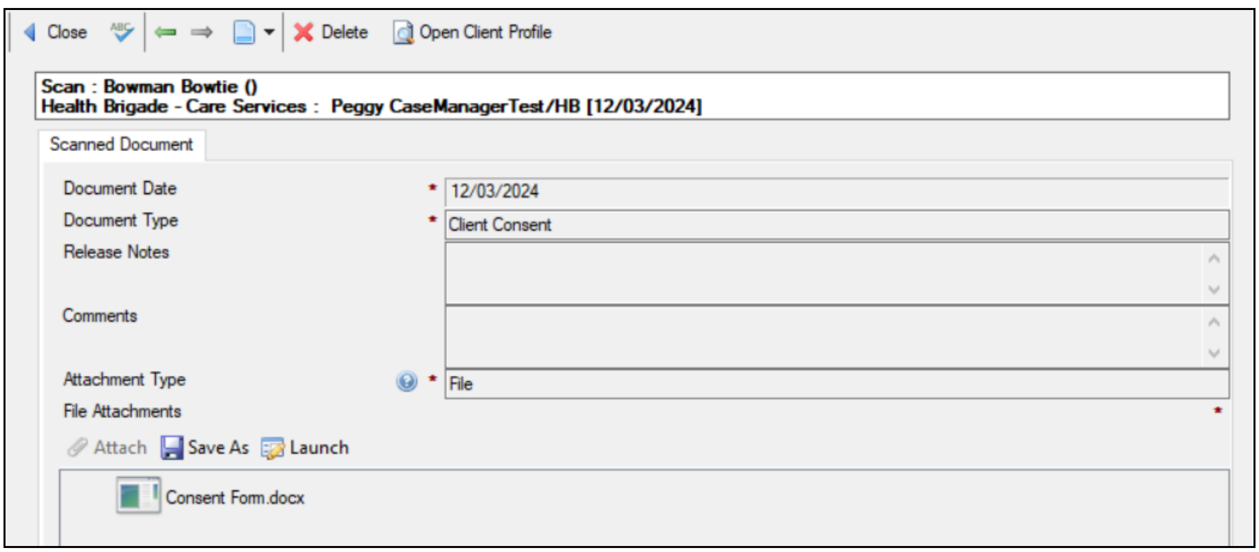
View Activity is very useful for viewing all the activity that has taken place for a client in one place. This includes (but not limited to) all Scan Documents, Test Results, Eligibility Assessments, and Services Provided.



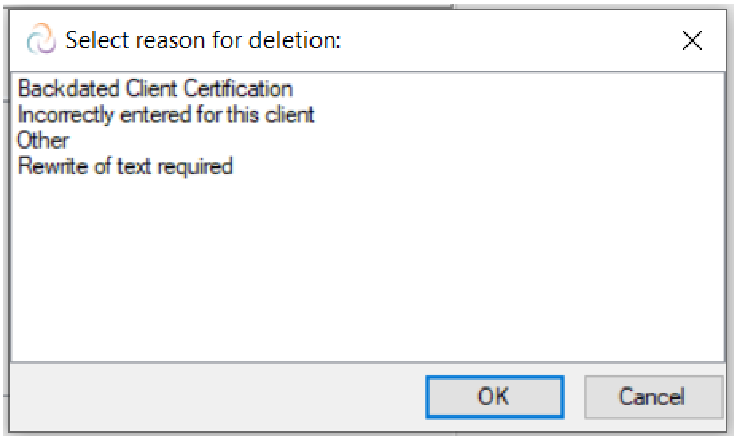
You can double-click on any sub-record to view details and take action.

Deleting a Scan Document

In the event an attachment has been made incorrectly to this client, it can be deleted by either the user who attached it, or a supervisor.



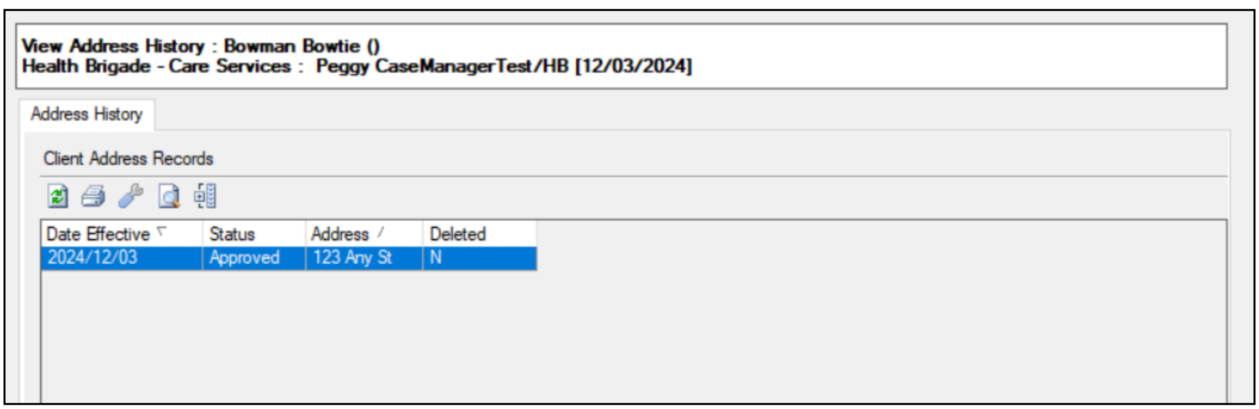
From an opened Scan document, you may click the Delete button.



Select the reason for deleting the document, and click OK.

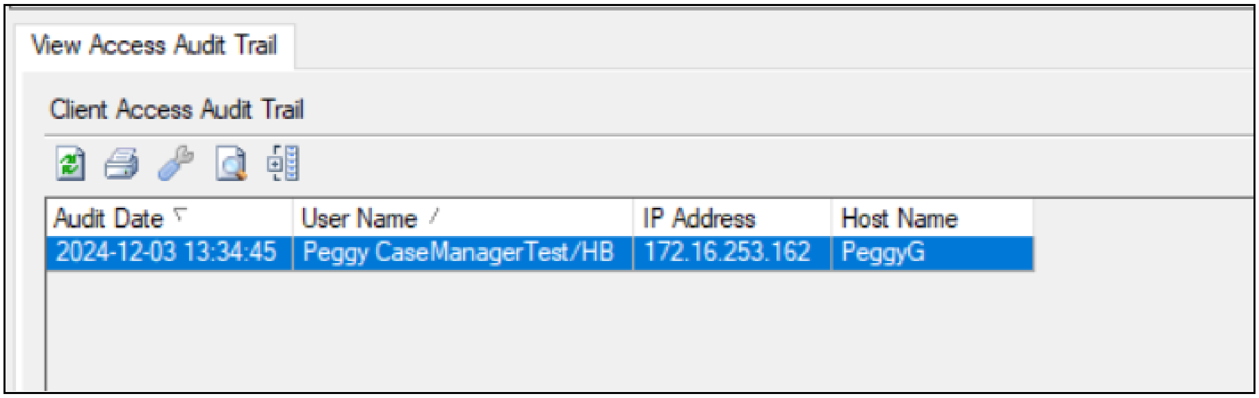
Address History

The Address History displays an embedded view of all address history records that exist for a client by the effective date. Simply double-click on the record for which you would like to view the details.



Audit Trail

The Audit Trail displays an embedded view of all users that accessed the Client Profile.



Case Management Summary

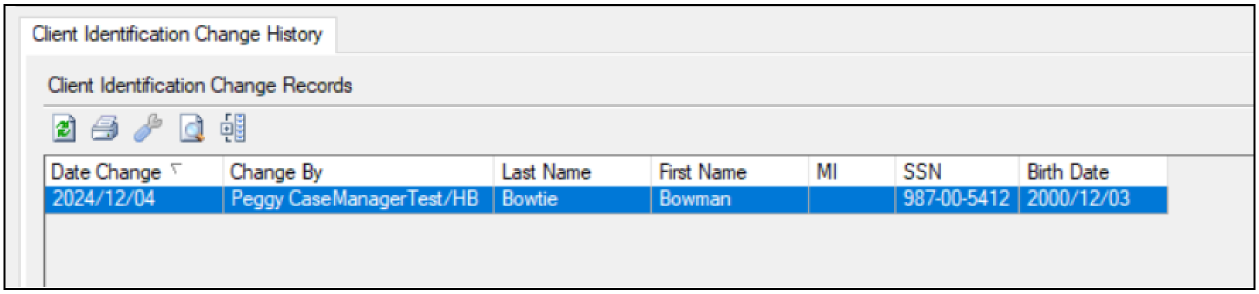
The Case Management Summary compiles a variety of records to view and create in one easy location. Since these records are covered in the "Create Menu" section of this user guide, please refer to that section for information on each type of record. This Summary complies the following types of information:

- Eligibility Assessments
- Services Provided
- Appointments
- Test Results
- Referrals

Client Identification Change History

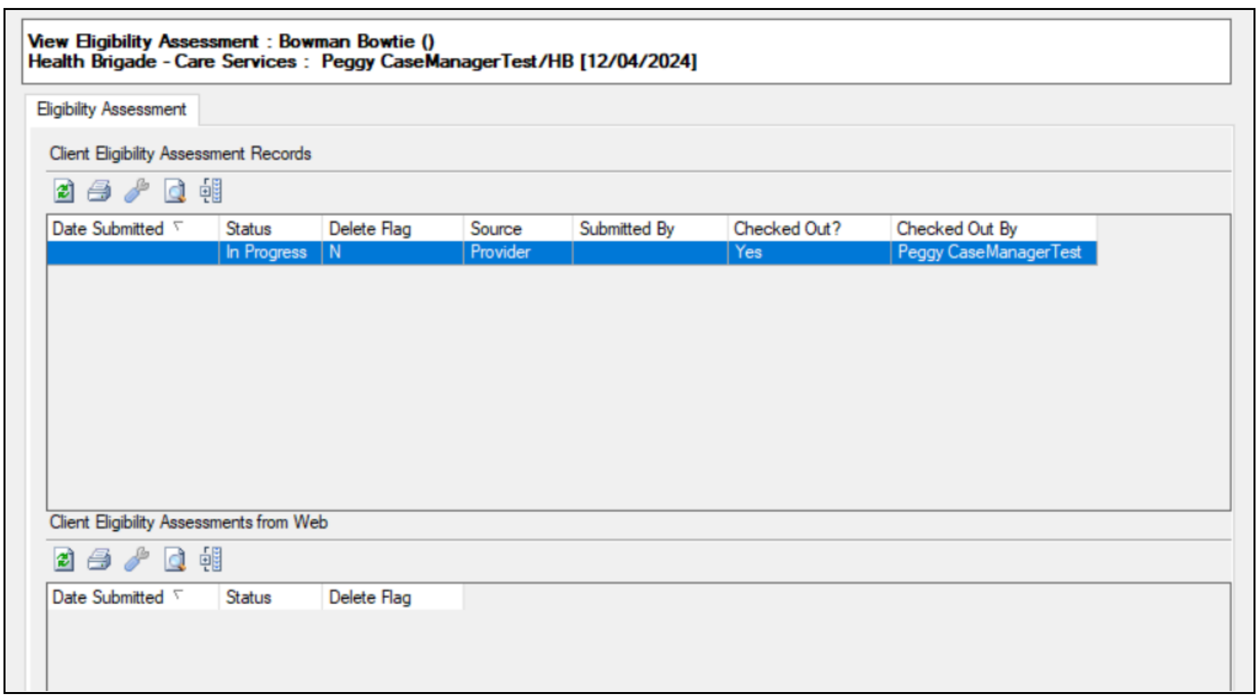
Client Identification Change History displays a record any time the client's identification information changes. This includes:

- Legal Last Name
- Legal First Name
- Legal Middle Initial
- SSN
- Birth Date
- Current Gender
- Sex Assigned at Birth



Eligibility Assessments

View Eligibility Assessments displays records of all eligibility assessments that have been created for a client. **Note that Virginia Department of Health no longer supports Eligibility Assessments from the Client Web Portal, but prior records if applicable will also be displayed.

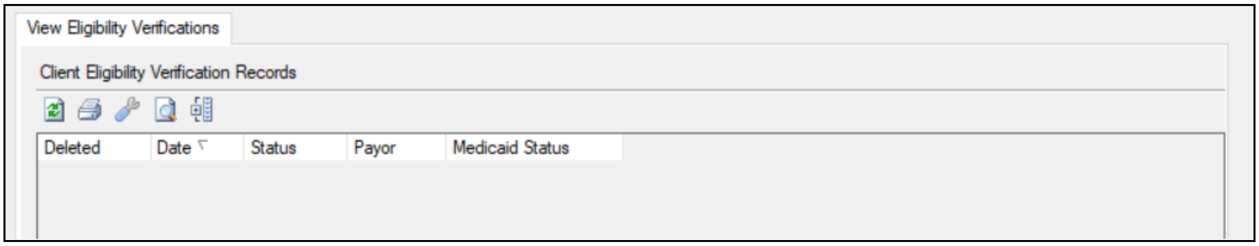


Web Eligibility Lookups

This feature is not used.

Eligibility Verifications

This embedded view displays records when a verification check is performed for Medicaid eligibility and enrollment.



Exchange History

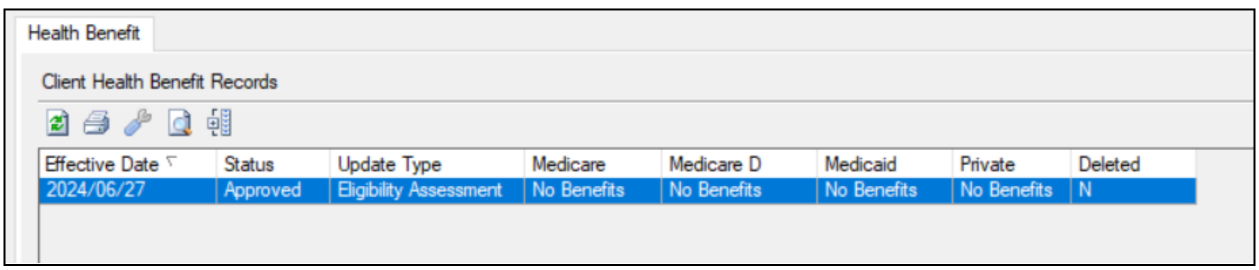
This embedded view displays records when a client's email address and preferences are changed.

EMessages

This feature is not used.

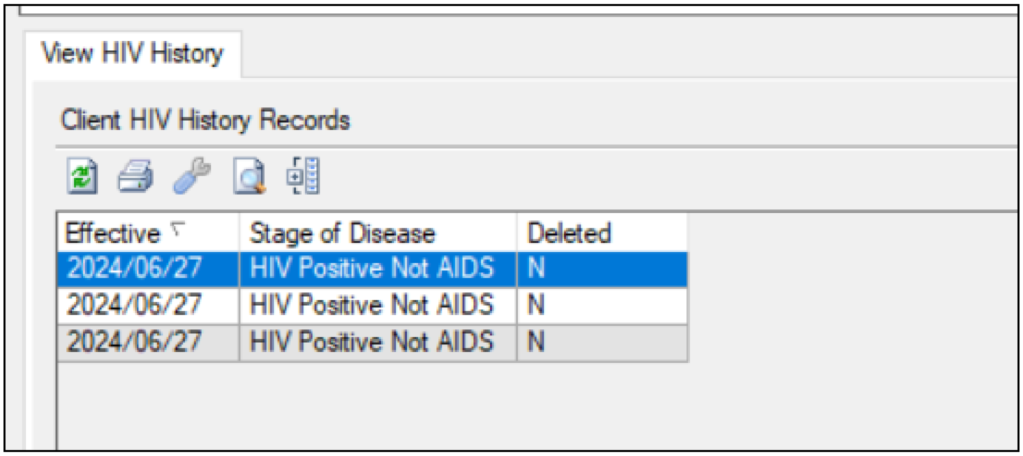
Health Benefits History

This embedded view displays records when a client's health benefits information is changed. This includes health benefit updates and eligibility assessments.



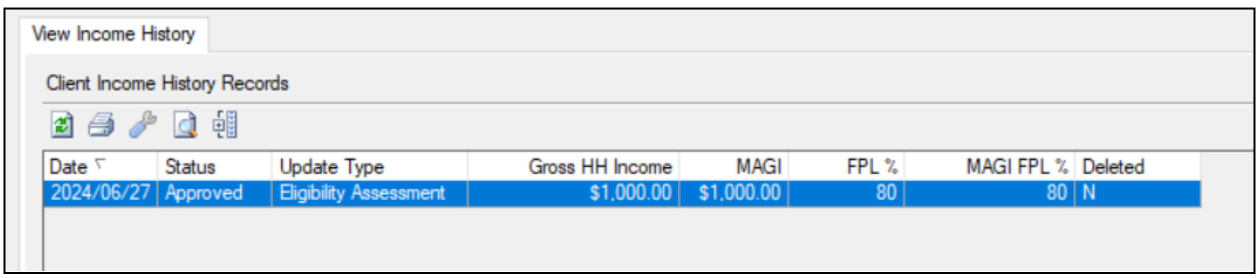
HIV History

This embedded view displays records when a client's HIV History (HIV diagnosis status, dates, mode(s) of transmission, etc) has changed.



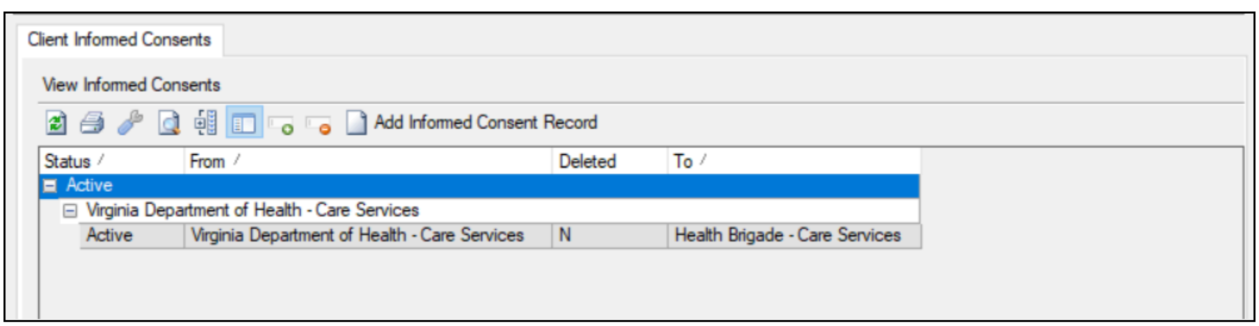
Income History

This embedded view displays records when a client's income information is changed. This includes interim income updates and eligibility assessments.



Informed Consent History

This embedded view displays records when an informed consent has been created for a client. An informed consent is an explicit action to share a client's profile and sub-records with another agency or program.



Adding Informed Consents

A user with appropriate permissions may add informed consents as needed to coordinate care for a client.

Click 

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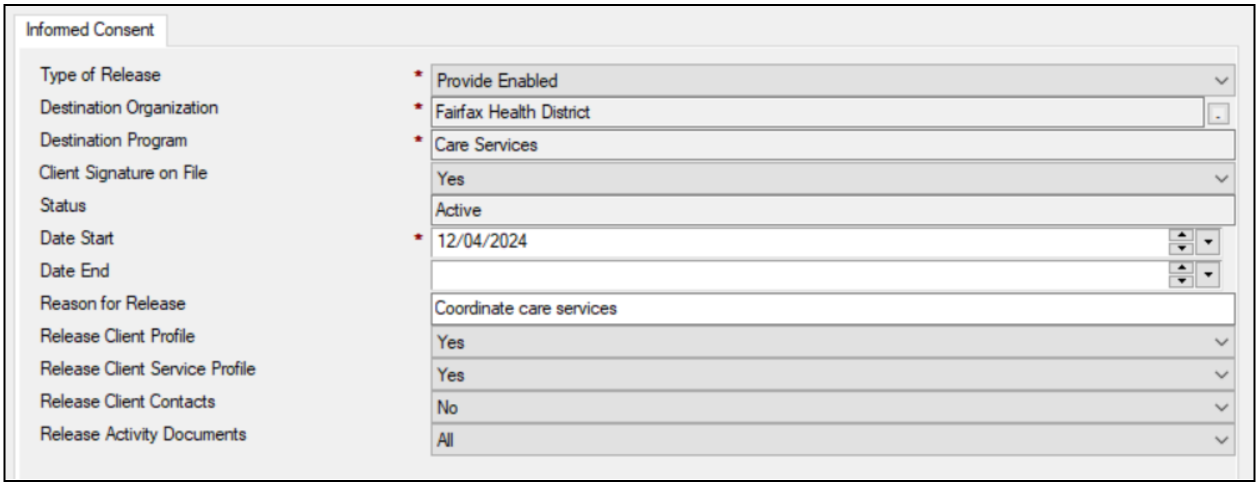
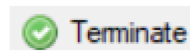


- Destination Organization: Select the Agency/Program combination to release the client information.
- Client Signature on File: Ensure that the client has signed the appropriate consent form and select Yes.
- Date Start: Defaults to today's date
- Date End: You may enter an end date if this access is temporary. Otherwise, the field may remain blank if no end date is known or specified.
- Reason for Release: enter the reason for the release of information.
- Release Client Profile: Select Yes.
- Release Client Service Profile: This allows the destination org/program to see Client Service Profile information which shows which agencies may be serving a client.
- Release Client Contacts: This allows the destination org/program to see any contacts and/or household members related to the client.
- Release Activity Documents: This allows the destination org/program to see any sub-records and activity records that have taken place for the client. Choices are:
    - All - this releases all activity records to the destination organization/program, and is the most commonly made selection.

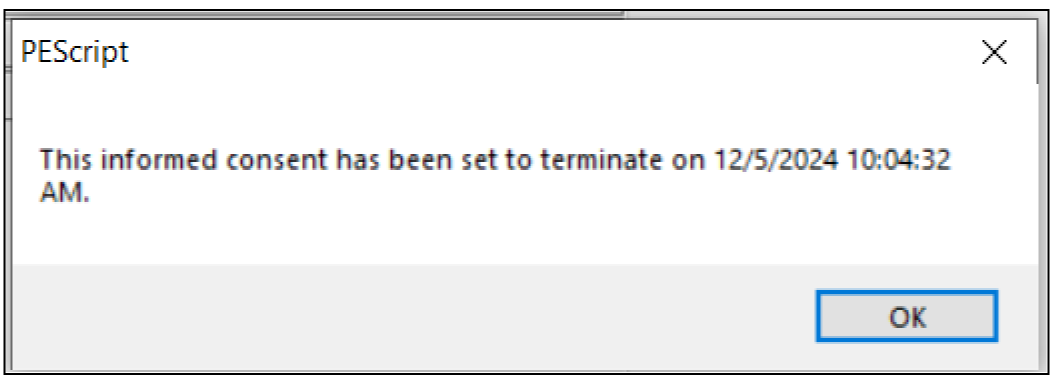
  - Selective - this allows you to specify only certain types of sub-records to the destination organization/program.
  - None - this would release the client profile only to the destination organization/program. No sub-records would be released.
- ***Note - an hourly script agent facilitates the release of all records to the destination organization/program. It may take up to one hour for all records to be released.*

Terminating an Informed Consent

To terminate an Informed Consent, open the record, and click the 

button. A message will appear alerting you that the informed consent is set to be terminated. Click OK.

Once the consent is terminated, the destination org/program will still have a historic view of the client, but will be unable to serve the client or see any new updates, sub-records, or eligibility statuses regarding the client.



Medical Summary

The Medical Summary compiles a variety of medical records to view and create in one easy location.

- **Condition:** Information on to the client's diagnosis, medical problems, and treatment records.

- **Services:** Information regarding services provided to the client. Includes Care Actions, Services Provided, and Procedure records. Care Actions and Services Provided can be created in this tab.

- **Medical Appointments:** Lists all medical appointments the client has in Provide. Appointments can be added in this tab.

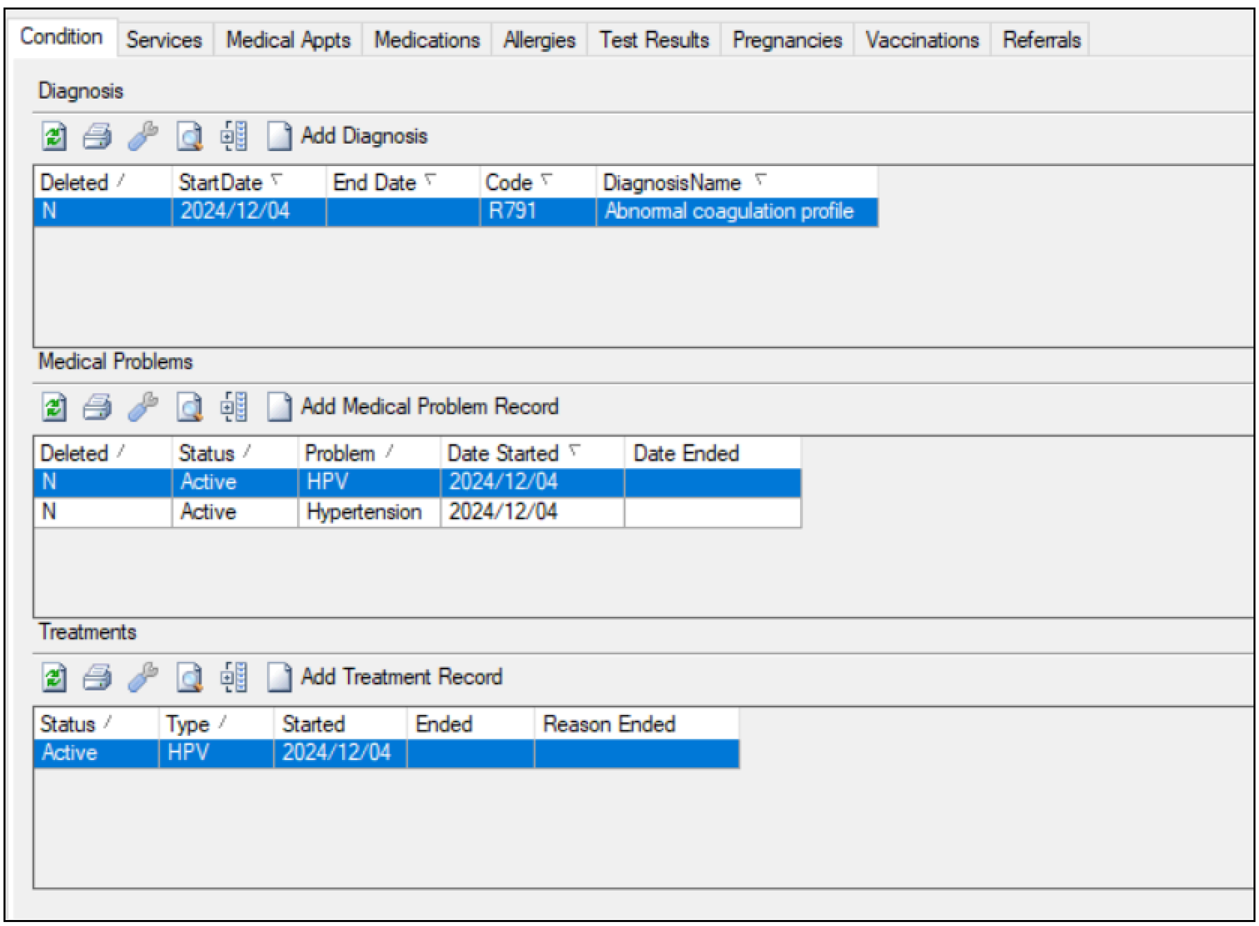
- **Allergies:** Information on client's allergies to medications and other irritants.

- **Medications:** Information on the client's current drug protocol, prescriptions, and allergy records. Drugs, Prescriptions, and Allergy records can be created in this tab.

- **Test Results:** Displays all labs the client has had completed, including CD4s and Viral Loads. Test Results and Lab Panels can be created in this tab.

- **Vaccinations:** Information regarding the client's vaccinations for Hep A, Hep B, HPV, Influenza, and Pneumonia.

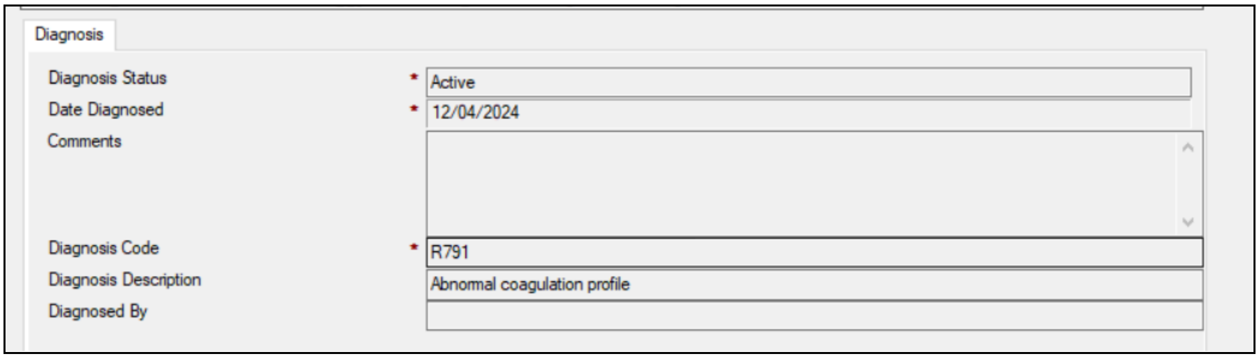
- **Referrals:** Displays any Referrals made for the client. Referral records can be created in this tab.



Diagnosis

Diagnosis records are used to track medical diagnoses a client may have received. To create a Diagnosis record, follow the steps below:

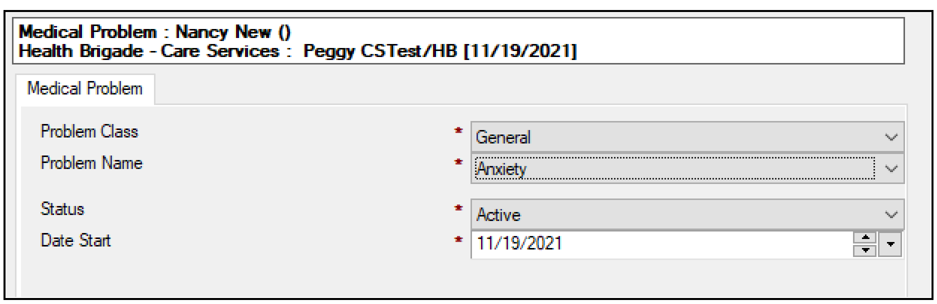
- On the Condition Tab in the Medical Summary view, click on the **Add Diagnosis** button.



Medical Problem

Medical problem records are used to track the client's medical problems using either generalized problem names or SNOMED problem list codes. To create a Medical Problem record, follow the steps below:

- On the Condition Tab in the Medical Summary, click on the **Add Medical Problem Record** button.



- Fill in the appropriate fields.

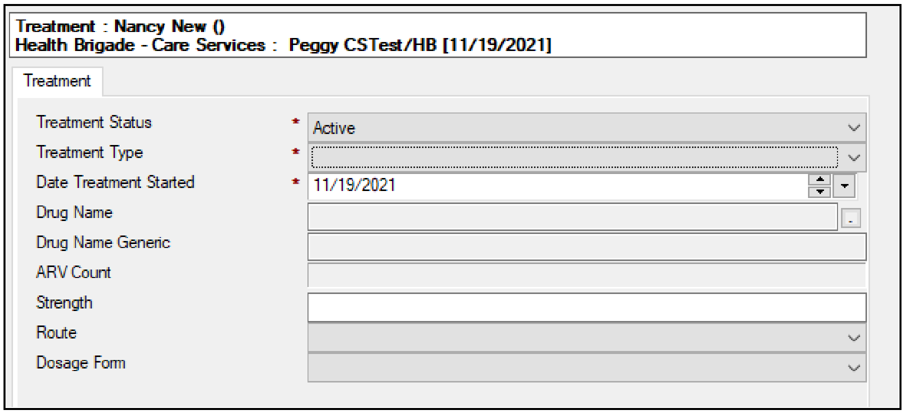
When finished, click on the **Close** button and then **Yes** to save your changes.

Treatment Record

The Treatment Record is used to track when a client undergoes treatment for (or documents when it is determined that treatment is not clinically indicated) for key conditions that are monitored and reported on for HIV Care.

Conditions include Chlamydia, CMV, Gonorrhea, Hepatitis A, Hepatitis B, Hepatitis C, Herpes, HPV, PCP Prophylaxis, and Syphilis. Documentation of treatment for these conditions is done within the Treatment record. To create a Treatment record, follow the steps below:

- On the Condition Tab in the Medical Summary view, click on the **Add Treatment Record** button.



- Fill in the fields as appropriate.

When finished, click on the **Close** button and then **Yes** to save your changes.

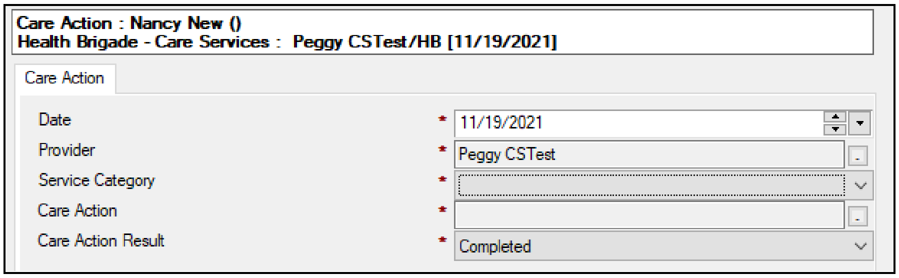
Care Action

This form is used to capture some specific clinical activities that are not typically captured as data points like in CPT4 encoded procedures. These interventions may or may not have been provided by your agency but should be documented when they occur. They include:

- Adherence Counseling
- HIV Alcohol Counseling
- HIV Risk Counseling
- Mental Health History
- Mental Health Evaluation
- Oral Health Exam
- Substance Abuse Evaluation
- Tobacco Cessation Counseling

To create a Care Action, follow the steps below:

- On the Services Tab in the Medical Summary view, click on the **Add Care Action** button.



- Fill in the appropriate fields.

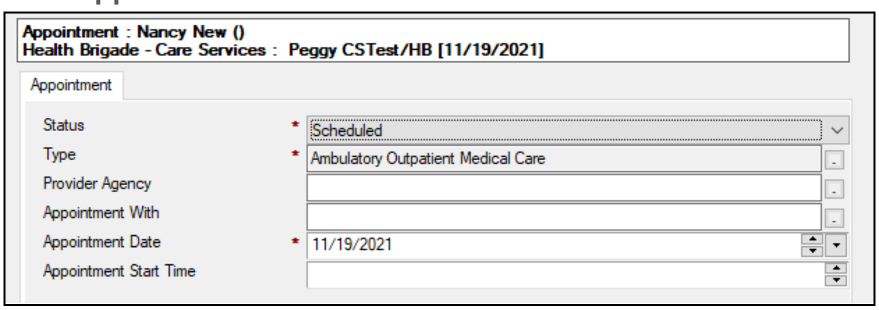
When finished, click on the **Close** button and then **Yes** to save your changes.

Appointment

This form is used to document scheduled, kept and missed appointments. It is useful to record appointments of all status (scheduled, kept, missed, etc.).

To create an Appointment, follow the steps below:

- On the Medical Appointments Tab in the Medical Summary, click on the **Add Appointment** button.



- Fill in the appropriate fields.

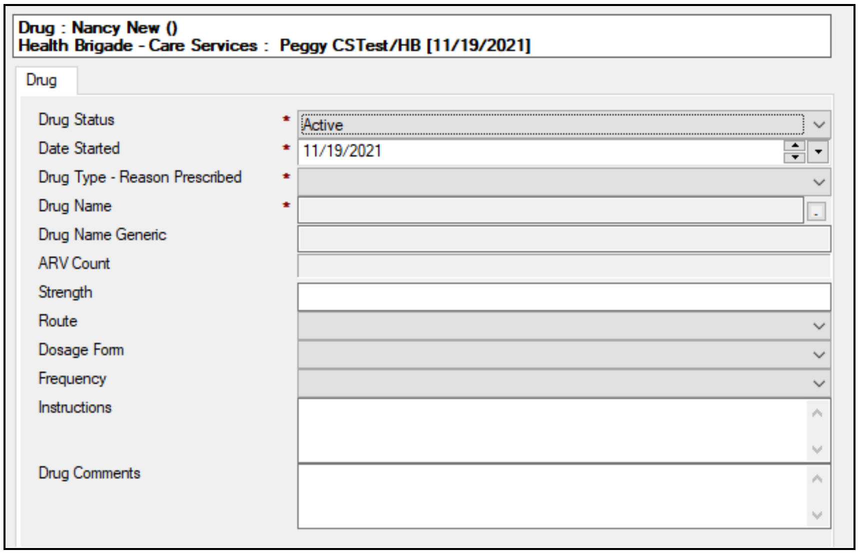
When finished, click on the **Close** button and then **Yes** to save your changes. You can come back into an appointment at any time and click on the **Edit** button to update the status of the appointment.

Drug

Drug records are used to track a client's medication. It is not required to keep track of a client's medications, but it can be a helpful tool as a medical provider.

To create a Drug record, follow the steps below:

- On the Medications Tab in the Medical Summary view, click on the **Add Drug** button.



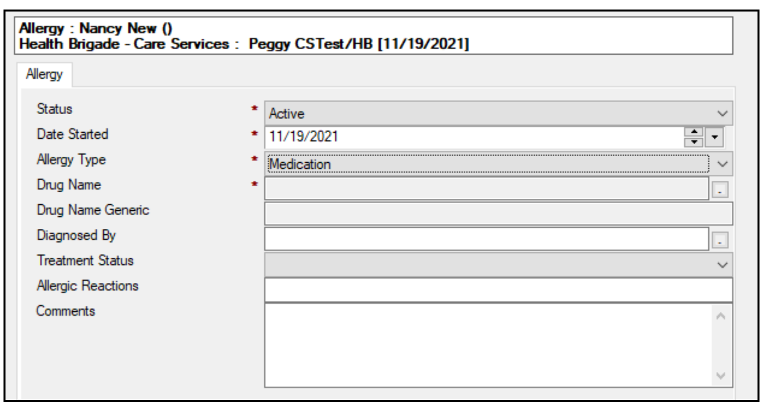
- Fill in the appropriate fields.

When finished, click on the **Close** button and then **Yes** to save your changes.

Allergy

Allergy records are used to track a client's allergies. It is not required to keep track of a client's allergies, but it can be a helpful tool as a medical provider.
To create an Allergy record, follow the steps below:

- On the Medications Tab in the Medical Summary view, click on the **Add Allergy Record** button.



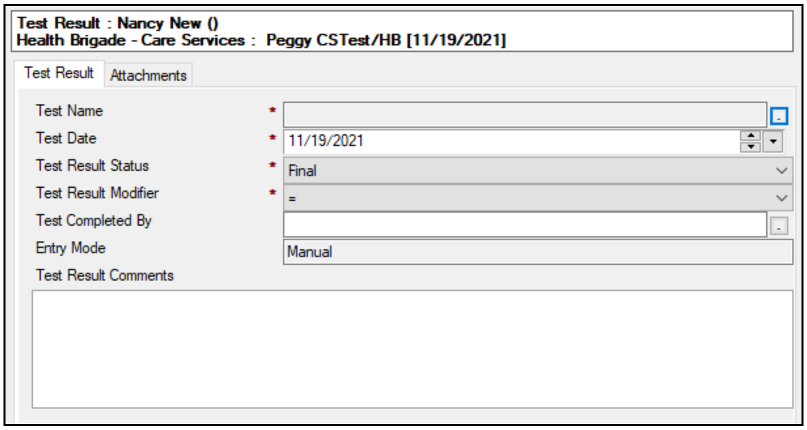
- Fill in the appropriate fields.

When finished, click on the **Close** button and then **Yes** to save your changes.

Test Result

This tab documents information related to specific medical tests a client has been given.
To create a Test Result, follow the steps below:

- On the Test Results Tab in the Medical Summary view, click on the **Add Test Result** button.



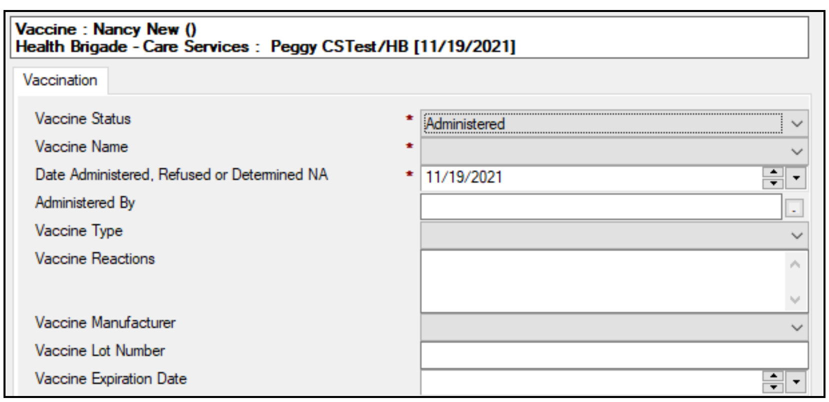
- Fill in the appropriate fields.

When finished, click on the **Close** button and then **Yes** to save your changes.

Vaccination

To create a Vaccination, follow the steps below:

- On the Vaccinations Tab in the Medical Summary view, click on the **Add Vaccination** button.



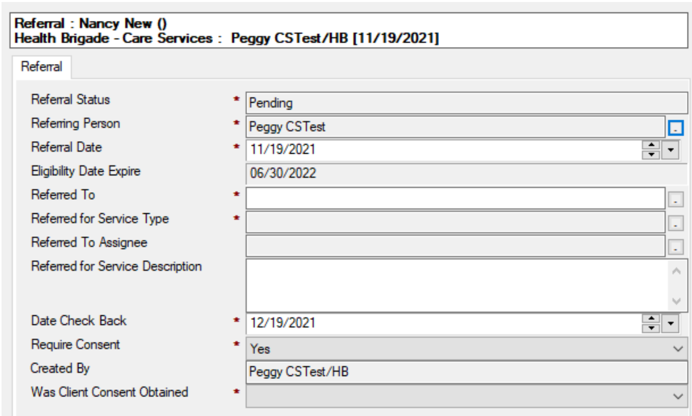
- Fill in the appropriate fields.

When finished, click on the **Close** button and then **Yes** to save your changes.

Create Referral

To create a Referral, follow the steps below:

- On the Referrals Tab in the Medical Summary view, click on the **Add Referral** button.



- Fill in the appropriate fields:
  - **Referring Person –** This will default to you, but you can select a different person
  - **Referred To –** Select the agency you are referring the client to
  - **Referred for Service Type –** Select the service type
  - **Referred to Assignee –** If there is a referred to assignee, select it here
  - **Referred for Service Description –** Enter the description of the referral service
  - **Date Check Back –** Enter the date to check back on the referral.

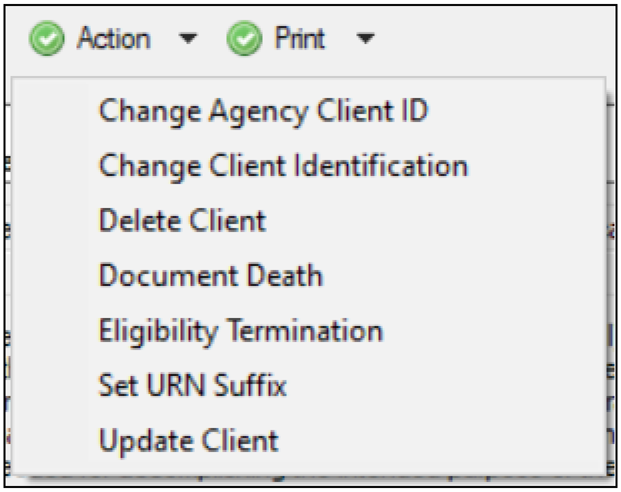
When finished, click on the **Submit** button to save your changes and submit the referral. The referrals then can be "Acknowledged" by the receiving agency by clicking on the **Acknowledge** button. Acknowledging the referral will inform the referring provider that the referral has been received.

When a referral is completed, the agency receiving the referral will receive an email regarding the referral. Referrals can be viewed in any of the *View\PLWH Activity\Referrals* views.

Once a referral is opened, it cannot be edited. However, you can come back to the referral at any time and click the **Close** button to close the referral.

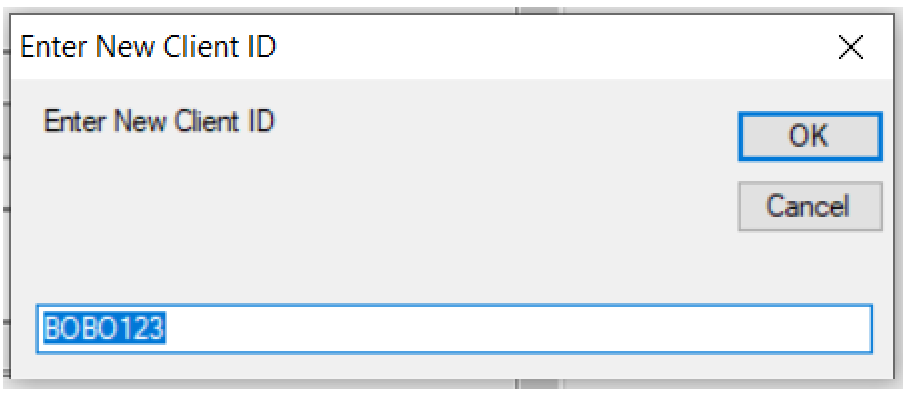
Action Menu

The Action menu is used to make updates to the Client Profile. These options will appear based on your specific user permissions.



Change Agency Client ID

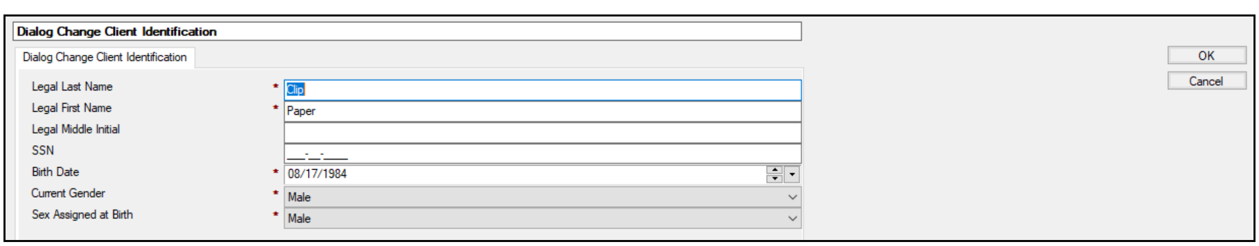
This feature is used to set an agency identified Client ID for a client profile, which is separate from the Provide Enterprise Client ID used by the state. This could be an unique identifier used by your agency such as MRN or Case Number.



After you have entered the unique identifier, click OK. This action will update the Client Service Profile with your agency assigned ID.

Change Client Identification

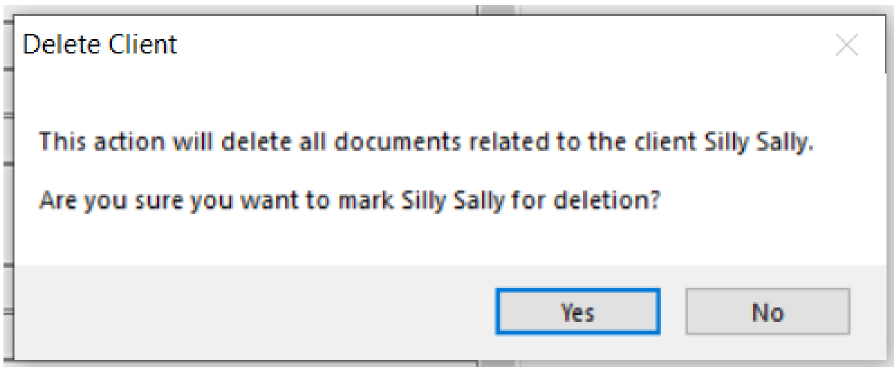
To change client identifying information, which has potential impacts to URN and other identifiers, click Action > Change Client Identification.



A dialog box will appear that allows you to enter and update identifying information for the client.
Click OK when finished. The Client Profile will be updated.

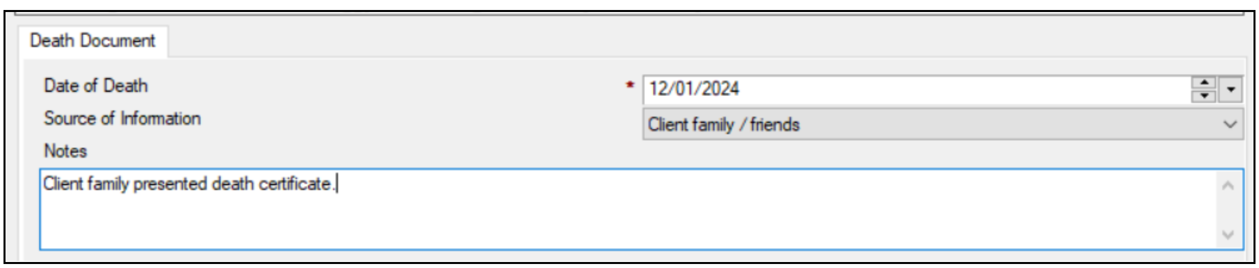
Delete Client (limited permissions)

If a client record has been created in error, action can be taken to delete the client record. You will receive a warning message asking if you are sure you want to delete the client profile.

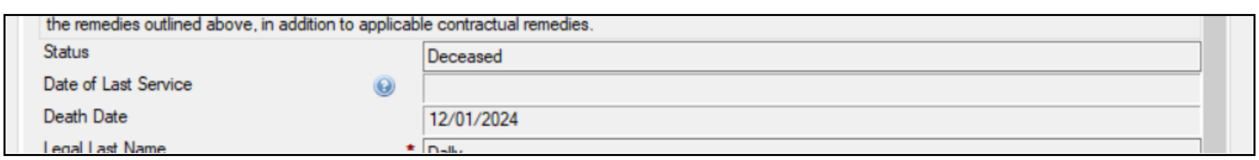


Document Death

If you are made aware of a client's death, you may document it.

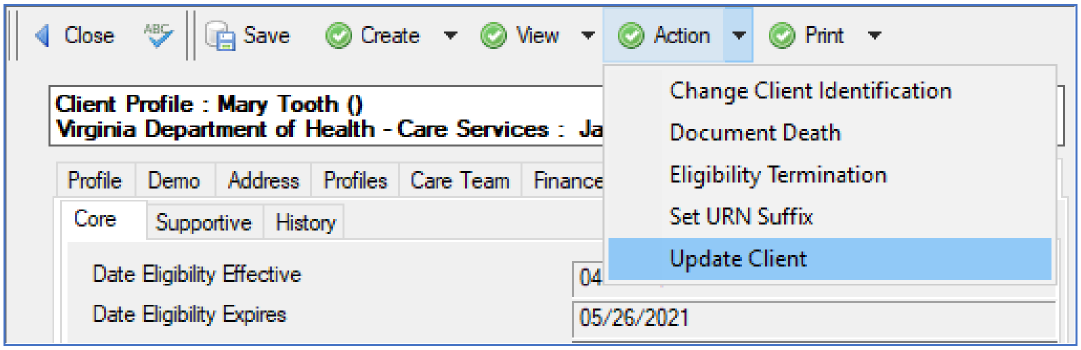


The client's status will be changed to Deceased when the update agent is run.



Update Client

Anytime you update a client, the client's information will be updated overnight in Provide®. If you want or need to update the client's information immediately, click on the **Action – Update Client** in the Client Profile.

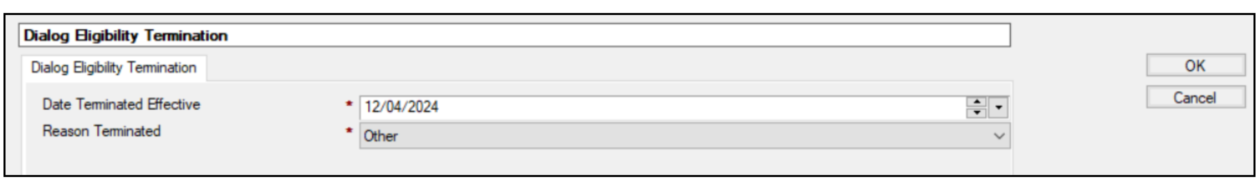


This **Update Client** button will pull changes from the following records:

- Address Update Records
- Income Update Records
- Health Benefits Update Records
- Eligibility History Records
- Death Documentation

Eligibility Termination

This feature is used to terminate a client's Ryan White eligibility for any reason. Please note that if a client's profile is updated to a state which makes them no longer eligible (such as moving out of state, income above FPL limits), Provide Enterprise will automatically terminate eligibility and enrollment through a daily agent.



Set URN Suffix

In the rare event that multiple "unique" client records exist with similar names and exact match on date of birth and gender, there may be a need to use a URN suffix to differentiate the client for the RSR purposes.

Once you have entered the URN suffix, it will appear on the client profile in the URN Suffix field. This will be used to calculate the eURN identifier for the RSR.