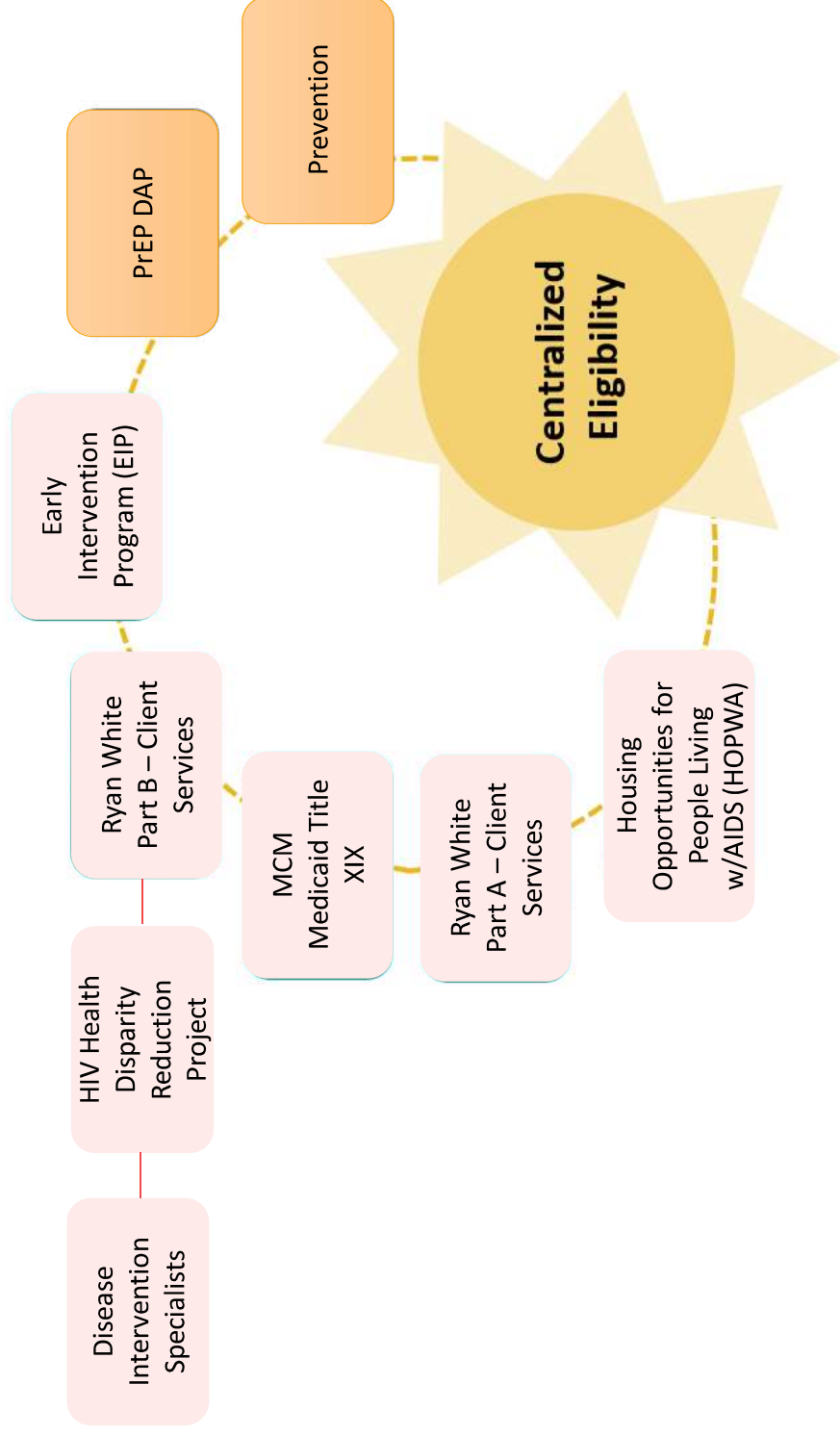


HIV COMMUNITY SERVICES: WA DOH PROVIDE TRAINING

August 2023



WA Provide® Data System: Centralized Eligibility

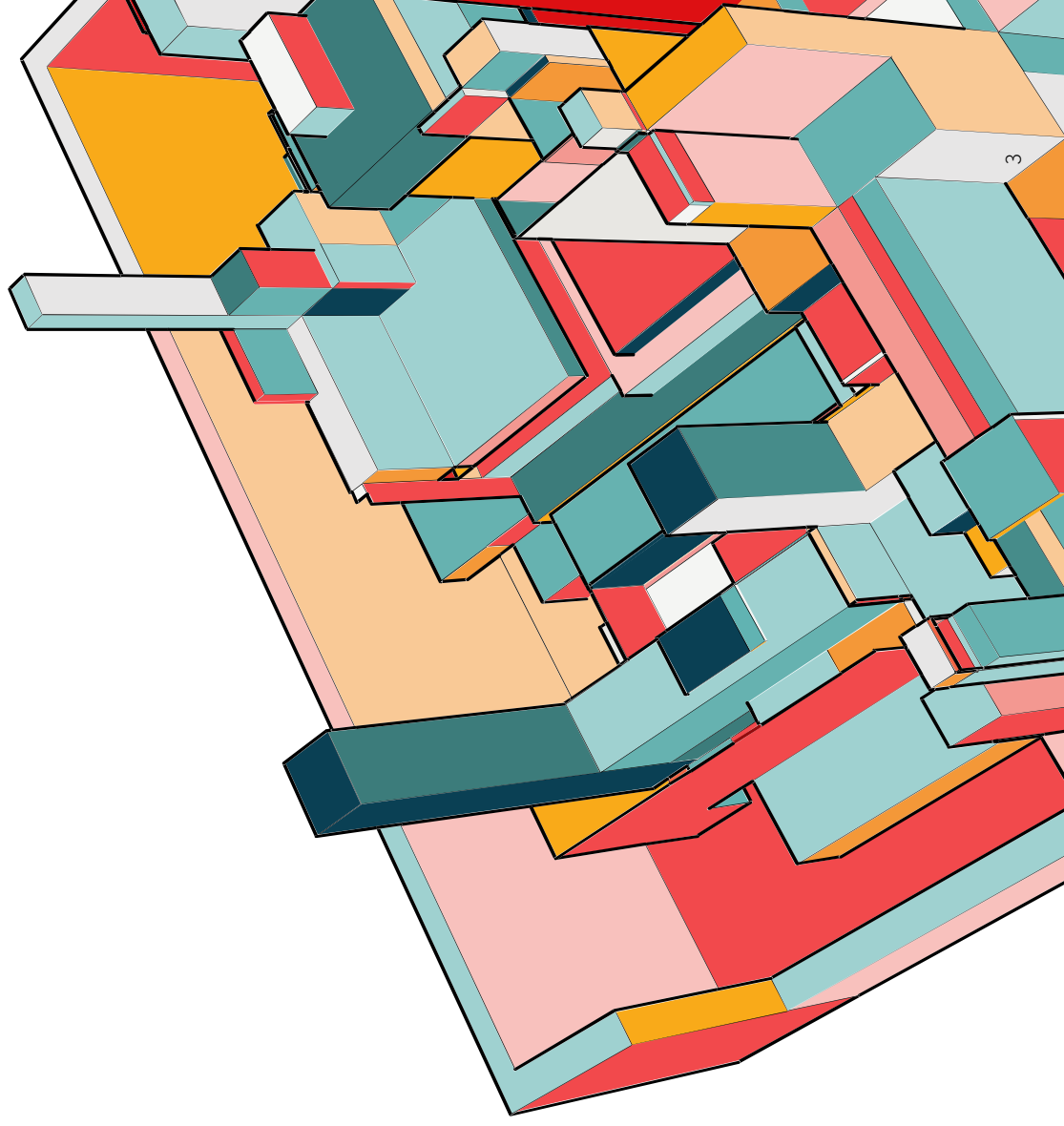


FIND CLIENT

From main toolbar: Find > Find Client

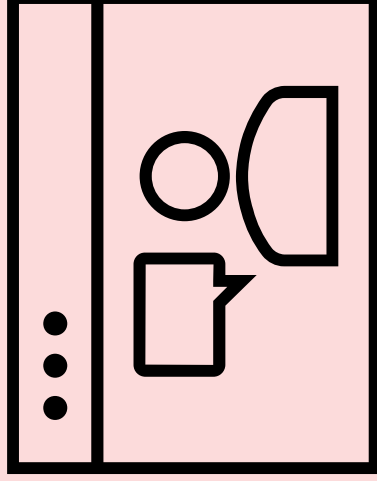
Tips:

- Use an * to perform a wildcard search
- Leave fields blank and click "Search" to see all client's records in results



FIND CLIENT

DEMO VIDEO

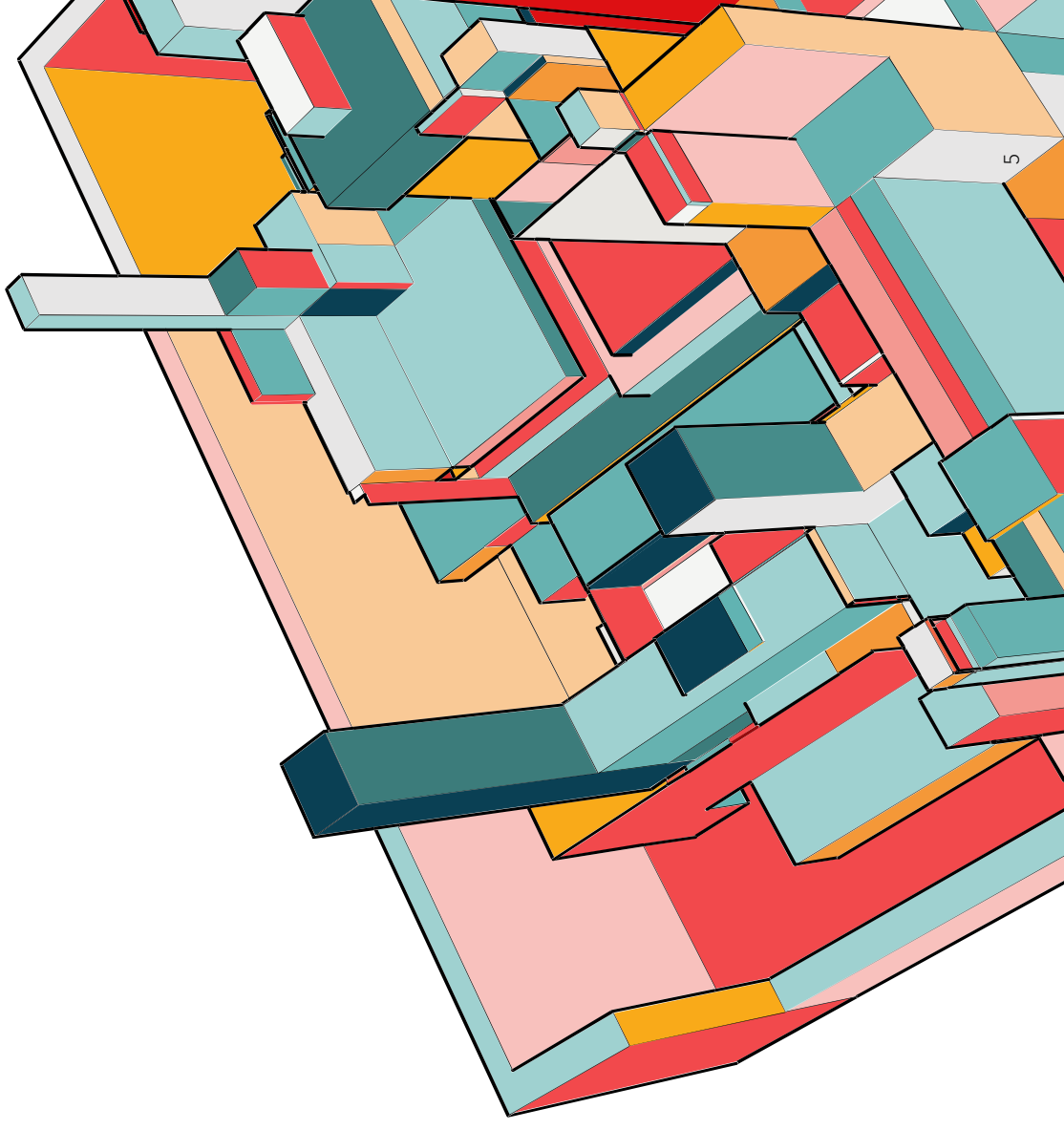


Part 1 Case Management Training Video
located [here](#)

REGISTER CLIENT

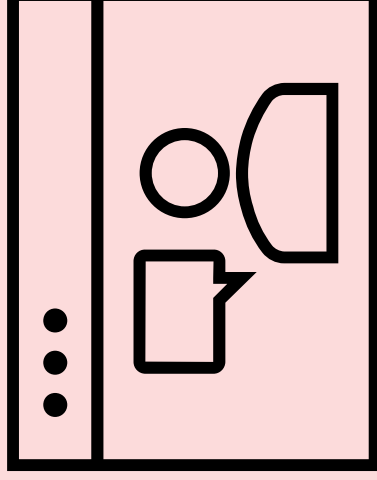
From main toolbar: Action > Register Client

Complete required (*) fields and click Register
Client button



**REGISTER
CLIENT**

DEMO VIDEO

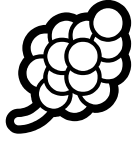


Part 1 Case Management Training Video
located [here](#)

3 Register Client Outcome Scenarios:



Client is new to Provide



*Client exists in
Provide but is not
associated with
your agency*



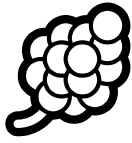
*Client already
exists in Provide
and is associated
with your agency*



Scenario #1:

Client is new to Provide

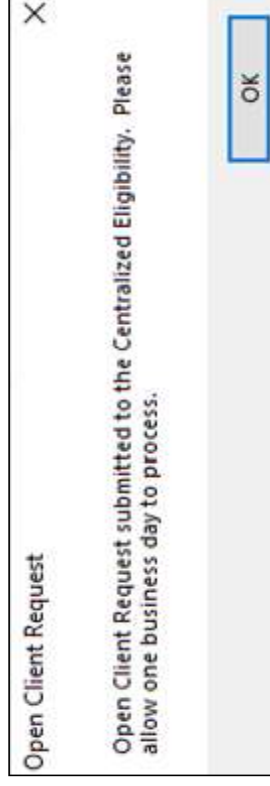
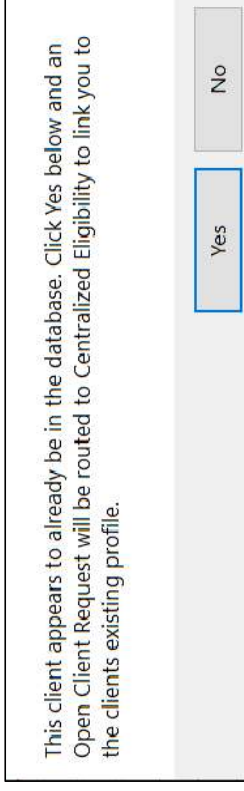
1. Click Action > Register Client
2. Enter all required data (*) and click the **Register Client** button
3. Since the client is brand new to the database, the Client Profile is immediately available to your agency



Scenario #2:

Client exists in Provide but is not associated with your agency

1. Click Action > Register Client
2. Enter all required data (*) and click the **Register Client** button
3. The system sees that this client already exists but that your agency has never worked with them before
 - a) The data system will prompt you to request access to this existing client – when you see the message below pop-up telling you this, click **Yes** to send DOH an **Open Client Request**
 - b) DOH will review your client request and release the client to your agency.

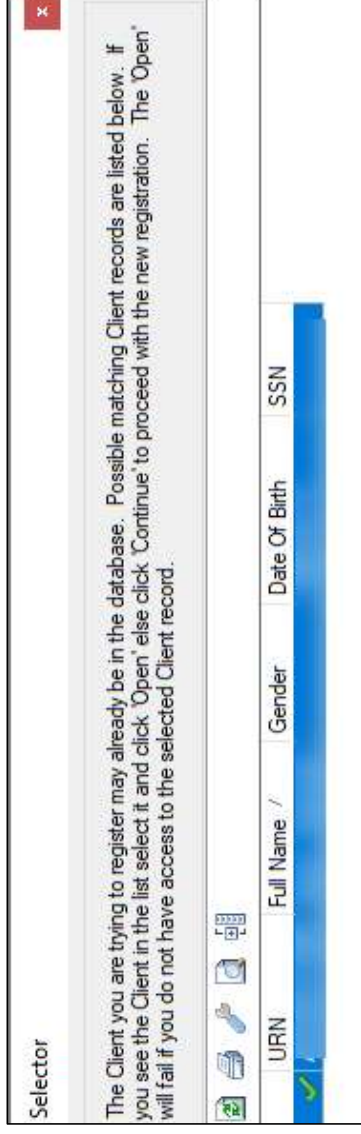




Scenario #3:

Client already exists in Provide and is associated with your agency

1. Click Action > Register Client
2. Enter all required data (*) and click the **Register Client** button
3. The system notices this is already your client and will prompt you to open the existing record
4. Place check mark next to the client's record and click the Open button



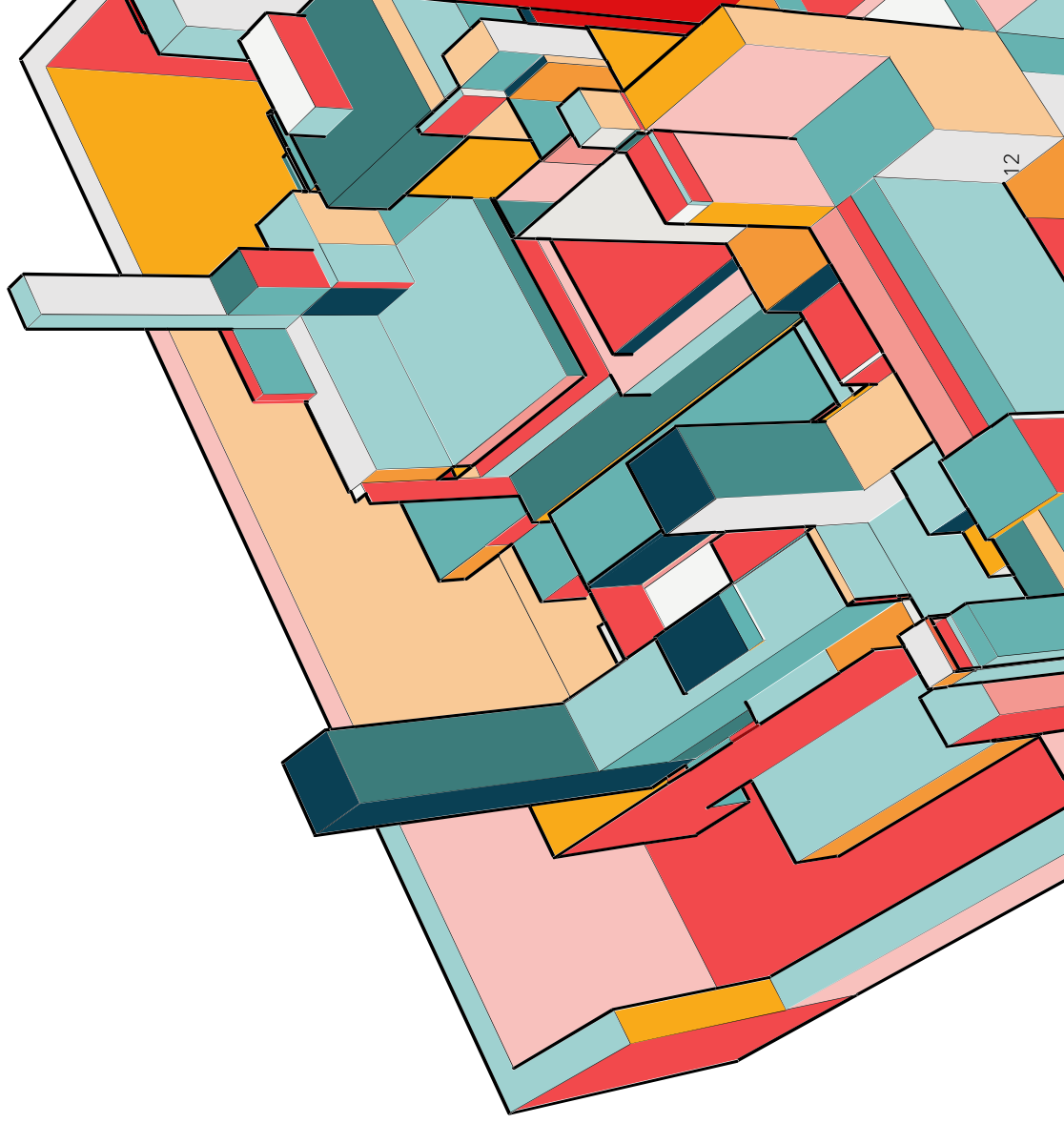
Knowledge Check

When registering a client, if the client already exists in the database, but the client has not worked with your agency yet in the database:

- A) When registering the client, the client's profile will open right away
- B) When registering the client, you will be prompted to send DOH an Open Client Request
- C) None of the above



CLIENT PROFILE





Client Profile Tips

- Use the Eligibility Assessment (EA) to complete the client profiles for new clients
- New clients registered receive 30-days of eligibility
 - EA must be completed before the end of the 30-day period for a client to be eligible to receive Ryan White services (Ryan White Part A and Part B)
- Clients need eligibility assessments performed annually (every 12-months)
 - When the annual EA is processed it will update the client profile eligibility dates
- Clients **ONLY** need an EA completed 45-days prior to eligibility expiration (see dates on Eligibility tab)
 - View Clients Expiring
 - View Clients Expired
- Updates can be made for non-expired (“active”) clients throughout the year:
 - Insurance/Benefits, Address updates by clicking, Income guide be found here:

Care Team Tab

Client Information:

- Client Name: Jane Doe
- Agency: Test Agency
- Case Manager: Kelsie Kwaizer

Client Service Profiles:

Status	Effective	Deleted	Agency	Client ID	Program	First Service Date	Last Service Date
Open	2021/02/17	N	Test Agency	78910	Client Services	2021/03/11	2021/06/14

Client Service Category Profiles:

Status	Effective	Deleted	Agency	Service Category	Assigned Provider	Last Service Date
Open	2018/01/01	N	Test Agency	Medical Transportation Services	Kelsie Kwaizer	
Open	2021/03/11	N	Test Agency	Medical Case Management		
Open	2021/03/18	N	Test Agency	Food Bank Home Delivered Meals		
Open	2021/10/19	N	Test Agency	Outreach Services		

Provider Relationships:

Status	Relationship	Provider	Deleted
Active	HIV Case Manager	Kelsie Kwaizer	N

This is the MCM that will pull to EIP administration lists. This is also the MCM populated by the annual Eligibility Assessment

Client Service Profile indicates this client is open to your/this agency

Client Service Category Profile records indicate what agencies are providing what services to the client

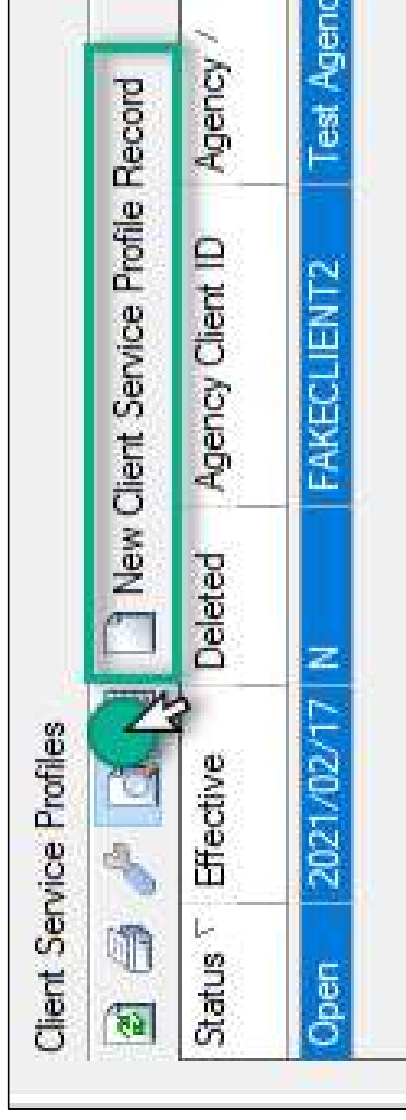
Provider Relationship records are created by end-users or by opening an MCM or Outreach service category with an Assigned Provider. These records populate the relationship driven "all client" views

Care Team Tab > Client Service Profile Records

Client Service Category Profile Records indicate a client is open to your agency & adds them in the Client Matrix View and Performance Measure reports

To open:

- double click on the **New Service Category Profile Record** form
- click the **Close** button and click **Yes to Save**.



Care Team Tab > Client Service Category Profile Records

Must be open to enter services (progress logs, services provided, CAs & ISPs)

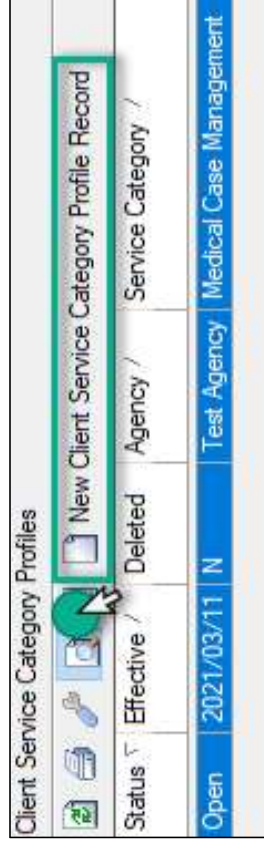
To add a service category record:

- Double-click the “Client Service Category Profile Record” form and select the appropriate service category.
- Click Close and Yes to Save.

Records need to be open for each/every service category your agency is funded for

- For example, Medical Transportation, Food Bank/Home Delivered Meals, Outreach Service etc.

If/when you add an “Assigned Provider” under the **Medical Case Management** or **Outreach Services**, the system will automatically create a **Provider Relationship** for that person = **HIV Case Manager** or **Peer Navigator**



Care Team Tab > Provider Relationship Records

Add/open "Provider Relationship Record(s)" to tell the system how to populate client and provider views

- View > PLWH Clients
- View > PLWH Activity

To add a Provider Relationship Record:

- double-click the "Add Provider Relationship Record" form
- select the relationship
- select person



Eligibility tab

VERY IMPORTANT FIELDS:

- Date Eligibility Effective
- Date Eligibility Expires

A client must have **active eligibility** if you are entering Ryan White funded service:

- **If services (Progress Logs and Services Provided) are entered when the client's eligibility dates are expired, the services are flagged as "Ineligible"**

Provide Enterprise - [Client Profile]

File Find View Actions Tools Reports Windows Help

Close Edit Create View Action Print

Client Profile :
WA Department

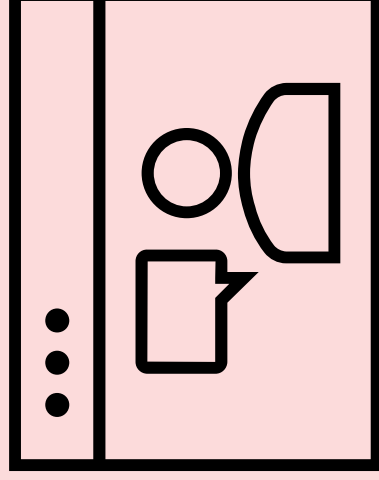
Profile	Demo	Residence	Mail	Care Team	Auth Reps	Household	Income	Medical	Benefits	Insurance	Enroll	Eligibility
Date Eligibility Effective												
Date Eligibility Expires												

Eligibility Assessments: Required annually for EVERY Client

- Eligibility Assessments (EAs) prove eligibility for Ryan White Part A and/or Part B services
- **⚠ Ryan White Services entered when eligibility dates are expired are ineligible**
 - not counted in the annual RSR report
- EAs are completed 45-days before a client's eligibility expires
 - To create an EA, navigate to the Client Profile > Create > Eligibility Assessment
 - To view an EA, navigate to the Client Profile > View > Eligibility Assessment
- Remember – newly registered clients receive 30-days of presumptive eligibility - an EA must be completed within the 30-days to prevent eligibility from expiring

ELIGIBILITY ASSESSMENT

DEMO VIDEO



Part 2 Case Management Training Video
located [here](#)

Tackling Gaps that occur in Eligibility

If there is a gap in eligibility and you are performing an Eligibility Assessment – request that the Eligibility Specialists backdate the EA

This client expired on 4/1 and I am doing the EA on 4/21 then I need to:

1. Change the date received field on the Main tab of the EA
 - Change to the first day of the month services are needed
2. Add a comment on the Main tab of the EA in the Comments Section

Eligibility Assessment : Testy T. McTester (0) Fake Client
Test Agency - Client Services : Kelse Kwaiser/data [05/17/2023]

Main Demographics Address Household Income Benefits Insurance Authorized Rep Medical Care Team Services

Assessment Status	
Provide ID	26926
Assessment ID	82524
Source	ADAP
Assessment Type	New Assessment
Urgent Processing Desired Flag?	No
Checked Out?	No
File Status	Completed
Date Received	* 05/01/2023
Date Submitted	05/17/2023
Submitted By	Kelse Kwaiser
Date Completed	05/17/2023
Completed By	Kelse Kwaiser
Date Due	06/02/2023
Comments	Please back date to 5/1/2023

Before EA processed

Provide Enterprise - (Client Profile For Testy T. McTeister) Fake Client

File Find View Actions Tools Reports Windows Help

Close Create View Action Print

Client Profile: Testy T. McTeister (0)
WA Department of Health - ADAP : Kelsey Kwaiser/data [05/04/2023]

Profile Demo Residence Mail Care Team Auth Reqs Household Income Medical Benefits Insurance Enroll Eligibility

Categorically eligible for Expanded Medicaid?

Eligible for Insurance Notes

Mandatory ACA	No
Mandatory Insurance	Yes
Mandatory Medicaid	No
Mandatory Medicare B	No
Mandatory Medicare D	No
Date Eligibility Effective	05/04/2023
Date Eligibility Expires	06/02/2023
Last Change Reason	New Client Registration
Outpatient Ambulatory Medical Care	No
Outpatient Ambulatory Medical Care - Part A	Yes
Oral Health Assistance	No
Oral Health Assistance - Part A	No
Mental Health Assistance	No
Medication Assistance	No
Premium Assistance	No
Medical Case Management	Yes
Medicaid Medical Case Management	No
Non-Medical Case Management	Yes
Food Bank/Home Delivered Meals	Yes
Early Intervention Services	No
Early Intervention Services - Part A	Yes
Housing Services	Yes
Medical Transportation	Yes
Linguistic Services	Yes
Psychosocial Services	Yes
Outreach Services	Yes
Substance Abuse Outpatient Services	Yes

History

Client Eligibility History

Date Effective	Delete	Eligibility Change Reason	AOMIC	Oral	Oral - A	Rx	Premium	MCM XIX	MCM	NIM
2023/05/04	N	New Client Registration	No	No	No	No	No	No	Yes	Yes

After EA processed

Provide Enterprise - (Client Profile For Testy T. McTeister) Fake Client

File Find View Actions Tools Reports Windows Help

Close Create View Action Print

Client Profile: Testy T. McTeister (0)
WA Department of Health - ADAP : Kelsey Kwaiser/data [05/04/2023]

Profile Demo Residence Mail Care Team Auth Reqs Household Income Medical Benefits Insurance Enroll Eligibility

Categorically eligible for Expanded Medicaid?

Eligible for Insurance Notes

Mandatory ACA	No
Mandatory Insurance	No
Mandatory Medicaid	No
Mandatory Medicare B	No
Mandatory Medicare D	No
Date Eligibility Effective	05/01/2023
Date Eligibility Expires	04/30/2024
Last Change Reason	Eligibility Assessment
Outpatient Ambulatory Medical Care	Yes
Outpatient Ambulatory Medical Care - Part A	No
Oral Health Assistance	Yes
Oral Health Assistance - Part A	Yes
Mental Health Assistance	Yes
Medication Assistance	Yes
Premium Assistance	Yes
Medical Case Management	Yes
Medicaid Medical Case Management	No
Non-Medical Case Management	Yes
Food Bank/Home Delivered Meals	Yes
Early Intervention Services	No
Early Intervention Services - Part A	Yes
Housing Services	Yes
Medical Transportation	Yes
Linguistic Services	Yes
Psychosocial Services	Yes
Outreach Services	Yes
Substance Abuse Outpatient Services	No

History

Client Eligibility History

Date Effective	Delete	Eligibility Change Reason	AOMIC	Oral	Oral - A	Rx	Premium	MCM XIX	MCM	NIM
2023/05/04	Y	New Client Registration	No	No	No	No	No	No	Yes	Yes
2023/05/01	N	Eligibility Assessment	Yes	No	Yes	Yes	Yes	No	Yes	Yes

Adding Documents: Create Scan

- Navigate to client profile > click green Create button > select Scan
- File Type field
 - File Type = Image -> database searches for image files on your computer
 - File Type = File-> database searches for word/PDF files on your computer



Knowledge Check

The Eligibility Tab on the client profile is the best place review the eligibility effective date and the eligibility expiration date. These dates are important because they indicate that:

- A) the client is eligible to receive Ryan White services
- B) the client has active eligibility in the database
- C) All the above
- D) None of the above





Knowledge Check

The **Care Team** tab on the client profile is important to review and build out because this tab tells the database:

- A) What Provider Relationships your agency has open with the client
- B) What Service Categories your agency has open with the client
- C) If the client is Open to your agency
- D) All the above
- E) None of the above



Knowledge Check

True or False:

Any client who receives a Ryan White service needs to have active eligibility dates (Eligibility tab)

A) True

B) False



Knowledge Check

True or False:

Eligibility dates (Eligibility tab) are refreshed by performing an Eligibility Assessment

A) True

B) False



Knowledge Check

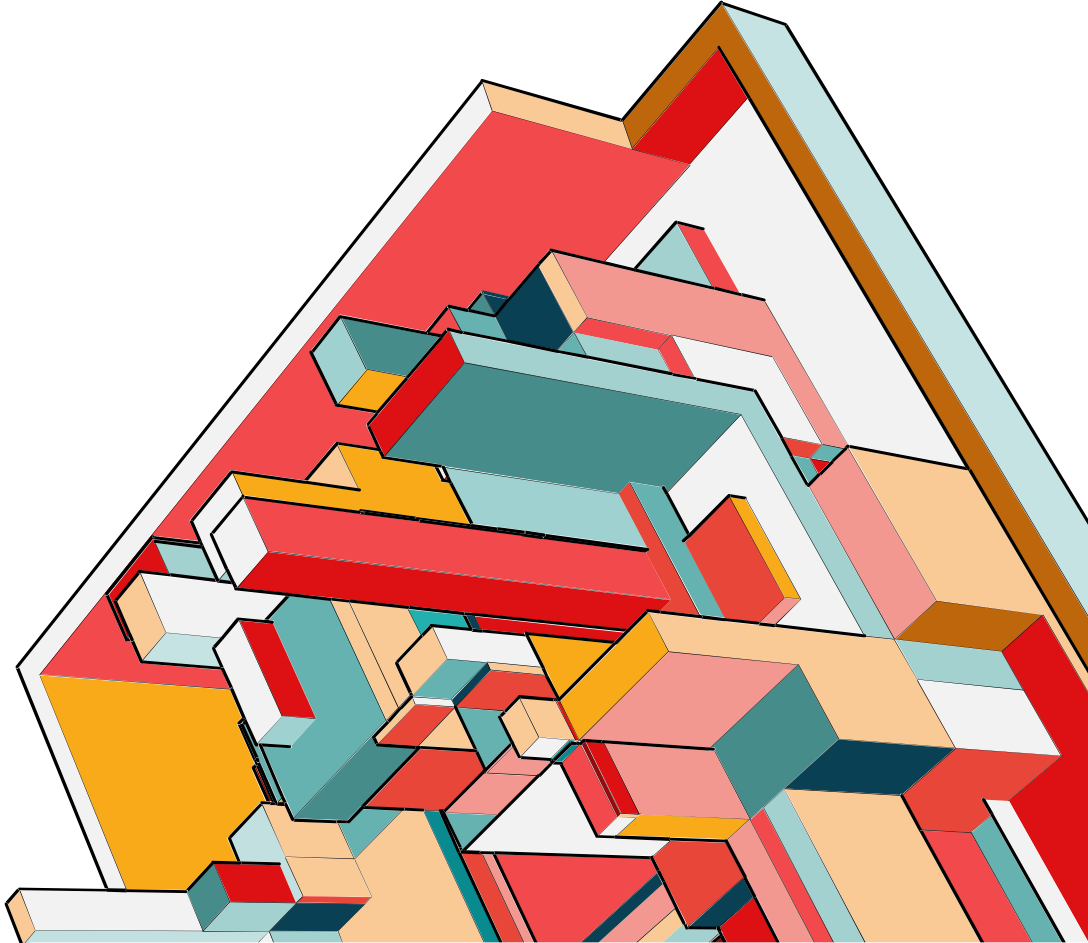
True or False:

Eligibility Assessments are completed 45-days prior to the eligibility expiration date (Eligibility tab). Once processed, the client will receive 12-months of eligibility.

A) True

B) False

CASE MANAGEMENT SUMMARY

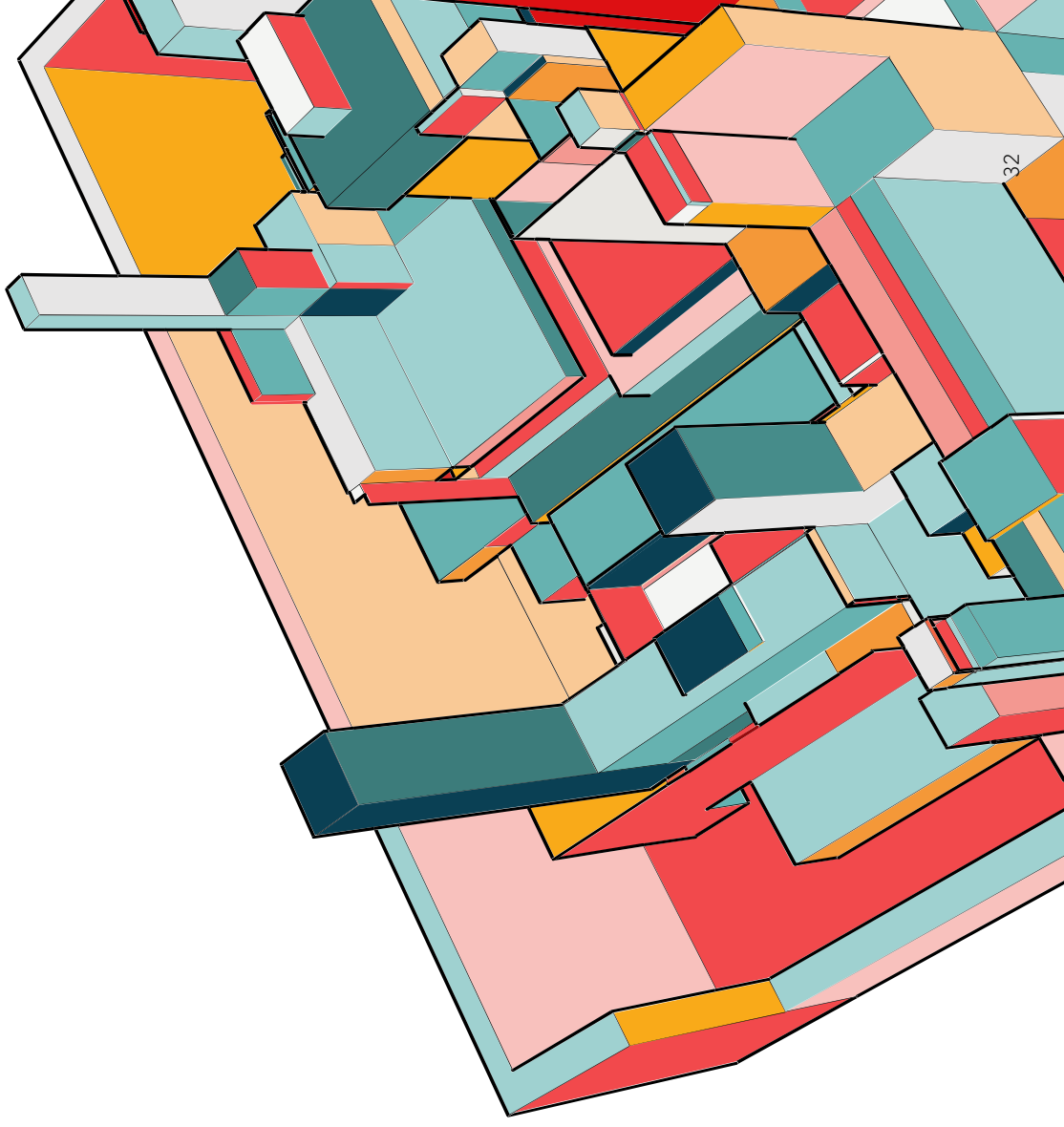


Case Management Summary

- Used for: Medical Case Management, Non-Medical Case Management, Outreach, Ryan White Housing
- Case Management Summary allows a case manager to create or view:
 - Acuity Assessment MCM
 - Comprehensive Assessment
 - ISPs
 - Progress Log
 - Service Provided
 - Appointment
 - Test Result
 - Referrals
- Navigate from Client Profile by clicking View > Case Management Summary



COMPREHENSIVE ASSESSMENT (CA)



Comprehensive Assessment

Comprehensive Assessments (CAs) assesses & gathers historical and current information to determine the clients' needs across life domains.

CAs are to be completed in a timely manner -a CA must be completed within 30 days of completing intake

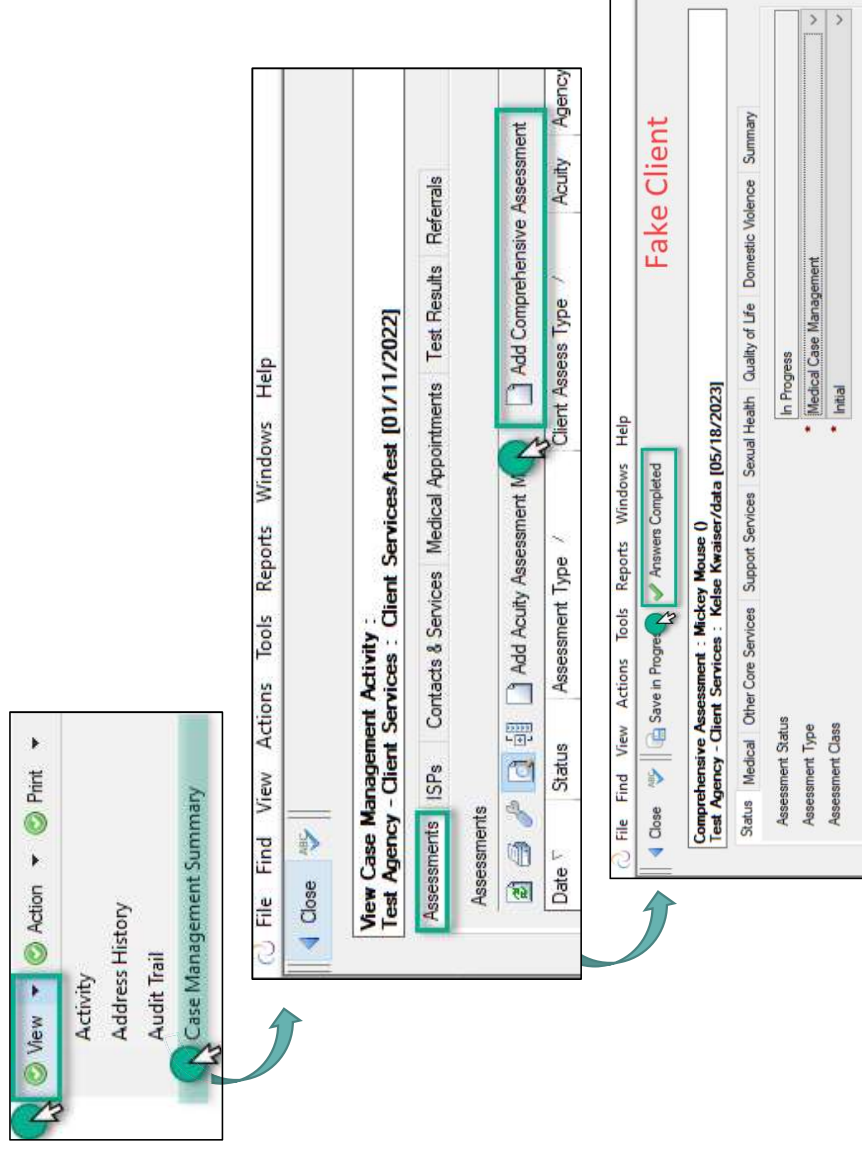
Reassessments are completed as appropriate and/or every 5-years

- A Reassessment can be completed if/when there is a significant (more than 50%) change in life domain stability/activity

Paper copies of CAs can be uploaded/scanned into Provide (Document Type = Comprehensive Assessment) but electronic versions also need to be created in the Case Management Summary

Comprehensive Assessment

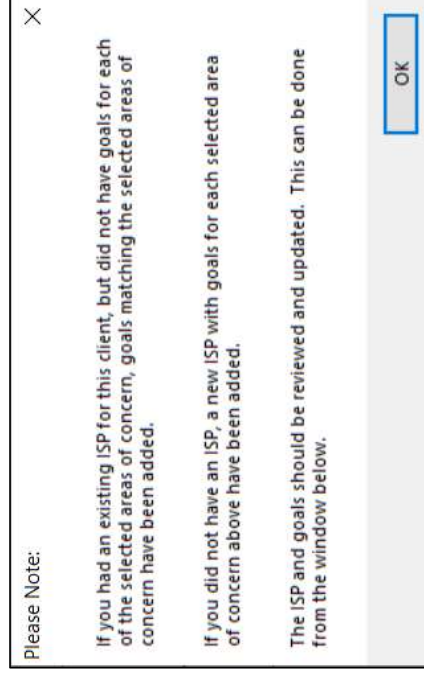
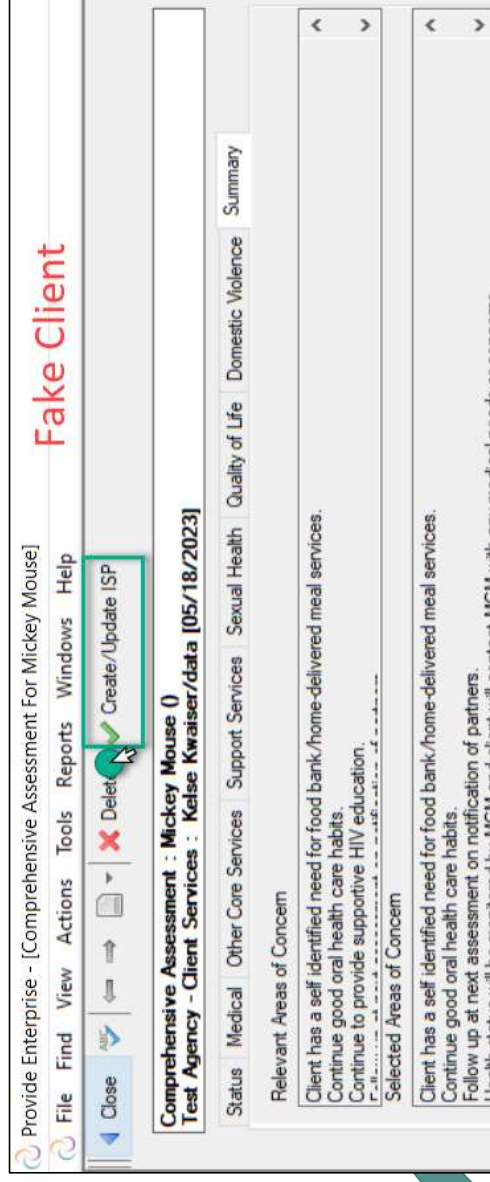
1. On the client profile click the green View button and select Case Management Summary
2. On the Assessments Tab click Add Comprehensive Assessment
3. Complete required (*) fields
4. Click Answers Completed button
5. Click Get Relevant Areas of Concern button
6. Click Select Areas of Concern button and make selections
7. Click OK
8. Click the Create/Update ISP button
9. Review pop-up message and click OK
10. Click the Answers Completed button



Comprehensive Assessment & ISPs

Completing a CA allows you to create an ISP and ISP goals based on the answers in the CA

If you perform an CA before creating an ISP, the CA will create the ISP and ISP goals (if you select them)

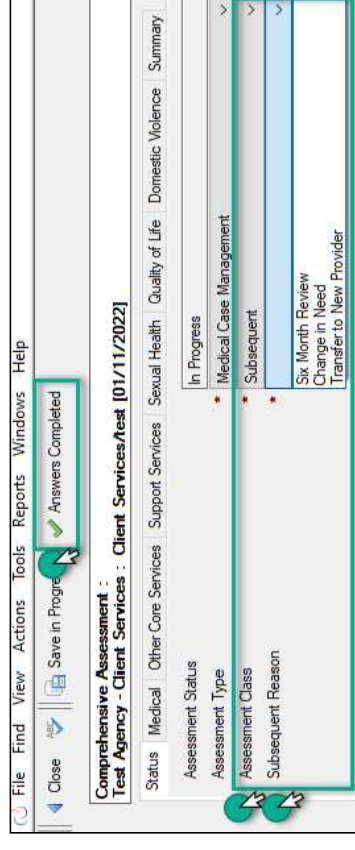


Reassessments: Comprehensive Assessment Change in Need or Transfer to New Provider

At the 5-year renewal date, if/when you need to bill Medicaid for the CA, you can update the existing CA in Provide by clicking the **Start New Reassessment** button and setting the **Assessment Type = Subsequent**, and the **Subsequent Reason = Change in Need**"

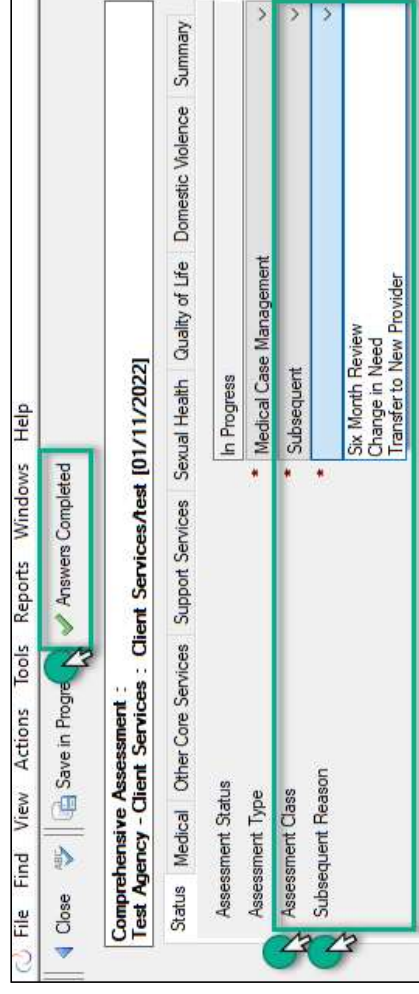
- The "Change in Need" data point is what flags the service as Medicaid billable
- Provide also knows to flag the service as billable if/when the **Assessment Type = Subsequent**, and the **Subsequent Reason = Transfer to New Provider**

If you are performing a reassessment and it is not because there is more than 50% change, you are just updating it, please choose **'Six Month Review'** as the subsequent reason

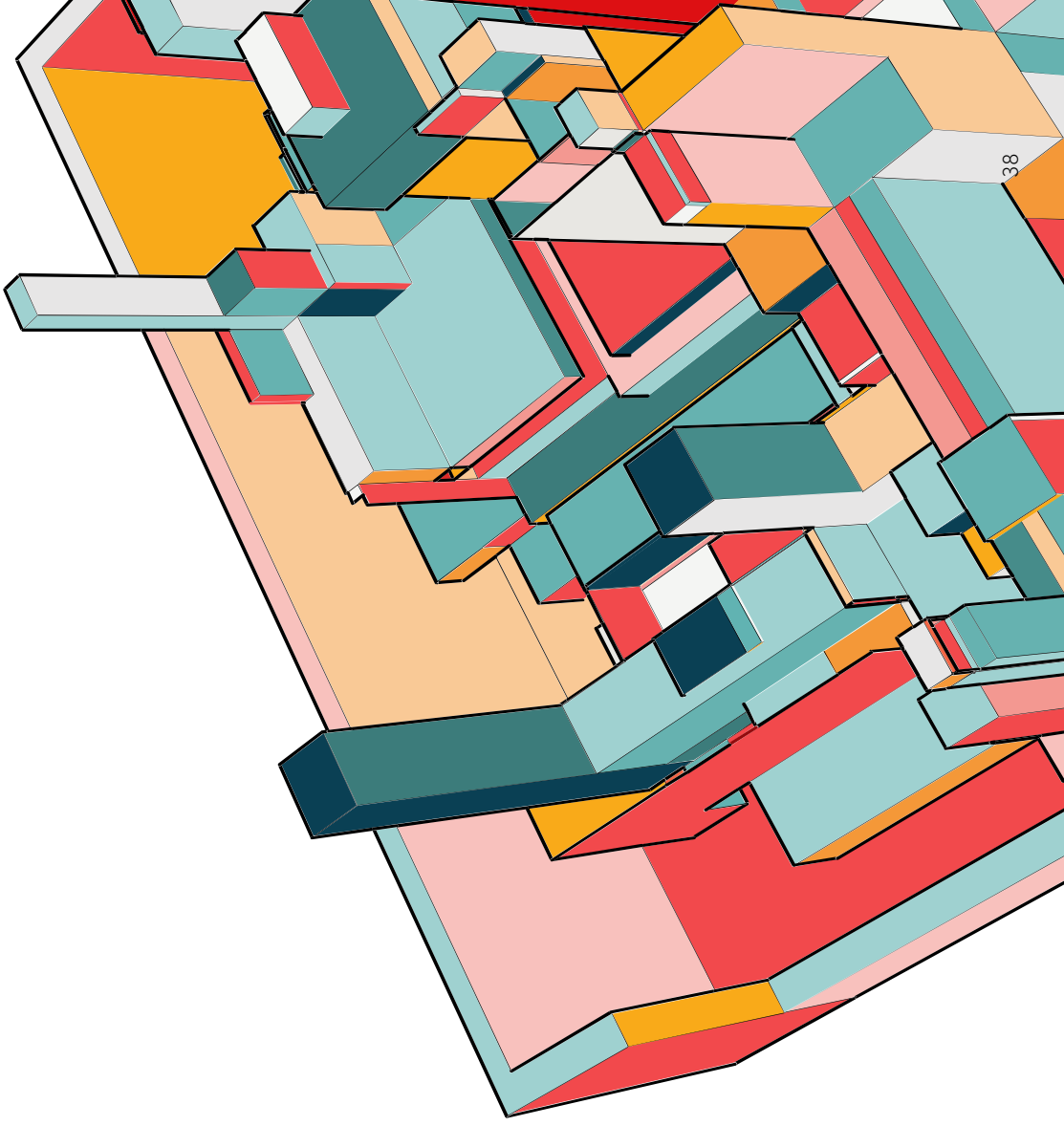


Reassessment: Comprehensive Assessment

1. On the client profile click the green **View** button and select **Case Management Summary**
2. On the **Assessments Tab** open the existing CA and click **Start Reassessment**
3. Enter the assessment class = **Subsequent**
4. Enter the Subsequent Reason
 1. **Six Month Review** - choose this when you need to perform an update with less than 50% change needed
 2. **Change in Need** - only choose this when there is more than 50% change needed. This flags it as billable
 3. **Transfer to New Provider** - choose this when the client is transferring to a new Provider
5. Complete required (*) fields
6. Click **Answers Completed** button
7. Click **Get Relevant Areas of Concern** button
8. Click **Select Areas of Concern** button and make selections
9. Click **OK**
10. Click the **Create/Update ISP** button
11. Review pop-up message and click **OK**
12. Click the **Answers Completed** button



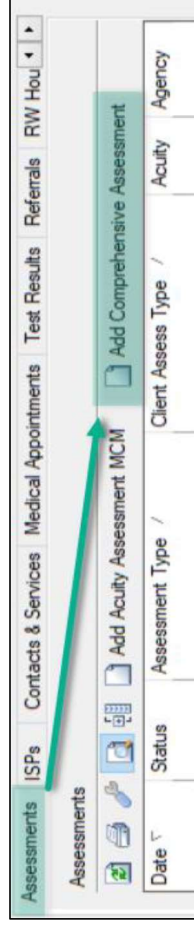
INDIVIDUALIZED SERVICE PLAN (ISP)



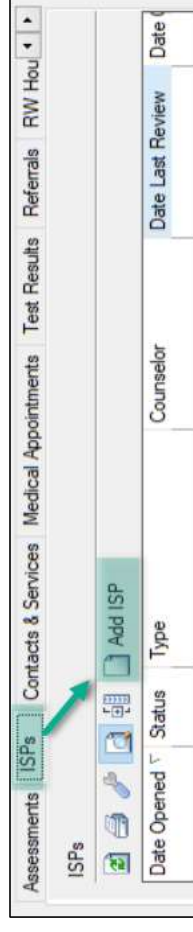
ISP

ISPs can be created in two different ways:

1. By clicking the **Add Comprehensive Assessment** button on the Assessment tab in the Case Management Summary
 - After answering all the questions, navigate to the Summary tab of the **Comprehensive Assessment** and click generate relevant areas of concern, click select relevant areas of concern, select the areas, and lastly, click the Create/Update ISP button
 - The relevant areas of concern created will become ISP goals

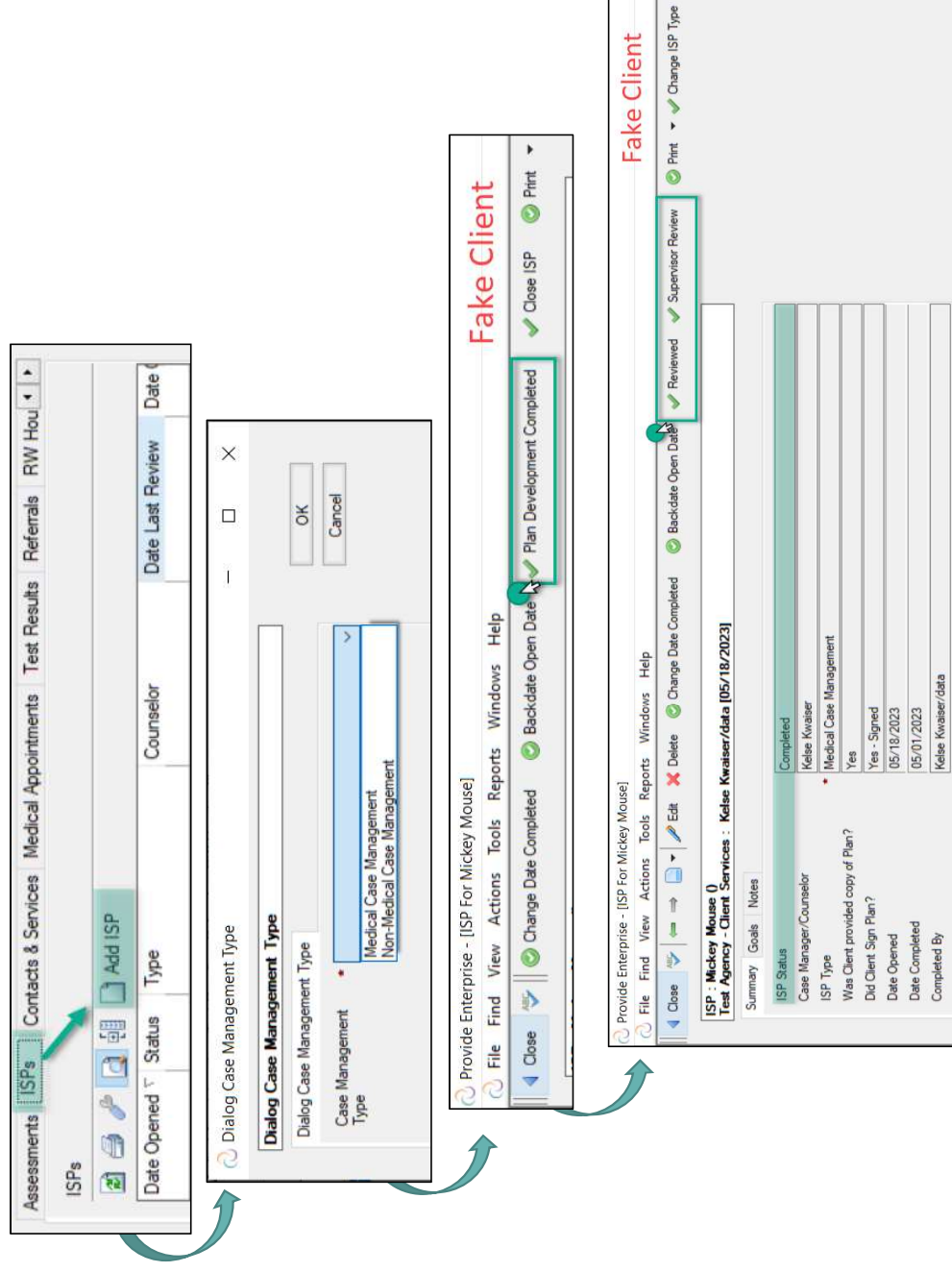


2. By clicking the **Add ISP** button on the ISP tab in the Case Management Summary



ISP

1. To manually create and ISP (not create it via a CA) navigate to the ISP tab in the Case Management Summary
2. Click the **Add ISP** button on the ISP tab in the Case Management Summary
3. Enter the **Case Management Type** and click **OK**
4. Click the Edit button
 - Enter required data
 - Navigate to Goals tab and add any desired goals
5. Click the **Plan Development Completed** button to change the ISP Status from Open to Completed
6. Exit the ISP and reopen it to see & use the **Review** button and/or **Supervisor Review** button



ISP Plan Actions

- Each time the **Review** or **Supervisor** **Review** button on the ISP is clicked, a **Plan Action** record is created on the **Notes** tab of the ISP
- **Plan Action** records are important because they are used in the Annual Retention in Care Performance Measure
- ISPs should be reviewed at least every 6-months - don't forget to click the Review or Supervisor Review button
- All ISP dates (plan actions, goals and ISP review/completion dates) inform the Medicaid Billing eligibility



ISPs & ISP Goals

- The ISP is an ongoing service plan document used to manage a client's plan of care.
- **ISP Goals** are embedded within the ISP and are used to document what a client and case manager are working towards.
- **ISPs** need to continue to get date stamped when they are initially "completed" and every time they are "reviewed".
 - There must be a Progress Log that accompanies the date completed or reviewed
- **ISPs** are only closed when the client is no longer working with your agency
- **ISP Goals** are closed when the goal is completed, whether successful or not.
- For more program related information, please reference the [Ryan White Part B HIV Community Services Provider Manual / Manual para proveedores de servicios para la comunidad con VIH de la parte B de Ryan White](#)

Closing ISP Goals

Occurs frequently throughout Case Management

Open ISP Goal and click the Edit button

ISP : Test Agency - Client Services : Client Services/Rest [06/24/2021]

Status	Date	Life Area	Goal
Open	2021/01/15	Support	Discuss mental health services available and provide immediate referral for
Open	2021/12/21	Support	Monitor transportation needs and discuss availability of referral for financial c
Open	2021/12/21	Support	Needs HIV medication and treatment adherence education.
Closed	2021/06/24	Support	Client has a self identified need for food bank/home-delivered meal services
Closed	2021/07/10	Employment	Client would like assistance making a resume so they can get a better job

Click the Close ISP Goal button

ISP Goal : Test Agency - Client Services : Client Services/Rest [06/24/2021]

Summary	Notes
Goal Status	* Open
Goal Type	* Standard
Goal Life Area	* Support
Goal Statement	* Discuss mental health services available and provide referral for mental health.
Interventions	
Date Goal Established	* 06/24/2021
Target Resolution Date	* 01/15/2021

Complete additional fields (Actual Resolution Date, Outcome Measure, Outcome Comments), click Close & click Yes to Save

Summary | Notes

Summary	Notes
Goal Status	* Closed
Goal Type	* Standard
Goal Life Area	* Support
Goal Statement	* Discuss mental health services available and provide immediate referral for mental health.
Interventions	
Date Goal Established	* 06/24/2021
Target Resolution Date	* 01/15/2021
Actual Close Date	* 06/30/2021
Outcome Measure	* Successful
Outcome Comments	
Provider Assigned	Client Services

Closing ISPs

Occurs only when client is being discharged from working with your agency/is transferring to new agency

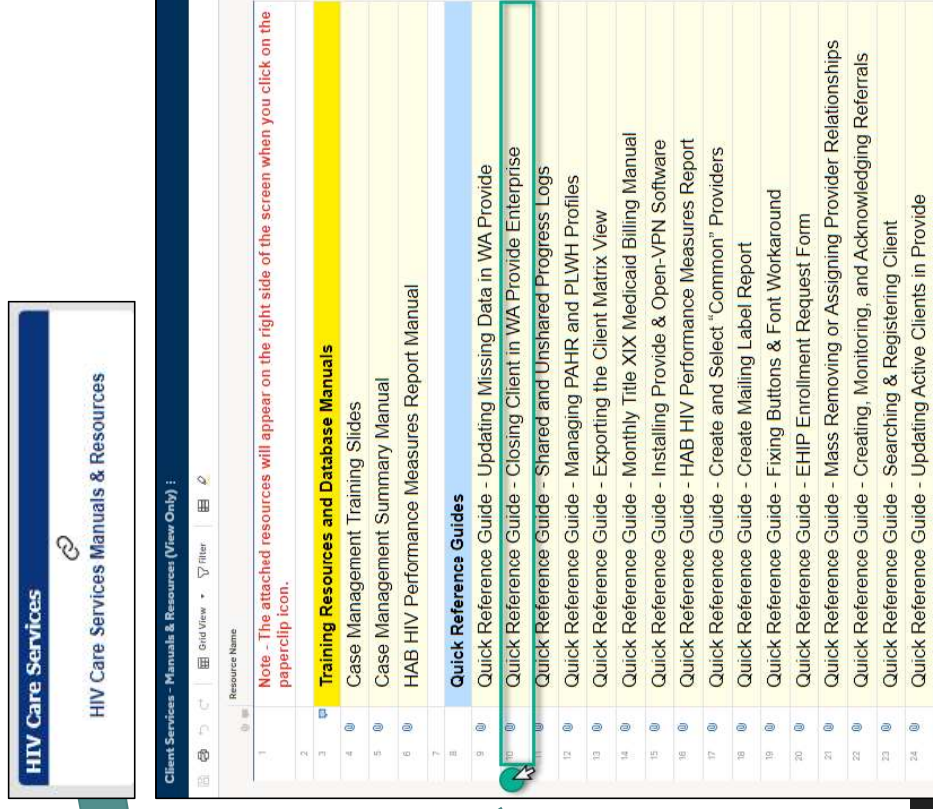
REMEMBER: The ISP should only be closed when the client is being discharged from your service and/or if the client is being transferred to another agency.

To close the ISP, follow the steps below:

1. At the top of the ISP page, click the **Edit** button followed by the **Close ISP** button.
2. If you haven't closed your **ISP Goals**, a dialog box will appear that says, "You must **Close all Goals before you can Close the ISP**." If you get this message, click the **OK** button to return to the **ISP to close ISP Goals**
3. Once all **ISP Goals** have been closed, click on the **Close ISP** button. Additional fields will appear on the **Summary Tab** of the ISP, including:
 - a) Date Closed: Enter the date the ISP is being closed
 - b) Reason Closed: Enter the reason the ISP is being closed
4. When finished, click the **Close** button and then **Yes** to save your changes.

Link to SmartSheet Dashboard:

<https://app.smartsheet.com/b/publish?EOBCT=54fce70242f04cd091f3d783892624bf>



The screenshot shows a web interface for 'HIV Care Services' manuals and resources. At the top, there is a header 'HIV Care Services' with a share icon. Below it, the page title is 'HIV Care Services Manuals & Resources'. The main content area is a table of resources. A note at the top of the table states: 'Note - The attached resources will appear on the right side of the screen when you click on the paperclip icon.' The table lists various manuals and guides, including 'Training Resources and Database Manuals', 'Case Management Training Slides', 'Case Management Summary Manual', 'HAB HIV Performance Measures Report Manual', and several 'Quick Reference Guides'. A green arrow points from the 'HIV Care Services' header to the 'Quick Reference Guides' section in the table.

Resource Name	
1	
2	
3	Training Resources and Database Manuals
4	Case Management Training Slides
5	Case Management Summary Manual
6	HAB HIV Performance Measures Report Manual
7	
8	Quick Reference Guides
9	Quick Reference Guide - Updating Missing Data in WA Provide
10	Quick Reference Guide - Closing Client in WA Provide Enterprise
11	Quick Reference Guide - Shared and Unshared Progress Logs
12	Quick Reference Guide - Managing PAHR and PLWH Profiles
13	Quick Reference Guide - Exporting the Client Matrix View
14	Quick Reference Guide - Monthly Title XIX Medicaid Billing Manual
15	Quick Reference Guide - Installing Provide & Open-VPN Software
16	Quick Reference Guide - HAB HIV Performance Measures Report
17	Quick Reference Guide - Create and Select "Common" Providers
18	Quick Reference Guide - Create Mailing Label Report
19	Quick Reference Guide - Fixing Buttons & Font Workaround
20	Quick Reference Guide - EHIP Enrollment Request Form
21	Quick Reference Guide - Mass Removing or Assigning Provider Relationships
22	Quick Reference Guide - Creating, Monitoring, and Acknowledging Referrals
23	Quick Reference Guide - Searching & Registering Client
24	Quick Reference Guide - Updating Active Clients in Provide



Knowledge Check

True or False:

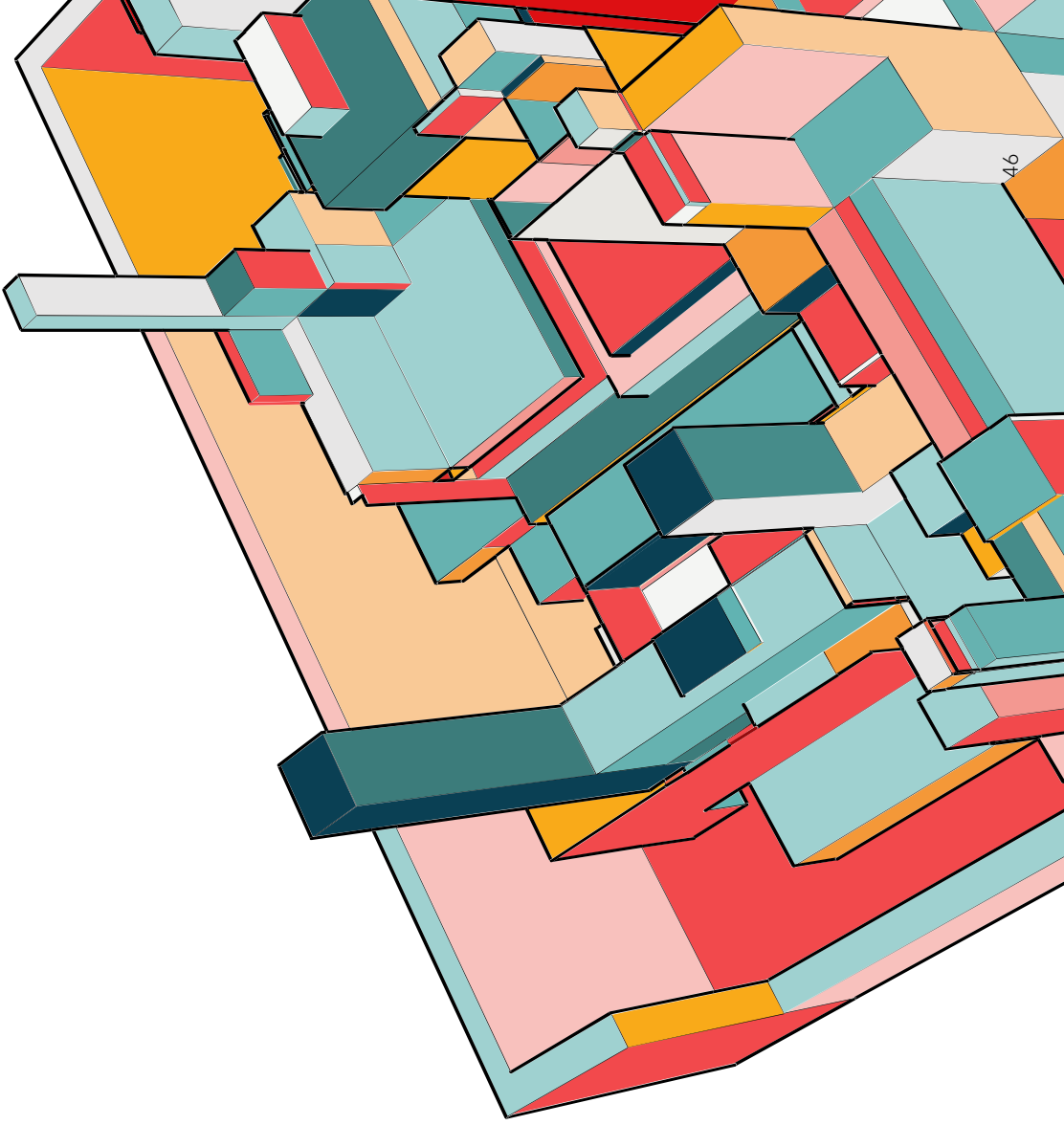
ISPs are closed when a client is no longer working with your agency, versus **ISP goals** which are closed often, as they are achieved or no longer relevant

A) True

B) False

SERVICE ENTRY:

**PROGRESS LOGS &
SERVICES
PROVIDED**



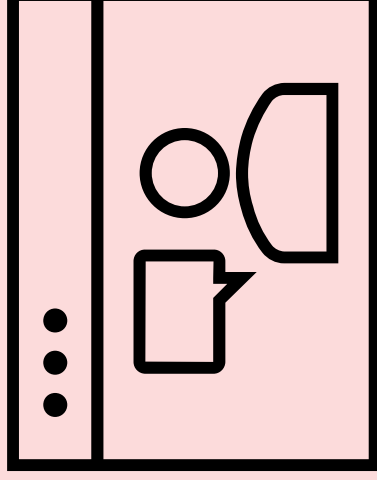
Progress Logs

- Progress Logs (PLs) are used to document encounters
 - for instance, PLs services are often associated with minutes versus Services Provided which are often associated with monetary values
- PLs must be in **Completed** status to be counted in the annual RSR report
 - Remember: once a service is in **Completed** status it is no longer editable
- A PL can be saved in **"In-Progress"** status by not clicking the Complete button and instead clicking the **Close** button and clicking **Yes** to save.
- When you are ready to go back and complete the PL use this view: *View\PLWHActivity\Progress Logs In Progress*



**PROGRESS
LOG**

DEMO VIDEO



Part 3 Case Management Training Video
located [here](#)

Create Progress Log

Make sure the **Service Category** that your service falls under is open on the Care Team tab - if not, open/add it before entering the Progress Log

- Note - if you are entering a Ryan White funded service your client must have active eligibility (dates are not expired on eligibility tab)

Create a **Progress Log**:

1. Navigate to the Client profile
2. Click the **Create** button and select **Progress Log**
3. Complete required fields (*)
4. Set privacy - **to allow other agencies to view this note click the Share button**. To keep it private do not click the Share button, instead, proceed to the next step
5. Click the **Complete** button

Progress Logs



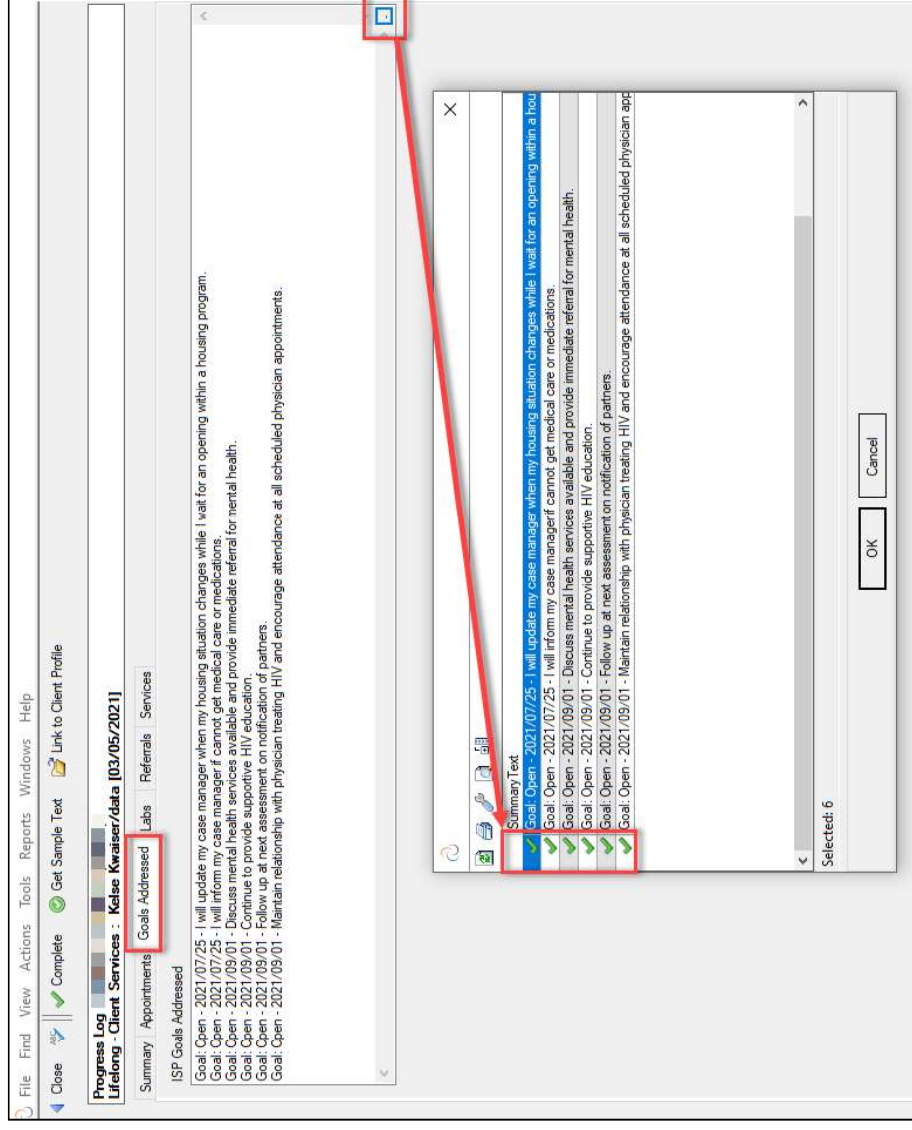
Warning: The Service(s) field on the Progress log is an **optional** field to be used for the documenting services discussed in the encounter related to the Progress Log **Service Category**.

Warning: Gas Cards/Travel Vouchers, Housing, Food bags (any services measured in monetary values) **MUST** be reported separately, as stand-alone service(s) in the **Service Provided Form**

The screenshot displays a software interface for managing progress logs. At the top, there is a menu bar with options: File, Find, View, Actions, Tools, Reports, Windows, and Help. Below the menu bar, there are several icons and buttons: Close, Complete, Get Sample Text, and Link to Client Profile. The main area shows a table with columns for Status, Provider, Date, Minutes, Contact Category, Contact Type, Funding Source, Service(s), Brief Description, and Full Description. A red arrow points from the 'Service(s)' column to a dialog box titled 'Selector'. The dialog box contains a list of services with checkboxes: Adherence, Bus/Ferry/Taxi Voucher, Collateral Contact, Comprehensive Assessment, Food Bag, Gas Card, Housing Plan, Insurance/EIP, ISP, Labs, Medical Appointment, and Referral. The 'Collateral Contact', 'ISP', 'Labs', and 'Medical Appointment' checkboxes are checked. The dialog box also has 'OK' and 'Cancel' buttons.

Linking Progress Logs to ISP Goals

- To get the ISP goals linked to a Progress Log:
 - In Progress log navigate to the **Goals Addressed** tab
 - Click the selector menu box (box with a period in it) that is located on bottom right
 - Select the goal(s) you want to link by clicking to the left of the goal (places a green check mark next to the goal)
 - Click OK



Services Provided

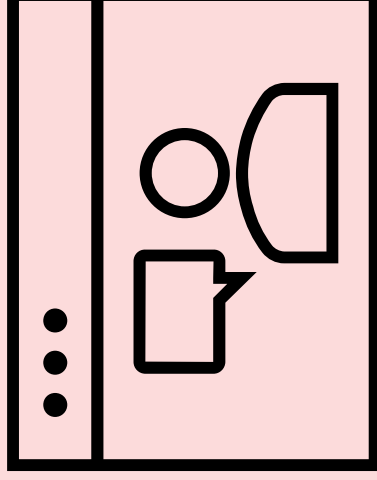
- **Services Provided** are used to document a tangible service (usually with a unit and monetary value) that are provided to your client.
- The Service Provided must be in **Completed** status to be counted in the annual RSR report
 - Remember: once it is in **Completed** status it is no longer editable
- A Service Provided can be saved in **"Pending"** status by not clicking the Complete button and instead clicking the **Close** button and clicking **Yes** to save.
- To view, complete and/or mass complete Services Provided, navigate to this view: **View\PLWH Activity\Services Provided Pending**

The screenshot shows a software window titled "Service Provided : Client Services/test [01/11/2022]". The window has a menu bar with "File", "Find", "View", "Actions", "Tools", "Reports", "Windows", and "Help". Below the menu bar are buttons for "Close", "Complete" (with a green checkmark), and "Not Provided" (with a red X). A "Link to Client Profile" icon is also present. The main area is divided into two sections: "Service Provided" and "Service Provided" (with a red asterisk). The "Service Provided" section contains a table with the following data:

Status	Pending
Provider	Client Services
Service Date	01/11/2022
Service Category	Medical Transportation Services
Service Provided	Bus Voucher
Service Code	MTS-BX
Funding Source	Ryan White Part B
Units of Service	1
Unit of Measure	Bus Ticket
Unit Cost of Service	\$20.00
Total Cost of Service	\$20.00
Comments	

**SERVICE
PROVIDED**

DEMO VIDEO



Part 3 Case Management Training Video
located [here](#)

Create Service Provided

Make sure the **Service Category** the service falls under is open on the Care Team tab – if not, open/add it before entering the Progress Log

- Note – if you are entering a Ryan White funded service your client must have active edibility (dates are not expired on eligibility tab)

1. Navigate to client profile
2. Create a **Service Provided**
3. From the client profile, click the **Create** button and select **Service Provided**
4. Complete required fields (*)
5. Click the **Complete** button

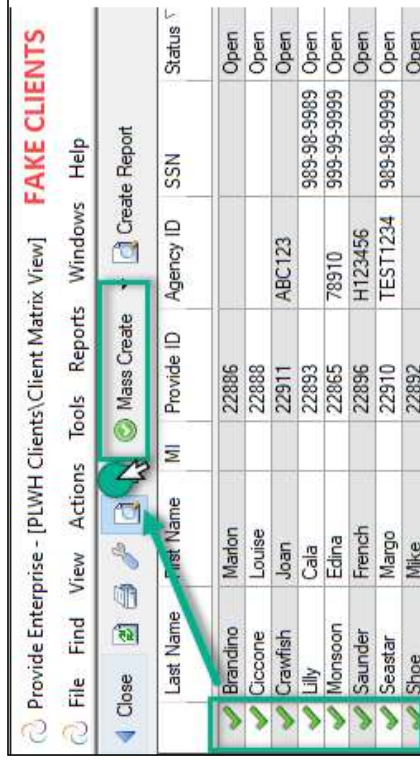
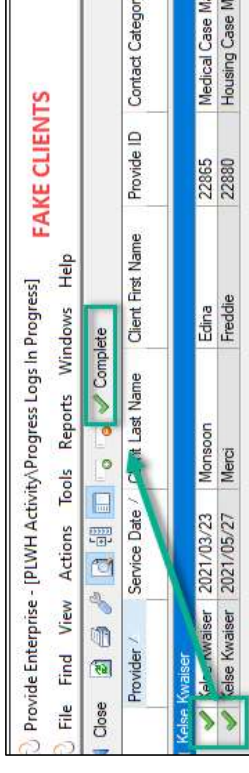
Mass Create or Complete Services

Mass creates should only be used for services such as newsletters or mass distributed vouchers

Best practice is to check program staff to clarify when to and when not to use this function

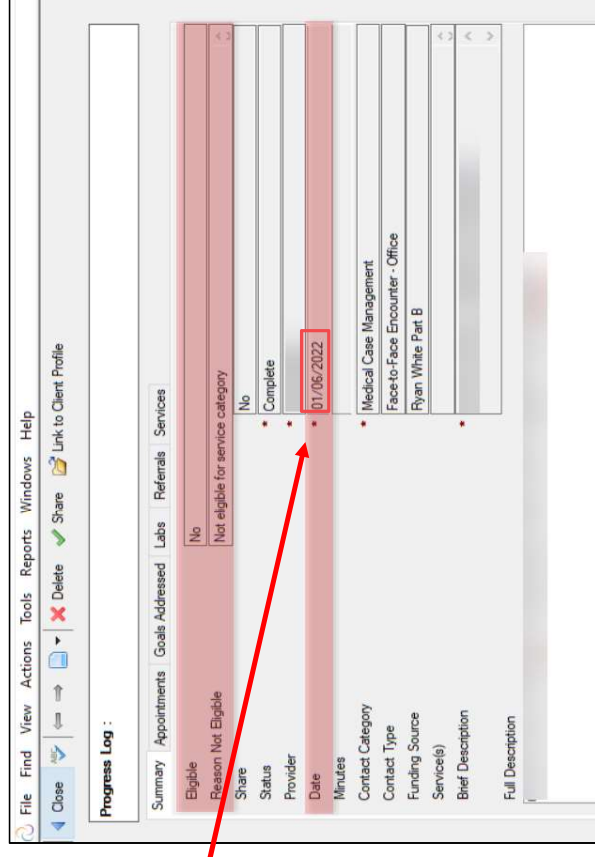
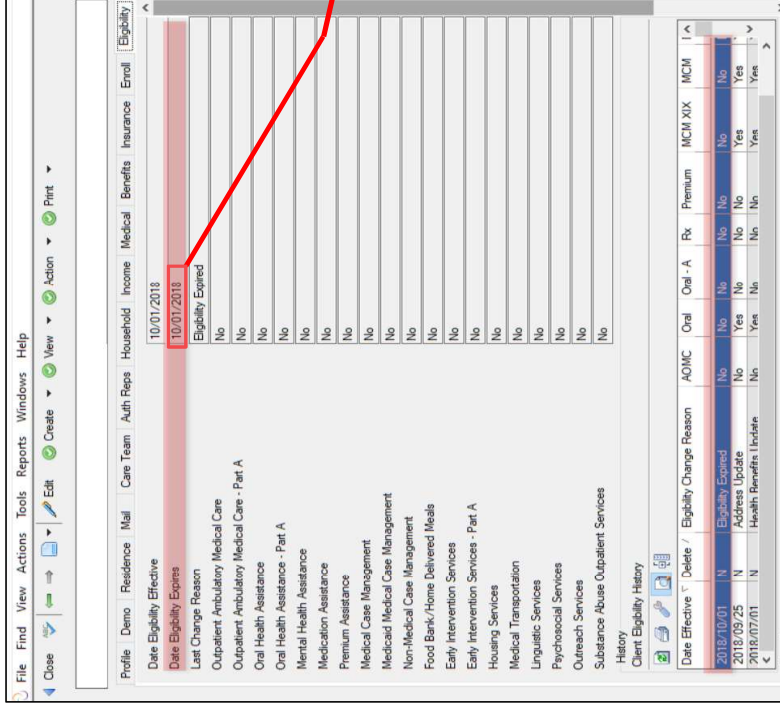
If deemed appropriate, below are steps to perform mass creates and completes:

- To mass **create** progress logs or services provided, navigate to a PLWH Client or Activity view, such as *View\PLWH Clients\Client Matrix View*.
- To mass **complete** progress logs or services provided that are "In-Progress" or "Pending", navigate to *View\PLWH Activity\Progress Logs in Progress*
 - Click in the blank space located to the left of each client name to place a green check mark next to each client you are performing this action for.
 - To mass **create**, click the Mass Create button and select Progress Log or Service Provided
 - To mass **complete**, click the Complete button
- If everything checks out (for instance client must have eligibility and service category open), the record will get created or completed.



Ineligible Services: Progress Logs & Services Provided

- If a completed service has a service date that falls during a time when a client did not have active eligibility (eligibility dates are expired on Eligibility tab of Client Profile):
 - Service is flagged as Ineligible (Eligible = No)
 - Service is not counted in the annual RSR report
- If you are entering progress logs for a client who does not have active eligibility, enter it under a Non-Funded funding source



Knowledge Check

True or False:

When Ryan White funded progress logs and/or services provided are entered for a client whose eligibility is expired, the service(s) are marked "Ineligible" and not counted in the RSR.

A) True

B) False



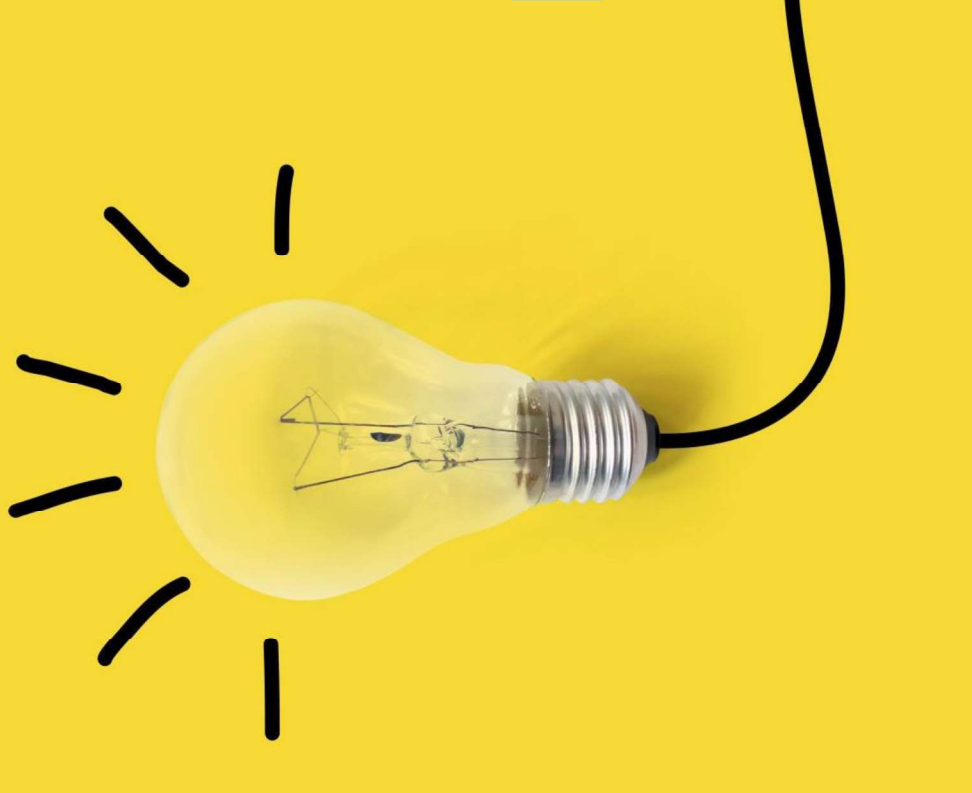
Knowledge Check

Are "In-Progress" Progress Logs and "Pending" status still editable?

A) Yes

B) No





Knowledge Check

When a progress log and/or service provided is in "Completed" status it is still editable

A) True

B) False

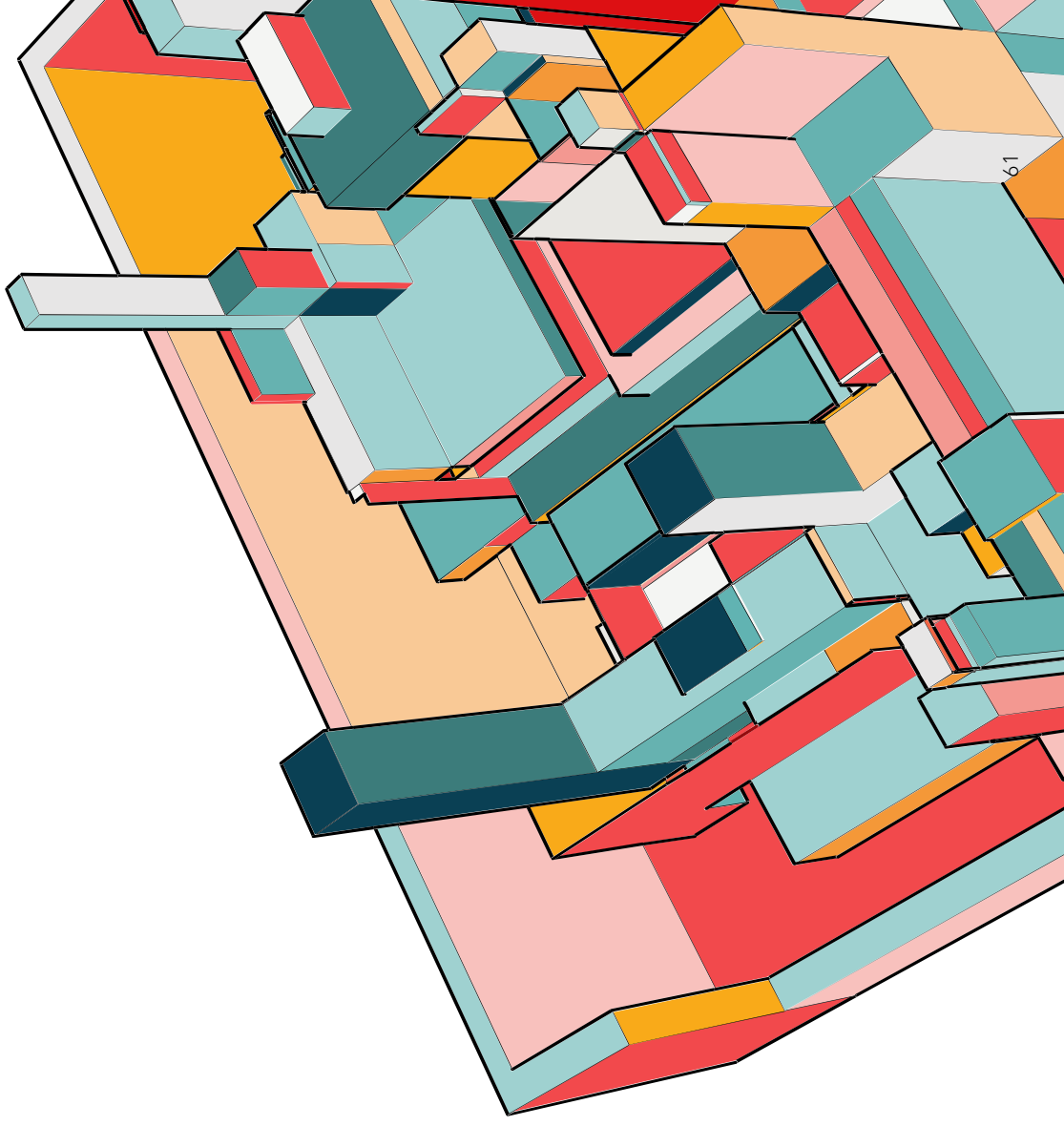


Knowledge Check

When a progress log and/or service provided is in "In-Progress" or "Pending" status,

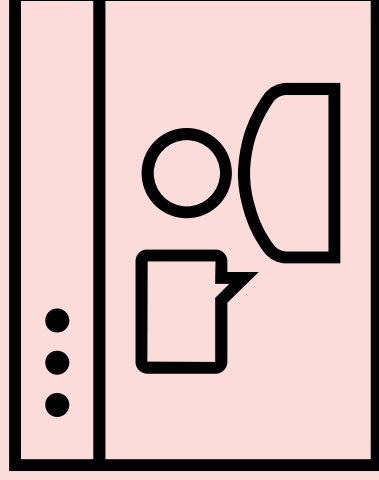
- A) It is counted in the RSR
- B) It is **not** counted in the RSR

MEDICAL APPOINTMENTS



MEDICAL APPOINTMENT

DEMO VIDEO



Part 3 Case Management Training Video
located [here](#)

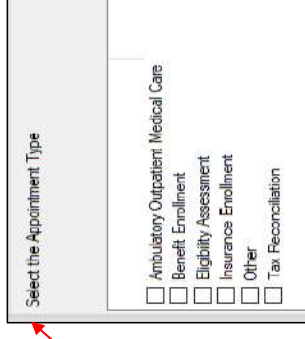
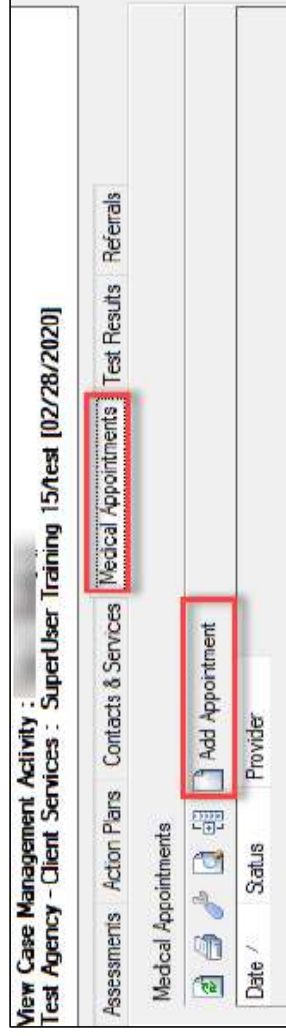
Medical Appointments

From the client profile:

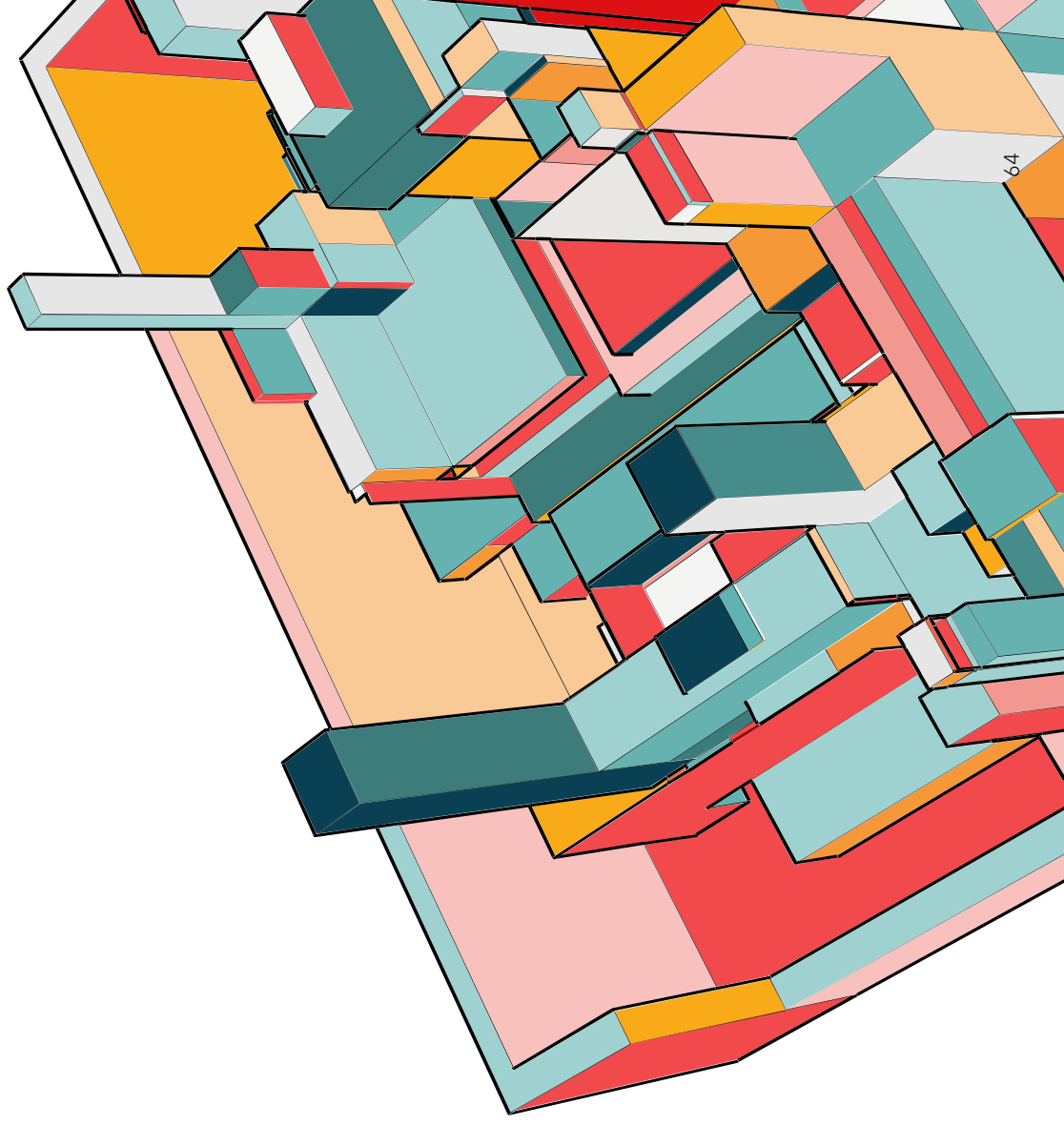
1. Click Create and select Appointment
2. Complete Required fields
3. Click Close and Yes to save

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

For QM reports Ambulatory Outpatient Medical Care appointments types are required, and the appointment status must be in **Kept**

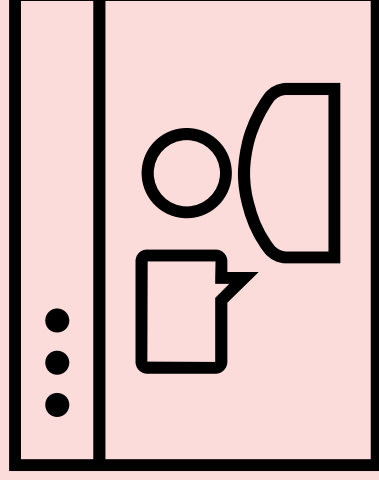


TEST RESULTS



TEST RESULTS

DEMO VIDEO

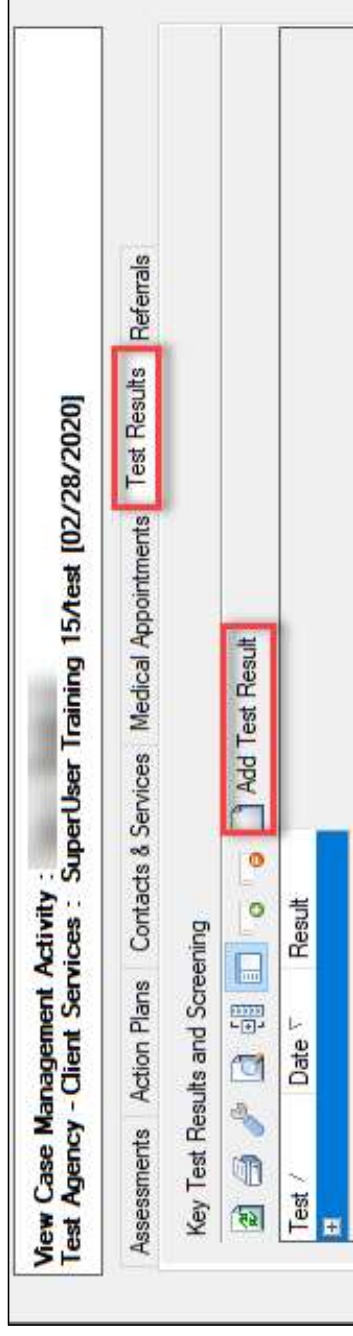


Part 3 Case Management Training Video
located [here](#)

Test Results

Document information related to specific medical tests a client has been given. At a minimum, each the following Tests need to be documented when a client has them performed:

- CD4 Count
- Viral Load
- Syphilis Screening
- Hepatitis B Screening
- Hepatitis C Screening
- PAP Smear
- Other STI Screenings



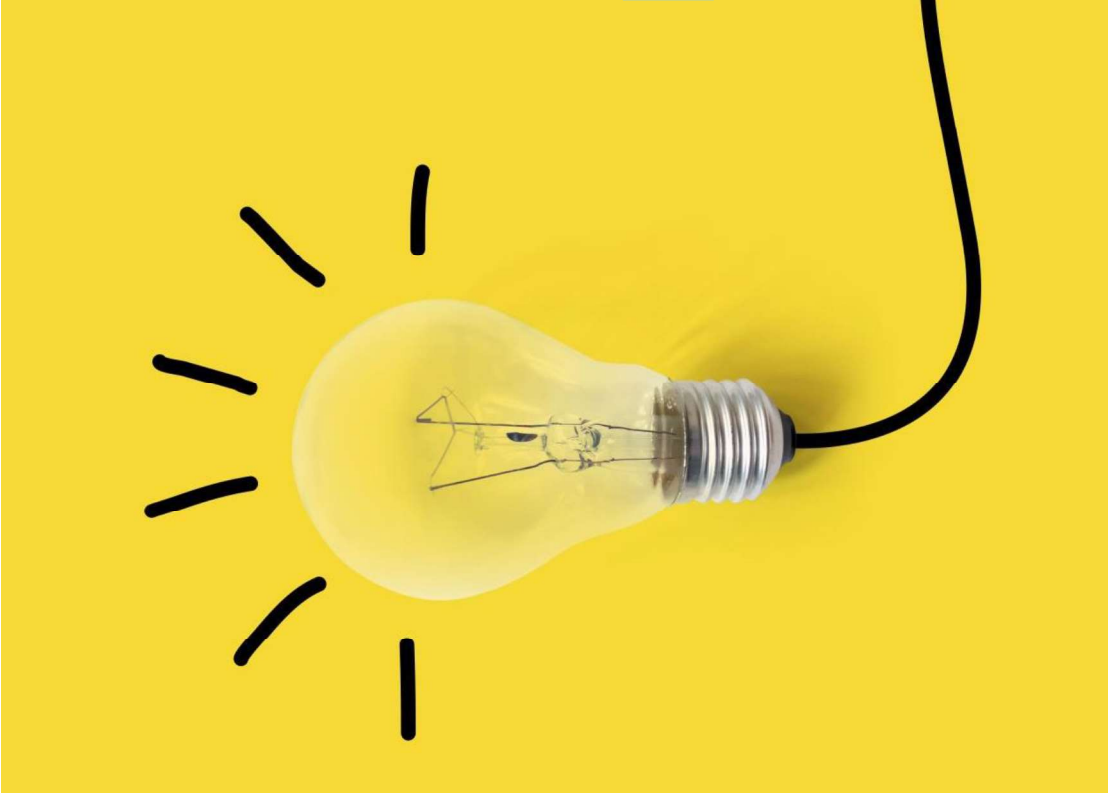
Knowledge Check

True or False:

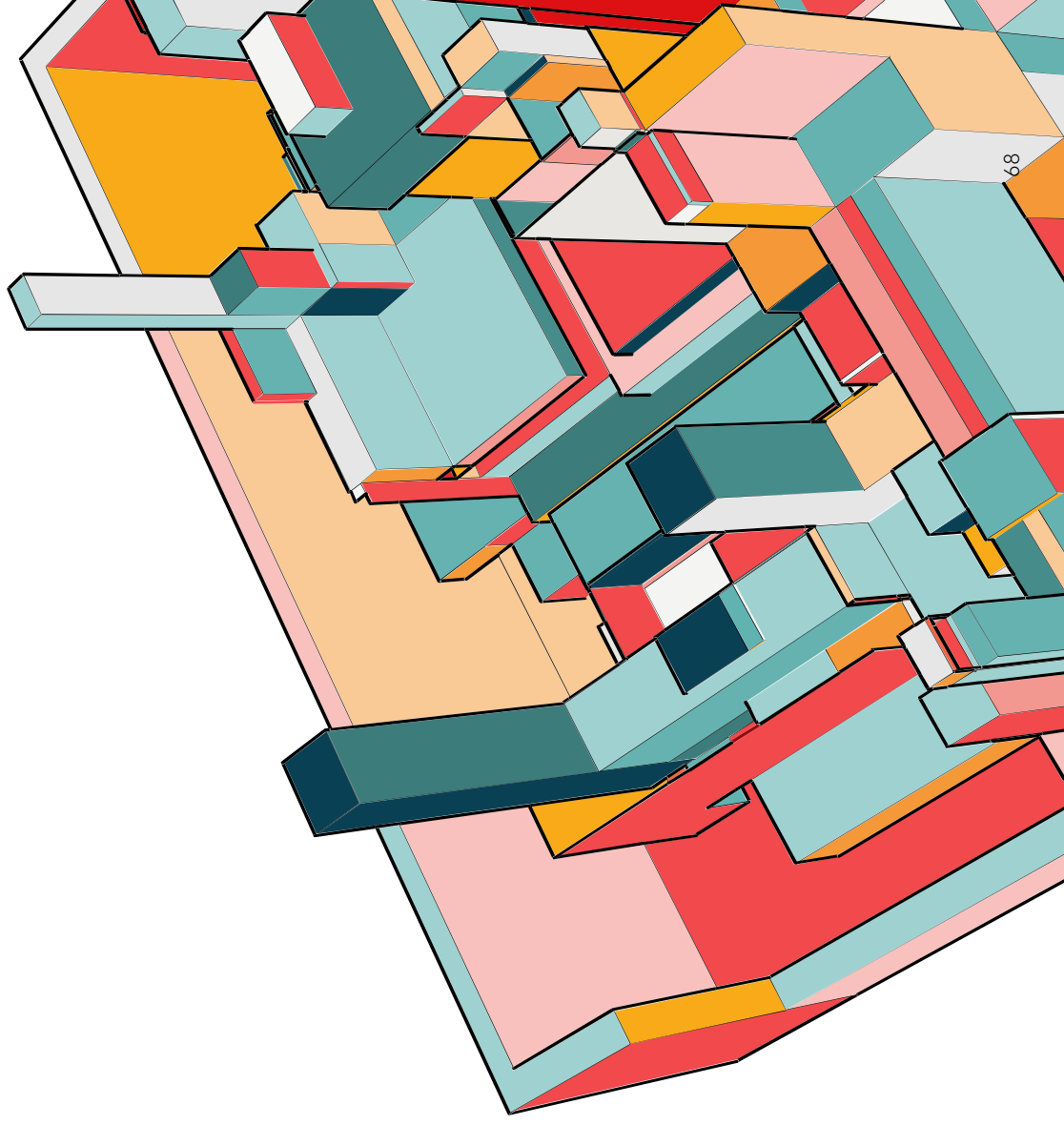
You are required to enter at least two Kept Medical Care Appointments in a 12-month span

A) True

B) False



REFERRALS



Referrals

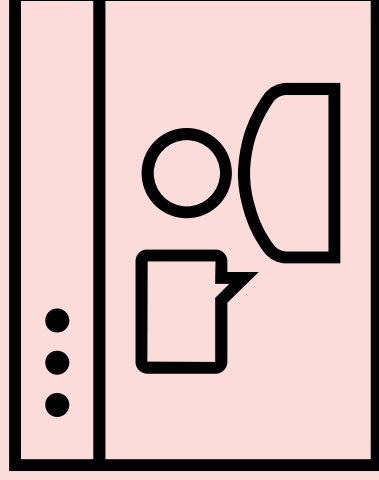
Referrals are made to your own or to another agency working inside of Provide.

- If the receiving agency does not currently have access to the client record, the referral submission will automatically generate an informed consent to the release the client to the agency for 30 days.
 - The 30-day timeframe allows the receiving agency enough time to review it, and if they can work with the client, time to open a **Client Service Profile** for the referred client
 - **Opening a Client Service profile** is what keeps the client profile open to the receiving agency
 - Once the receiving agency acknowledges the referral and opens the client service profile, they need to **Close** out the referral

Referral Status	Referring Person	Referral Date	Eligibility Date Expire	Referred Type	Referred To	Referred for Service Type	Referred To Assignee	Referred for Service Description	Date Check Back	Created By	Require Consent?
Pending	Kelse Kwaizer	10/09/2020	03/10/2020	Internal					11/09/2020	Kelse Kwaizer/data	

REFERRAL

DEMO VIDEO



Part 3 Case Management Training Video located [here](#)

Create Referral

When working with HIV Community Services Clients:

- *Find or Register Client*
- *Navigate to client profile*
- *Click Create and select Referral*



Monitoring Referrals

- All Clients - Navigate from main toolbar: *View > PLWH Activity > Referrals*
- Client Specific - Navigate from client profile: *View > Activity > Referrals*



Acknowledge & Close Referrals

- Referrals then can be “Acknowledged” by the receiving agency for up to 30-days
- Referrals should be closed within 30-days: closing the referral requires a disposition (reason) and disposition comments, such as Approved or No Client Follow-Up
- **If the receiving agency can work with the client**
 - Acknowledge the referral
 - Open the new Client Service Profile record
 - Close the Referral and enter a disposition (reason) = client is being enrolled/served
- **If the receiving agency can NOT work with the client**
 - Acknowledge the referral
 - DO NOT open the new Client Service Profile record
 - Close the Referral and enter the disposition (reason) = why you cannot work with client

The screenshot shows a software window titled "Referral : Test Agency - Client Services : Client Services/test [01/11/2022]". The window has a menu bar with "File", "Find", "View", "Actions", "Tools", "Reports", "Windows", and "Help". Below the menu bar are several icons: a left arrow, a right arrow, a magnifying glass, a document, a pencil, a trash can, a link icon, and a checkmark. The main area of the window contains a form with the following fields and values:

Referral Status	Open
Referring Person	Client Services
Referral Date	01/11/2022
Eligibility Date Expire	07/23/2021
Referred Type	Internal
Referred To	Test Agency
Referred for Service Type	Housing Services
Referred To Assignee	Kelise Kwaiser
Referred for Service Description	Ryan White Housing
Date Check Back	02/11/2022
Created By	Client Services/test
Require Consent?	No

At the bottom of the window, there are four buttons: "Close", "Acknowledge", "Close", and "Change Assignee". The "Acknowledge" button is highlighted with a red box.

Receiving Agency can work with the client

Acknowledge

1. Navigate to *View > PLWH Activity or PAHR Activity > Open to My Agency Unacknowledged*
2. Open referral
3. Click Acknowledge button



Open New Service Profile Record

1. From the main toolbar, click Find > Find Client, and locate the new client.
2. Double click on the client record to open the client's profile
3. Navigate to the Care Team tab of the client's profile
4. Click New Client Service Profile Record
5. Click Close and Yes to Save

Close Referral

1. Navigate to *View > PLWH Activity or PAHR Activity > Open to My Agency*
2. Open referral
3. Click the Close button
4. Enter Date Closed
5. Enter (select) Disposition
6. Enter Disposition Comments

Receiving Agency can NOT work with the client

Acknowledge

1. Navigate to View > PLWH Activity or PAHR Activity > Open to My Agency Unacknowledged
2. Open referral
3. Click Acknowledge button



Do not open a new client service profile record

Close Referral

1. Navigate to View > PLWH Activity or PAHR Activity > Open to My Agency
2. Open referral
3. Click the Close button
4. Enter Date Closed
5. Enter (select) Disposition
6. Enter Disposition Comments



Knowledge Check

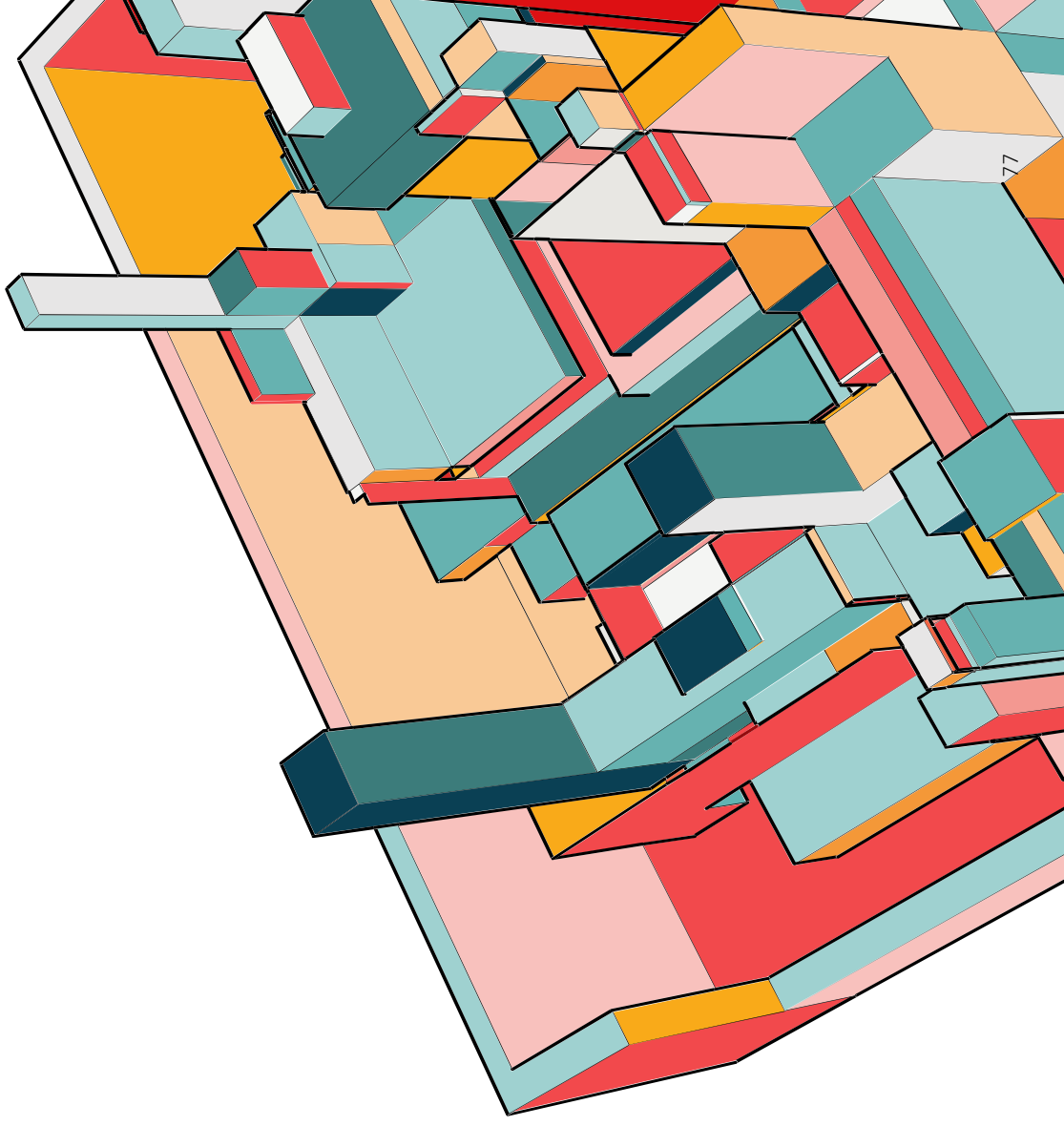
True or False:

You can send referrals to Providers that do not work (are not end-users) in the Provide database.

A) True

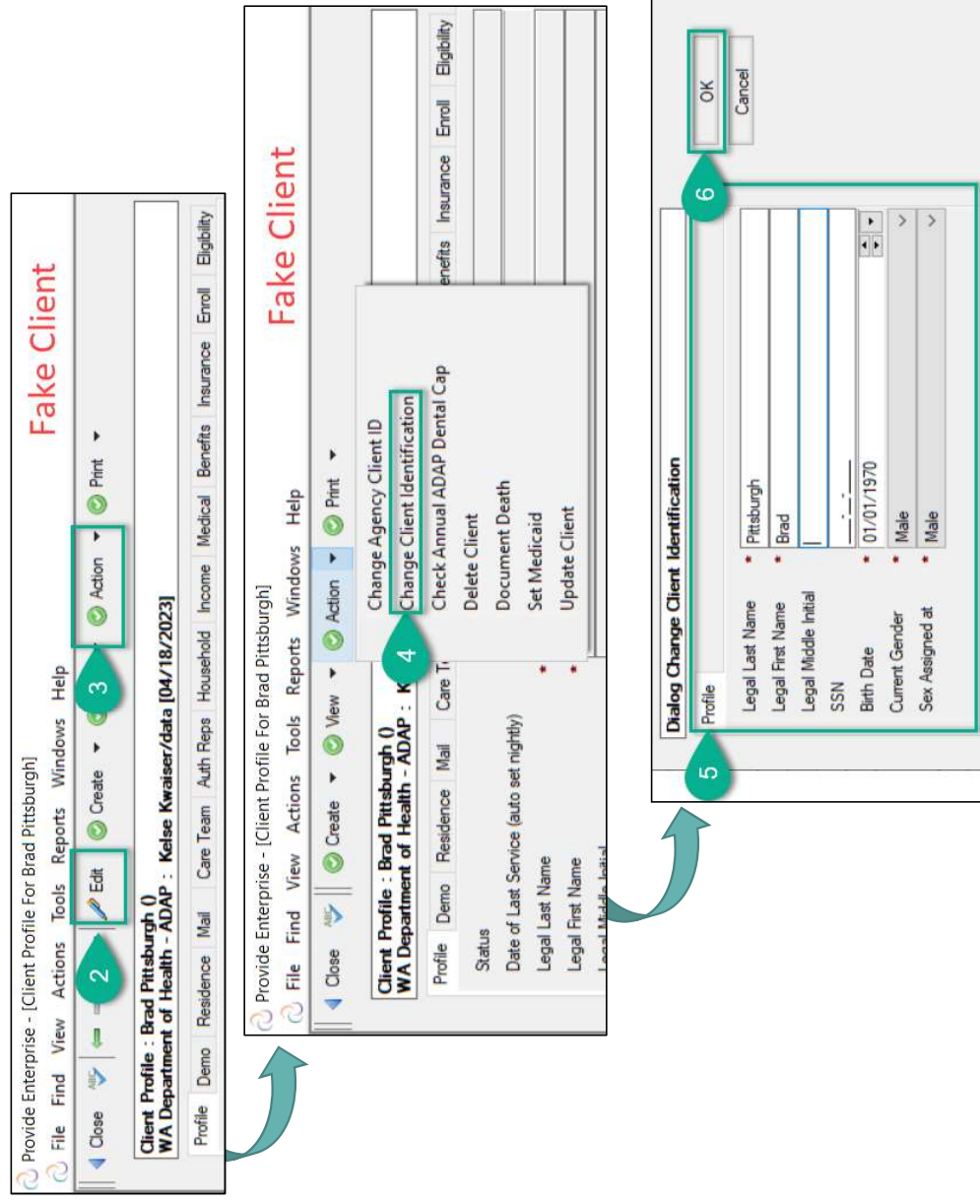
B) False

TIPS & RESOURCES



Update Client Identification

1. Navigate to the client profile
2. Click the Edit button
3. Click the Action button
4. Select Change Client Identification
5. Make desired changes to one or more client identification:
 1. Name
 2. Social Security Number
 3. Date of Birth (DOB)
 4. Current Gender
 5. Sex Assigned at Birth
6. Click OK



Update Client Email

1. Navigate to the client profile
2. Click the **Edit** button
3. Navigate to the **Profile** tab of the client profile
4. At the bottom, to the right of the **Emessaging Setup** field, click the big **Update** button
5. If the client permits to receiving email, change the 'Okay to Send Email' field from No to
6. Enter the client's email address
7. Click **Submit**
8. The change will occur overnight unless you want to manually push it through. To manually push it through, on the client profile click **Action** and select **Update Client**

The screenshot shows a client profile page for a 'Fake Client'. The 'Emessaging Setup' section at the bottom right contains the following fields:

Click to update E Messaging ==>	
Okay to send email?	No
Call Phone with Area Code	..
Okay to send text messages?	No

The 'Update' button is highlighted with a green arrow. Below the main screenshot are two zoomed-in views of the 'New Values' dialog box:

Dialog 1:

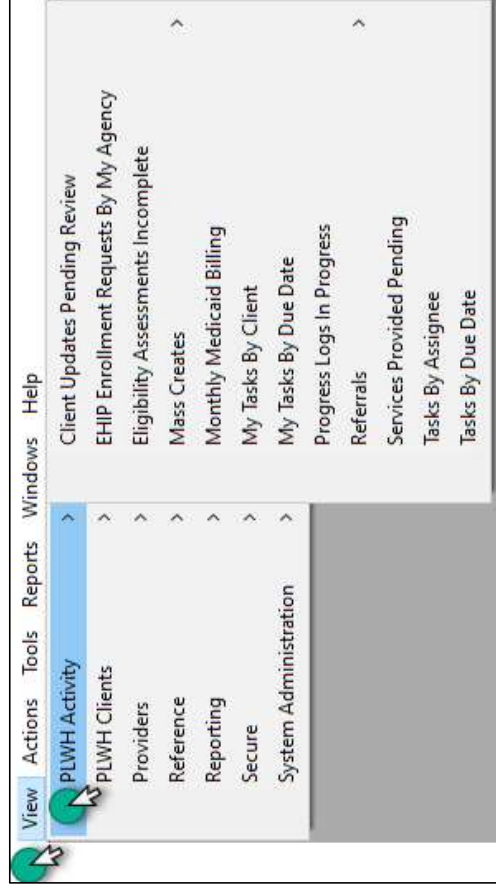
Okay to Send Email?	No
Call Phone with Area Code	..

Dialog 2:

Okay to Send Email?	Yes
Email Address	BP@coolguy.com

Work Management Views: All Clients

➤ View > PLWH Activity



➤ View > PLWH Clients



Pop-Up Messages

⚠️ Don't enter client passwords into pop-up messages

If you need to enter notes, add notes on Demo tab under the Notes/Comments field

Non-preferred

Provide Enterprise - [Client Profile For Marion Brandino]
FAKE CLIENT

Client Profile: Marion Brandino 0
WA Department of Health - ADAP : Kaise Kwaiser/data [06/01/2021]

Profile Demo Residence Mail Care Team Auth Reqs Household Income Medical Benefits Insurance Enroll Eligibility

Status
Date of Last Service (auto set nightly) Open
Legal Last Name Brandino
Legal First Name Marion
Legal Middle Initial
Name Suffix
Preferred Name
Popup Alert Message
SSN
Provide ID
PBM Member ID
EIMessaging Setup
Okay to send email?
Cell Phone with Area Code
Okay to send text messages?

Alert!
Client's gmail password is FastChakl SSN is 588-888-8888
OK

Preferred

Provide Enterprise - [Client Profile For Marion Brandino]
FAKE CLIENT

Client Profile: Marion Brandino 0
WA Department of Health - ADAP : Kaise Kwaiser/data [06/01/2021]

Profile Demo Residence Mail Care Team Auth Reqs Household Income Medical Benefits Insurance Enroll Eligibility

Birth Date 03/12/1925
Current Age 96
Current Gender Identity Male
Sex Assigned at Birth Male
Race - Check all that apply
 American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
Ethnicity Non-Hispanic
Primary Language English
Secondary Language English
Preferred Spoken Language English
Preferred Written Communications English
Marital Status No
Veteran (Yes/No)? No
Notes/Comments Client's gmail password is FastChakl SSN is 588-888-8888
Common Notes

Do not email PHI or PII

- PHI (personal health information) or
- PII (personal identifying information)

Provide Enterprise - [Client Profile For Homer J. Simpson]

File Find View Actions Tools Reports Windows Help

Close → Edit Create View Action Print

Client Profile : Homer J. Simpson 0
WA Department of Health - PHEP DWP : PAHR Training Account/CAP [11/25/2019]

Profile Demo Residence Mail Care Team Auth Repts Household Income Medical Benefits Insurance Enroll Eligibility

Status Open

Date of Last Service (auto set nightly)

Legal Last Name * Simpson

Legal First Name * Homer

Legal Middle Initial J

Name Suffix

Also Known As

Pop-up Alert Message

SSN

EIP/PHEP Client ID 54004

PBM Member ID

E/Messaging Setup Yes

Okay to send email? Homer.J.Simpson@fakel.com

Email Address Yes

Okay to send text messages? Verizon

Cell Phone Carrier 206-615-7159

Cell Phone with Area Code

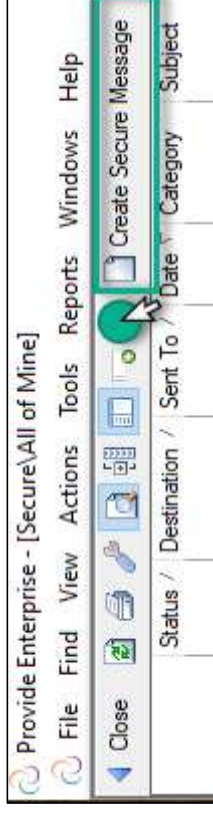
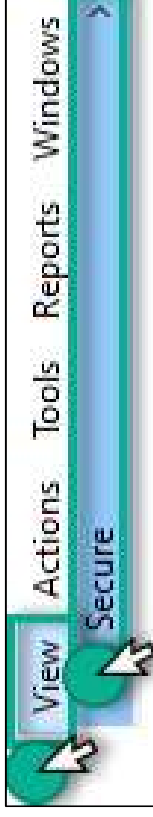
Sending Provide Secure Messages

To view secure messages click:

- View > Secure

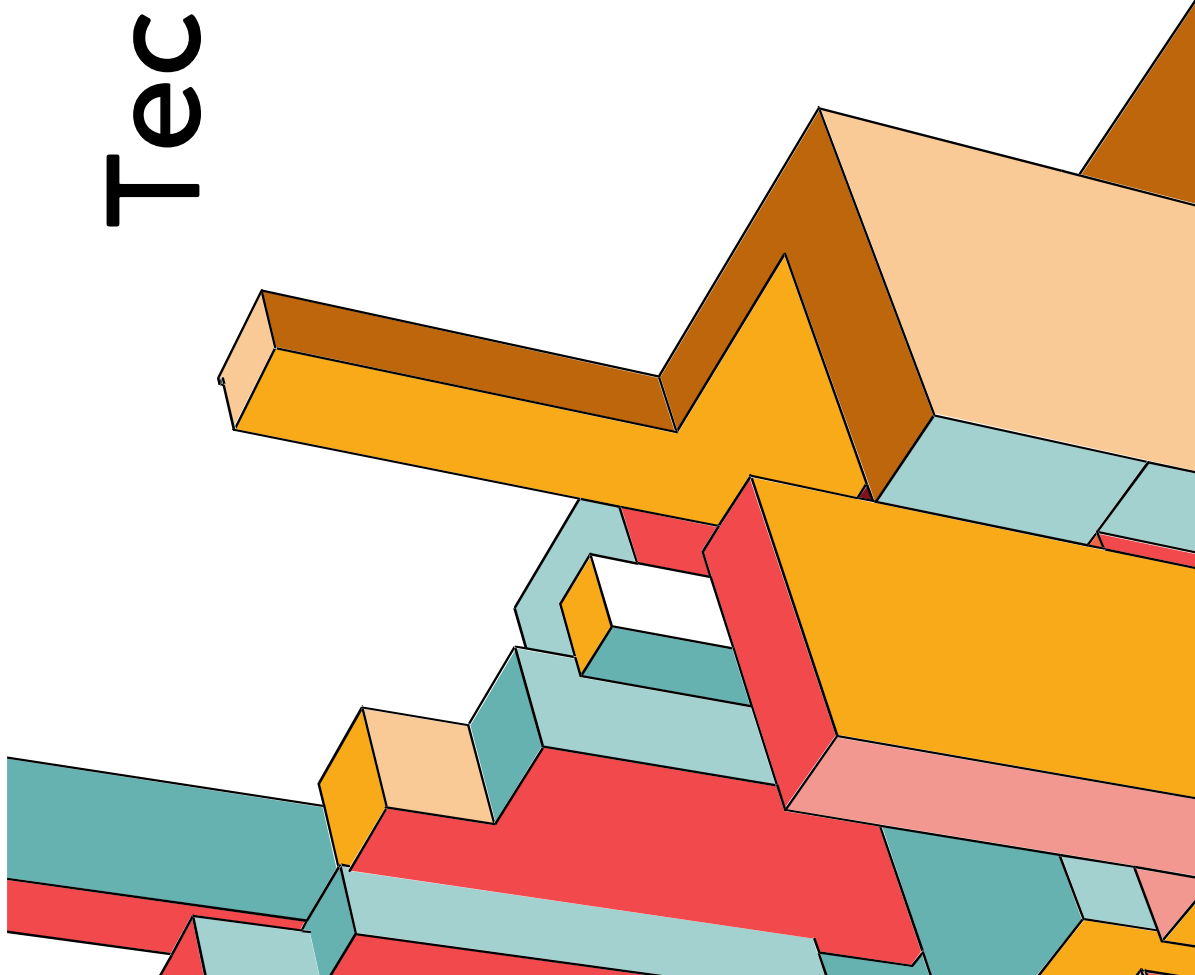
To create secure messages click:

- View > Secure > select any option > click Create Secure Message



Technical Assistance

- Email Provide.Support@doh.wa.gov for
Provide technical support and general
Provide support/needs
- Email Ask.EIP@doh.wa.gov if a client is
currently out of medication – title the
email “Urgent – Need Meds”
- **ALWAYS** include a Provide ID# in every
email – this allows DOH to investigate
issues before reaching back out
- **NEVER** include PHI (personal health
information) in any emails or screenshots



Resources: email us and/or check out SmartSheet:

SmartSheet

<https://app.smartsheet.com/b/publish?EQBCI=54fce70242f04cd091f3d783892624bf>

- Electronic Forms to request help, changes, end-user accounts
- Client Services Manuals & Resources
- HOPWA Services Manuals & Resources
- Prevention Services Dashboard

Provide End-User Community Group

Client Services

Client Services Manuals & Resources

HOPWA

HOPWA Manual & Resources

Prevention

Prevention Services Dashboard

Request Forms

Change Request or Help Request Form

- Use this form to request help, request a new password, or to request a database change or adjustment

Provide End-User Account Request Form

OpenVPN Account Request Form

- Only complete the Open-VPN form for new users if your agency currently uses the Open-VPN method to connect to Provide. Agencies who currently use the Site-2-Site VPN method do not need to complete the Open-VPN form.

REMOVE End-User Request Form

Contacts

- DOH Provide Database General Help
 - provide.support@doh.wa.gov
- Ask EIP (client out of meds/urgent EA needs)
 - ask.EIP@DOH.WA.GOV
- Client Services:
 - chris.wukasch@doh.wa.gov; krystal.sterling@doh.wa.gov
- Prevention Services:
 - michael.barnes@doh.wa.gov
- HOPWA:
 - chris.wukasch@doh.wa.gov; deborah.green@doh.wa.gov
- PART A:
 - mark.baker@kingcounty.gov

Question & Answer

