FY24-25 Syndemic Service Navigation Guidelines

Implementing Syndemic Navigation Services Washington State

Office of Infectious Disease
Washington State Department of Health

January 1, 2024– June 30, 2025

Note: *These navigation services will be updated regularly throughout the contract year as syndemic navigation programs are developed. Input from funded agencies will be used to further develop these guidelines, including the Provide syndemic navigation module. There will be regular opportunities to provide input throughout the contract year.*

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Service Category Definition

Syndemic Service Navigation

Syndemic service navigation refers to providing client-centered activities focused on improving access and retention in needed prevention and care services. Service navigators provide coordination, guidance, and assistance in accessing the medical, social, community, legal, financial, employment, vocational, and/or other needed services. Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare, State Pharmacy Assistance Programs (including PrEP Drug Assistance Program), Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. Services includes all types of encounters (e.g., face-toface, electronic, telehealth, phone contact, and any other forms of communication).

Core Activities

Activities must include the following:

- Initial assessment of service needs
- Development of a comprehensive individualized service plan that addresses the client's self-identified goals and needs
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the navigation/service plan

Additional Activities

Syndemic Service Navigation includes, but is not limited to, the following additional activities as appropriate for the client's self-identified needs:

- Outreach to locate clients.
- Re-engagement of clients previously engaged in syndemic navigation services, if necessary.
- Coordination of a navigation plan to ensure clients are appropriately referred and linked to supportive services.
- Linkage to a broad array of services, including:
  - ✓ PrEP and PrEP retention support.
  - ✓ HIV community services, such as a warm hand-off to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV
  - ✓ STI care and treatment services, including a warm hand-off to a clinic or medical provider treating STIs and support to complete the treatment.
  - ✓ Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C and support to complete hepatitis C treatment through to cure.
  - ✓ Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP).
    Sexual health education and supportive services, such as access to vaccines for vaccine-preventable STIs (HPV, HBV), supportive MPox services, cervical and anal cancer screening, and reproductive health care (including pregnancy testing, pregnancy options, abortion, and birth control).

- ✓ Gender-affirming care services including, but not limited to, education and support for accessing health care (e.g., hormone therapy, genital, breast, and chest reconstruction, facial plastic surgery, speech therapy, urologic care, and psycho-social services).
- ✓ Mental health counseling services and substance use services, including medications for opioid use and contingency management services, where possible.
- ✓ Treatment, including medications for opioid use.
- ✓ Health benefits navigation and enrollment (e.g., Insurance navigation, enrollment, and utilization).
- ✓ Appropriate supportive and social services, such as food banks and food programs, Supplemental Nutrition Assistance Program (SNAP), housing programs, employment services, or other services that address social determinants of health.

- Transportation support, including, but not limited to accompanying clients to appointments and providing transportation vouchers (e.g., bus passes, cab vouchers).
- Timely, routine follow up with clients, as necessary.
- Development or enhancement of systems for assisting clients with navigating services (obtaining necessary information, support, and skills to access complex medical systems).
- Condoms provided to 100% of priority population members who are sexually active and for whom condoms are appropriate (see note on condoms below in section 2.3).

Syndemic Service Navigation Outcomes

- # and % of navigation clients linked to PrEP or nPEP
- # and % of navigation clients linked to STI treatment (GC/CT, Syphilis)
- # and % of navigation clients linked to viral hepatitis treatment
- # and % of navigation client linked to services to address substance use (e.g., SSPs, substance use treatment services)
- # and % of navigation clients linked to mental health counseling or other services
- # and % of navigation clients linked to other supportive services (housing, employment, mental health services, insurance/benefits programs.

Program Requirements

- Partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional health and support services as needed or requested by priority populations. (See Scope of Work checklist in Exhibit J for details on MOUs/MOAs required. Note that some formal partnerships may be discussed/developed in contract negotiations with the apparently successful applicants.)
- Gather client satisfaction and feedback data to ensure service provision aligns with client needs and that program uses client feedback to better meet client needs.
- Develop strategies to collect and report any required syndemic navigation data variables to DOH, documenting client-level services provided including referral outcomes, services provided, and materials distributed. (Note: Syndemic navigation services cannot be delivered anonymously, as some information is needed to facilitate necessary follow-up and care.)
- Participate in DOH trainings and capacity building activities for staff providing syndemic navigation services.

Priority Populations

Priority populations for service navigation include:

- People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region.
- Men who have sex with men.
- Gender expansive/transgender individuals.
- People who use drugs.
- People engaged in sex work

Service Definitions and Data Tracking

Syndemic Service Navigation Service Definitions

Below are definitions for syndemic navigation service options from the Provide multi-select menu under 'Progress Log'

PrEP Services Cascade

- **PrEP Linkage OR Link to PrEP Provider (Confirmed)**
  - Successful linkage of client of client to PrEP Provider. *Note: this must be confirmed by client or provider.*
- **PrEP Rx Obtained (Confirmed)**
  - Client obtained PrEP prescription from Provider. *Note: this must be confirmed by client or provider.*
- **PrEP Initiated (Confirmed)**
  - Successful initiation of PrEP by client. *Note: this must be confirmed by client or provider.*

Referrals & Linkages

- **Linkage to Other Supportive Services- STI Treatment**
- Confirmation that linkage was made to STI treatment services. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- AVH Treatment/Care**
  - Confirmation that linkage was made to AVH treatment or care. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Gender Affirming Care**
  - Confirmation that linkage was made to services related to the provision of gender affirming care. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Food & Nutrition**
  - Confirmation that linkage was made to services related to food and nutrition. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Harm Reduction Services**
  - Confirmation that linkage was made to harm reduction services. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Sexual Health Education**
  - Confirmation that linkage was made to services related to the provision of sexual health education. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to PAHR Services (Negative)**
  - Confirmation that after an HIV Test event that has a negative outcome, the client wishes to continue to access additional prevention-focused services offered at your agency or a partner agency (navigation, condoms, testing reminders, etc).
- **Linkage to Case Management (Positive)**
  - Confirmation that after a HIV Test event that has a positive outcome, the client is connected with case management services at an agency offering case management services.
- **Linkage to Medical Care**
  - Confirmation that linkage was made to a primary care provider. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Substance Use**

- Confirmation that linkage was made to supportive services that provide support related to substance use. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*

- **Linkage to Other Supportive Services- Housing**
  - Confirmation that linkage was made to supportive services that provide support related to housing. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Mental Health Services**
  - Confirmation that linkage was made to supportive services that provide support related to mental health. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Culturally-Specific Services**
  - Confirmation that linkage was made to culturally supportive services. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*
- **Linkage to Other Supportive Services- Employment Resources**
  - Confirmation that linkage was made to supportive services that provide support related to employment. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*

Additional PrEP & Insurance Navigation Services

- **PrEP Education—Individual**
  - Provision of individual level PrEP education activity.
- **PrEP Navigation—Risk Assessment**
  - Completion of a risk assessment with client including the completion of the Standardized PrEP Screening Tool and the input of client level data into Provide.
- **PrEP Navigation—Action Plan *(before Rx filled)***
  - Development of an Individualized Service Plan with a client ***before*** they are linked to PrEP and fill their prescription.
    - *If service plan extends after client fills PrEP Rx, service becomes categorized as PrEP Retention.*
- **PrEP Navigation—Adherence Counseling *(before Rx filled)***
  - Provision of assistance with a client in developing strategies to prepare for a daily PrEP regimen ***before*** they are linked to PrEP and fill their prescription.
    - *If adherence counseling is discussed AFTER a client's linkage to PrEP and filling a prescription, service becomes categorized as PrEP Retention.*
- **PrEP Navigation—Benefits Navigation**
  - Provision of assistance with a client in enrolling or utilizing PrEP benefits including, but not limited to, PrEP DAP, Gilead Advancing Access Co-Pay Program, Patient Assistance Network.
- **PrEP Retention—Adherence Counseling *(after Rx filled)***
  - Provision of assistance with a client in adhering to daily PrEP regimen ***after*** they are linked to PrEP and fill their prescription.
    - *If adherence counseling is discussed prior to a client's linkage to PrEP and filling a prescription, service becomes categorized as PrEP Navigation.*
- **PrEP Retention—Action Plan *(after Rx filled)***
  - Development of an Individualized Service Plan with a client ***after*** they are linked to PrEP and fill their prescription.

- *If service provision happens prior client's linkage to PrEP and filling a prescription, service becomes categorized as PrEP Navigation.*

- **PrEP Retention-- Linkage to Other Supportive Services *(after Rx filled)***
  - Development of an Individualized Service Plan with a client ***after*** they are linked to PrEP and fill their prescription that includes supporting client linkage to other supportive services.
- **Insurance Education—Individual**
  - Provision of individual level insurance education activity for clients who may acquire HIV or STIs.
- **Insurance Enrollment**
  - Provision of insurance enrollment assistance to a client who is currently uninsured and who may acquire HIV or STIs
- **Insurance Utilization**
  - Provision of assistance in supporting the use of a client's health insurance benefits for clients who may acquire HIV or STIs. This can include things like working with a client to determine cost of an insurance benefit or assistance in finding an in-network primary care doctor.
- **Insurance Navigation/Coordination**
  - Insurance navigation must include the development of an individualized service plan with a client who may acquire HIV or STIs.
- **Sexual Health Education Support**
  - Provision of individual level sexual education activity for clients who may acquire HIV or STIs.
- **Transportation Support**
  - Provision of transportation support to a client accessing navigation services to ensure they are able to access necessary services. *Note: please provide details of support provided 'Brief Description' box in Progress Log.*

Active Referral Definition

WA DOH follows the CDC definition of 'active referrals'. An active referral involves efforts beyond passive referral, in which the individual is only given contact information for the service(s) and is left to make their own contact. There are varying types of active referral. Active referral may include but is not limited to activities for the client such as: making appointments, providing transportation, using a case manager or peer navigator to help with access to services, providing the organization to which the client is referred with information collected about the client (including the professional assessment of the client's needs), a "warm handoff" – such as a 'live' three way conversation (individual/organization making the referral, individual/organization receiving the referral, and the client) – in person or by telephone – in which the client is introduced, and providing explanations about what has already been done to assist the client and reason for referral.

Provide Guidance

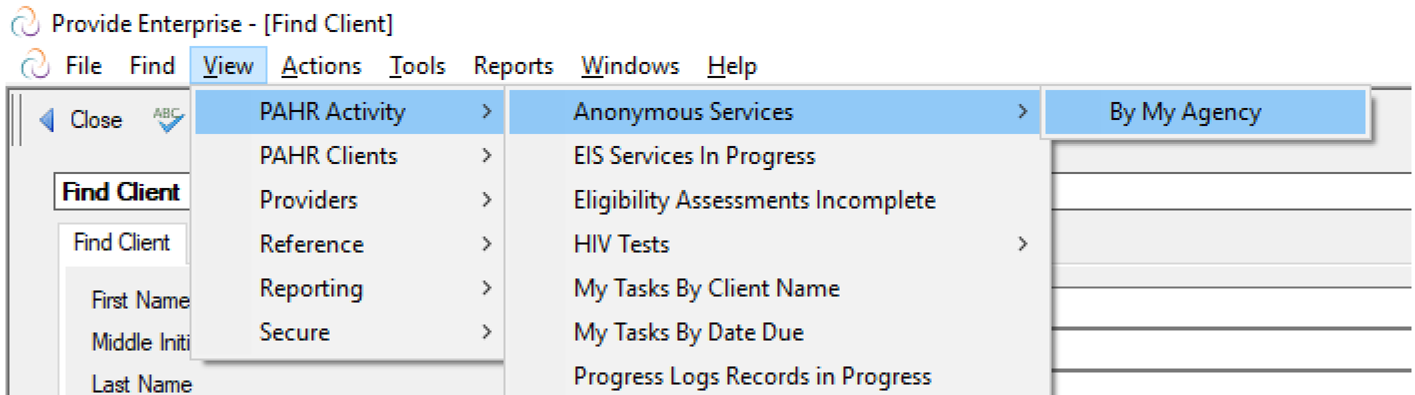
This is a high-level overview of the core functions of Provide for our syndemic-focused prevention services. This is made to be a refresher for those who have been trained to use Provide. For a more in-depth review of Provide, please access the full PAHR Provide Manual or Provide training videos. These can be found on the Provide Dashboard. Note: PAHR in Provide refers to Prevention And Harm Reduction (PAHR) Services

Provide- Anonymous Services

Anonymous Services is used to track services that do not require the collection of individual level client information and registration in Provide. These services include Reach & Condom Distribution.

To Access:

View→PAHR Activity→Anonymous Services→By My Agency



Use tabs at top of page to create a **Condom Distribution or Reach** entry. All entries will be listed on this main screen. Columns may be arranged or organized how you want.

Provide Enterprise - [PAHR Activity\Anonymous Services\By My Agency]

File Find View Actions Tools Reports Windows Help

Close | Create Condom Distribution | Create Light Touch | Create Reach

Service Date	Record Type	Status	Funding Source	Category	Primary Service	Secondary Service	Count	Comments
2020/12/02	Condom Distrubition	Completed		School/College/University			10000	
2020/12/02	Light Touch	Completed	Ryan White Part A	Park	HIV Test Encounter	HIV Test Result- Negative	1	
2020/12/02	Light Touch	Completed	State General Fund	Park	PrEP Education - Individual	STD Test Referral	1	
2020/12/02	Reach	Completed	State General Fund				15	Will return next month (January)
2020/12/01	Condom Distrubition	Completed		PrEP Outreach Event			10000	Follow up with organizers in 4 weeks

Condom Distribution

Select **Condom Distribution** tab. Complete all fields with * before submission. Comments section can include additional detail about condom distribution event.

Provide Enterprise - [PAHR Condom Distribution]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Condom Distribution

PAHR Condom Distribution

Status	*	In Progress
Category	*	
Venue	*	
Number Condoms	*	
Number Supplies	*	
Comments		

Reach

Select **Reach** tab. Complete all fields with * before submission. Hit **Complete** when finished. Comments section can include additional detail about Reach session. Comments section can include additional detail about Reach session (eg: high level demographic information, any meaningful encounters, etc).

Provide Enterprise - [PAHR Reach]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Reach

PAHR Reach

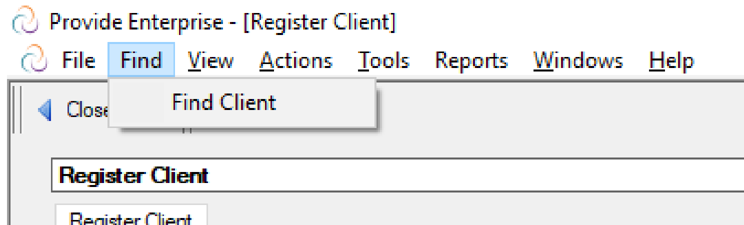
Status	*	In Progress
Funding Sources	*	
Category	*	
Venue	*	
Number Attendees	*	
Service Category	*	
Comments		

Provide- Find Client

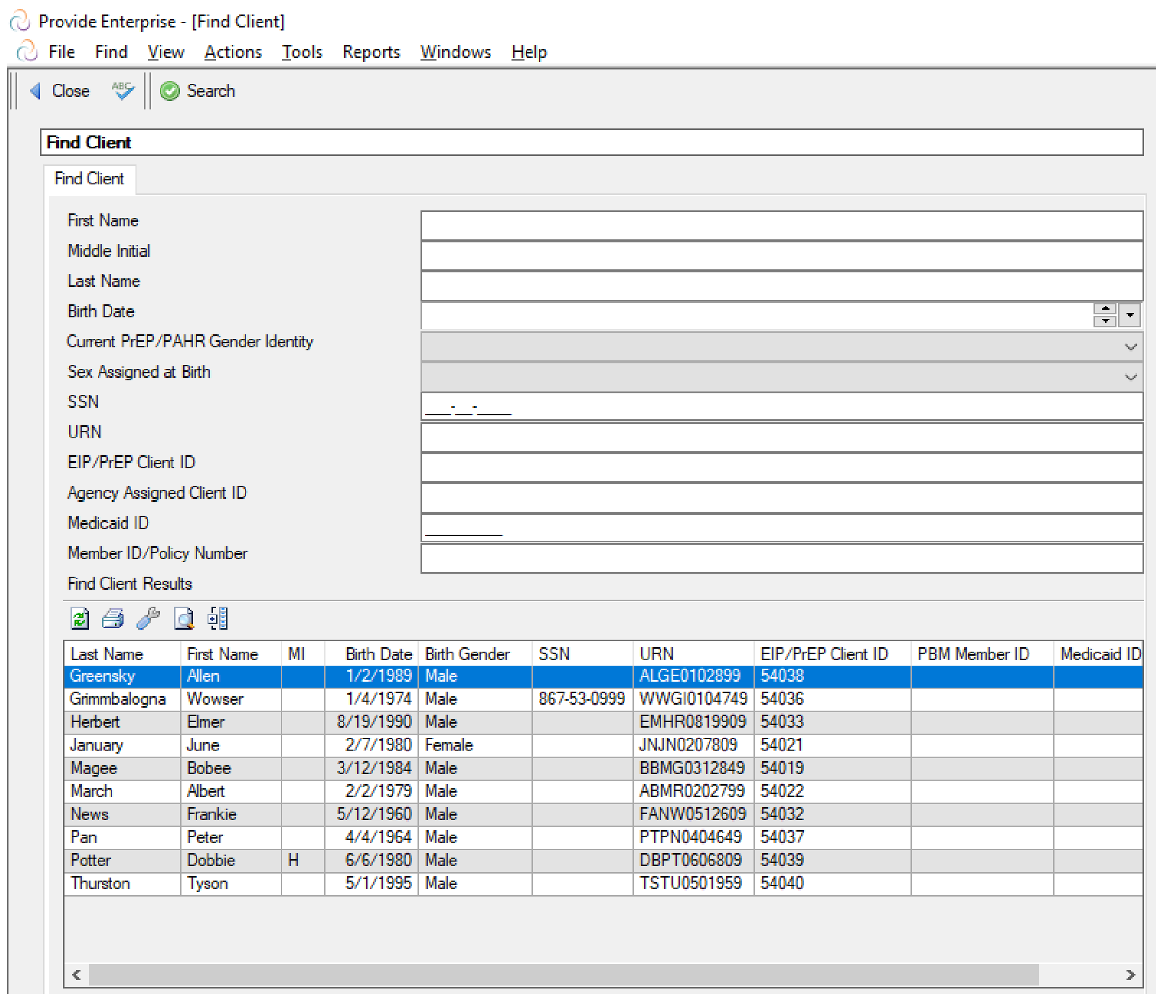
This should be the default home screen. You can use any of the fields below to search for a client.

To Access:

Find→Find Client



- Clients that meet search criteria will show up on the bottom of the screen.
- To open a client profile, double click on the client in the drop down list.
- You are only able to see clients at your agency.



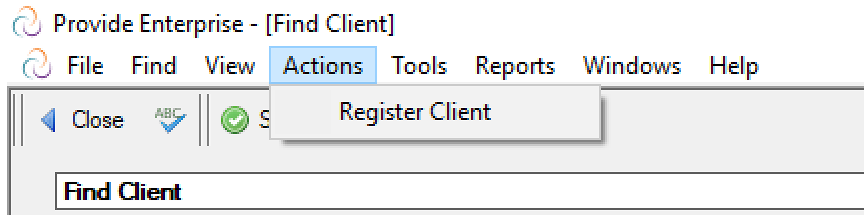
Last Name	First Name	MI	Birth Date	Birth Gender	SSN	URN	EIP/PrEP Client ID	PBM Member ID	Medicaid ID
Greensky	Allen		1/2/1989	Male		ALGE0102899	54038		
Grimmbalogna	Wowser		1/4/1974	Male	867-53-0999	WWGI0104749	54036		
Herbert	Elmer		8/19/1990	Male		EMHR0819909	54033		
January	June		2/7/1980	Female		JNJN0207809	54021		
Magee	Bobee		3/12/1984	Male		BBMG0312849	54019		
March	Albert		2/2/1979	Male		ABMR0202799	54022		
News	Frankie		5/12/1960	Male		FANW0512609	54032		
Pan	Peter		4/4/1964	Male		PTPN0404649	54037		
Potter	Dobbie	H	6/6/1980	Male		DBPT0606809	54039		
Thurston	Tyson		5/1/1995	Male		TSTU0501959	54040		

Provide- Client Registration

Each new client in Provide needs to be registered first. Registration can be completed by submitting * fields. However, it is encouraged that you collect as much information as possible at time of registration. Required fields for registration: Legal First Name, Legal Last Name, Birth Date, Gender Identity, Sex at Birth, HIV Status, County, and State.

To Access:

Actions→Register Client



Provide Enterprise - [Register Client]

File Find View Actions Tools Reports Windows Help

Close Register Client

Register Client

Register Client

Legal First Name *
Legal Middle Initial
Legal Last Name *
Birth Date *
Current Gender Identity *
Sex Assigned at Birth *
Social Security Number
Current HIV Disease Stage *
Primary Language
Preferred Written Communications Language
Housing Type
Street Address 1
Apt / Lot / Floor
State * WA
County *
City *
Zip Code
Primary Phone
Secondary Phone
Okay to Leave Voice Mail?
EIP/PrEP Client ID 54042
Agency Assigned Client ID

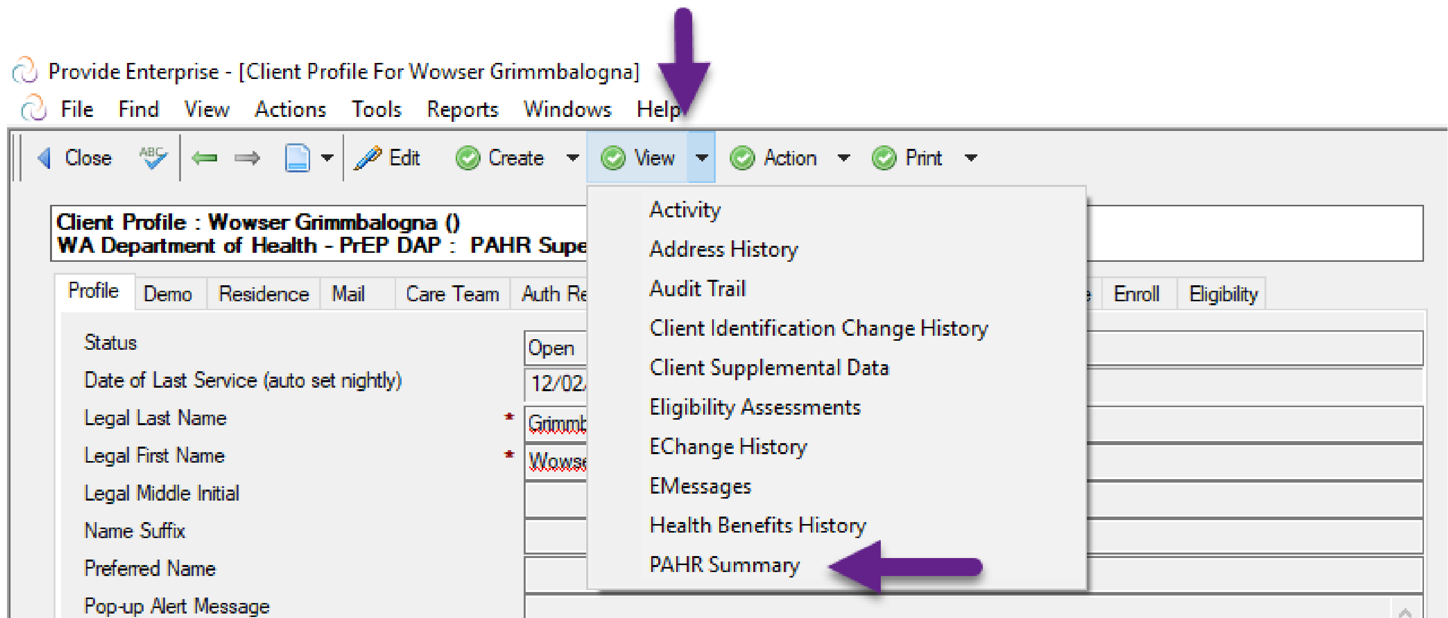
- Once client data has been entered, select **Register Client** at the top of the registration form

Provide- PAHR Summary

This will be where most of your client tracking will take place. From the client profile, choose **View**. Then choose **PAHR Summary** at the bottom of the drop down.

To Access From Client Profile:

View→PAHR Summary



Prevention & Harm Reduction (PAHR) Summary Home

This is where you will access the majority of your client tracking tools related to Prevention Navigation. Here you can complete access **Progress Logs**, which includes **Services Provided**, **Appointments**, **Referrals**, and **Test Results**.

Provide Enterprise - [View PAHR Summary For Wowser Grimmbalogna]
File Find View Actions Tools Reports Windows Help
Close

View PAHR Summary : Wowser Grimmbalogna ()
Test Agency - PAHR Services - PAHR SuperUser 1/test [12/09/2020]

Intake Screening Followup | Progress Logs - Services | Appts - Referrals | Test Results | Medications

PAHR Intake Assessments

Add PAHR Intake Assessment

Date	Status	Completed By Agency	Deleted?
2020/12/02	Completed	Test Agency	N
2020/12/01	Completed	Test Agency	N
2020/11/25	Completed	Test Agency	N

PAHR Screenings

Add PAHR Screening

Date	Status	Provider Agency	Baseline?	PrEP Eligibility Determination	Deleted?
2020/12/02	Completed	Test Agency	Yes	PrEP Recommendation	N
2020/12/01	Completed	Test Agency	Yes	PrEP Recommendation	N
2020/11/25	Completed	Test Agency	Yes	PrEP Recommendation	N

PAHR Follow Ups

Add PAHR Follow Up

Date	Status	Provider Agency	Follow Up Type	Deleted?
2020/12/02	Completed	Test Agency	2 Weeks	N
2020/12/02	Completed	Test Agency	1 Month	N
2020/12/01	Completed	Test Agency	2 Weeks	Y

- PAHR Intake & Screening are required for all PrEP Navigation clients. PAHR Follow Up is required for Recommendation clients and is suggested for Consideration clients.
- **PAHR Intake** includes basic demographic information.
- **PAHR Screening** identifies client's eligibility and risk criteria and assigns them as a Recommendation, Consideration, or Other PAHR Services client.
- **PAHR Follow Up** includes routine follow up questions for Recommendation clients (or other clients that you want to support with a routine follow up schedule)

PAHR Intake- Demographics

Provide Enterprise - [PAHR Intake Assessment For Aaaron Aaardvark]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Intake Assessment : Aaaron Aaardvark ()
AIDS Healthcare Foundation - PAHR Services : DOH\mxb8303 [04/10/2019]

Main | Demographics | Address | Income | Benefits | Insurance

Demographics

Race - Check all that apply
- [ ] American Indian/Alaska Native
- [x] Asian
- [ ] Black or African American
- [x] Native Hawaiian/Other Pacific Islander
- [ ] White

Asian
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other

Native Hawaiian Pacific Islander
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander

Ethnicity: Hispanic

Ethnicity - Hispanic
- [ ] Mexican
- [x] Puerto Rican
- [ ] Cuban
- [ ] Other

Veteran?: No

Primary Language: English

Preferred Written Communications Language: English

- Race- Multiselect option. Select all that apply.
  - If Asian, country of origin options will become available.
  - If Native Hawaiian Pacific Islander, country of origin options will become available
- Ethnicity- Hispanic of Non-Hispanic options.
  - If Hispanic, country of origin options will become available.
- Veteran Status- Optional
- Primary Language- English or Spanish
- Preferred Written Communication- English or Spanish
- Be sure to hit **Complete** when finished.

PAHR Intake- Address

Close | Complete

PAHR Intake Assessment : Aaaron Aardvark ()
AIDS Healthcare Foundation - PAHR Services : DOH\mxb8303 [04/10/2019]

Main | Demographics | Address | Income | Benefits | Insurance

Field	Value
Apt / Lot / Floor	Apt 6
State	WA
City	Seattle
County	King
Zip Code	98112-____
Primary Phone	(360) 180-1180
Secondary Phone	(___) ___-____
Okay to Leave Voice Mail?	Yes

Mailing Address

Field	Value
Do you consent to receiving mail from the	Yes
Care Of Line	Aaarond Aaadrvark
Street Address	527 Malden Ave E
Apt / Lot / Floor	Apt 6
City	Seattle
County	King
State	WA
Zip	98112-____

EMessaging

Field	Value
Okay to Send Email?	Yes
Email Address	aaaron.aaardvark@gmail.com
EMail cc Recipient Address 1	
EMail cc Recipient Address 2	
EMail cc Recipient Address 3	
Okay to Send Text Messages?	Yes
Cell Phone Carrier	Verizon
Cell Phone with Area Code	360-810-1880

- Complete as much as possible in the address form.
- E-Messaging is optional but is helpful for ensuring correspondences with client align with their preferences and that these preferences are documented.
  - **Note:** currently test messaging functionality is not enabled. This field will be used to validate enrollment into WelTel.
- Be sure to hit **Complete** when finished.

PAHR Intake- Income

Provide Enterprise - [PAHR Intake Assessment For Aaaron Aaardvark]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Intake Assessment : Aaaron Aaardvark ()
AIDS Healthcare Foundation - PAHR Services : DOH\mxb8303 [04/10/2019]

Main | Demographics | Address | Income | Benefits | Insurance

Totals

Has Client shared Income Information?	Yes
...Type of income	Annual
Annual Income	$25,000.00
Client Federal Poverty Level%	200

- Income is self-reported by the client. No documentation is needed.
- Type of Income- Annual or Monthly
- Annual Income- Write in
- Client Federal Poverty Level %- Populated automatically based on Annual or Monthly Income entered.
- Be sure to hit **Complete** when finished.

PAHR Intake- Benefits

- Used to track Medicare and Medicaid enrollment. Be sure to hit **Complete** when finished.

Provide Enterprise - [PAHR Intake Assessment For Aaaron Aaardvark]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Intake Assessment : Aaaron Aaardvark ()
AIDS Healthcare Foundation - PAHR Services : DOH\mxb8303 [04/10/2019]

Main | Demographics | Address | Income | Benefits | Insurance

Medicare

Status	Active
Medicare Coverage *	Part A Only

Medicare Prescription Drug Plan (PDP)

Status	No Benefits

Medicaid

Medicaid Status?	Active
Medicaid ID Number	
Provider One ID	

PAHR Intake- Insurance

Used to track insurance status

Provide Enterprise - [PAHR Intake Assessment For Aaaron Aaardvark]

File Find View Actions Tools Reports Windows Help

Close Complete

PAHR Intake Assessment : Aaaron Aaardvark ()
AIDS Healthcare Foundation - PAHR Services : DOH\mxb8303 [04/10/2019]

Main | Demographics | Address | Income | Benefits | Insurance

Primary Private Insurance

Status	Active
Policy Source *	Employer
Insurance Company Name *	Regence BlueShield
Policy/Plan Name *	Regence BlueShield - Employer Sponsored

- Policy Source: ACA Exchange, Employer, Individual
- Insurance Company Name: Pre-populates based on Policy Source
- Policy Plan/Name: Pre-populates based on Insurance Company Name
- Be sure to hit **Complete** when finished.

PAHR Intake- Insurance Options

Insurance options are pre-populated based on the available insurance plans in Washington. These will be updated regularly.

830:

Select From View

Please select item(s) from the view.

Activ

Empl

Carrier	Plan Name	Plan
Aetna	Aetna - Employer Sponsored	
Aetna	hljh	
Aetna	test	
Aetna	test	
Anthem Blue Cross	Anthem Blue Cross - Employer Sponsored	
Asuris Northwest Health	Asuris Northwest Health - Employer Sponsored	
Blue Advantage	Blue Advantage - Employer Sponsored	
BlueCross BlueShield	BlueCross BlueShield - Employer Sponsored	
Caremark	Caremark - Employer Sponsored	
Carpenters Health & Security Plan	Carpenters Health & Security Plan - Employer Sponsored	
CAS	CAS - Employer Sponsored	
CHAMPVA	CHAMPVA - Employer Sponsored	
Cigna	Cigna - Employer Sponsored	
Community Health Plan of Washington	CHPW - Employer Sponsored	
Employer Sponsored	Plan Name Unknown	
Essential Staffcare	Essential Staffcare - Employer Sponsored	
First Choice Health	First Choice Health - Employer Sponsored	
GPA	GPA - Employer Sponsored	

OK Cancel

PAHR Progress Logs

Progress logs is the primary place where you will track services provided for all clients.

To Create Progress Log:

Progress Log→Add Progress Log

Provide Enterprise - [View PAHR Summary For Wowser Grimmbalogna]

File Find View Actions Tools Reports Windows Help

Close

View PAHR Summary : Wowser G nbalogna ()
Test Agency - PAHR Services : HR SuperUser 1/test [12/09/2020]

Intake Screening Followup | Progress Logs - Services | Appts - Referrals | Test Results | Medications

PAHR Progress Logs

Add Progress Log

Date	Status	Provider Agency	Category	Service
2020/12/02	Complete	Test Agency	PAHR Services	Telephone Contact
2020/12/01	Complete	Test Agency	PAHR Services	EMail Contact
2020/12/01	Complete	Test Agency	PAHR Services	Face to Face Contact

All Progress Logs completed will show up on this page. You can access prior Progress logs by selecting from this list.

PAHR Services Provided

Services provided is a multi-select box. You can select as many services as you supported a client in a single session. You can also track minutes with client; contact category; contract type. Description of a client session can also be added.

Note: for any linkage support provided, please include details of support (eg: location of linakge) provided 'Brief Description' box in Progress Log.

Provide Enterprise - [Progress Log For Aaaaron Aardvark]
File Find View Actions Tools Reports Windows Help
Close Complete Get Sample Text Link to Client Profile

Progress Log : Aaaaron Aardvark ()
Lifelong - PAHR Services : Michael Barnes/pahr [11/22/2019]

Summary Appointments Labs Referrals

Status * In Progress
Provider * Michael Barnes
Date * 11/22/2019
Minutes * 30
Contact Category *
Contact Type
Funding Source
Service(s)
Brief Description *
Full Description

Selector
Select the Service(s) completed during the Session

- HERR Session
- HIV Test
- HIV Test Referral
- Insurance Education - Group
- Insurance Education - Individual
- Insurance Enrollment
- Insurance Navigation/Coordination
- Linkage to Case Management (Positive)
- Linkage to Medical Care
- Linkage to Other Supportive Services - Culturally-Specific Services
- Linkage to Other Supportive Services - Housing Services
- Linkage to Other Supportive Services - Mental Health Services

OK Cancel

- Minutes: Enter number of minutes spent with client in session
- Contact Category:
- Contact Type:
- Brief Description: Free write

PAHR Appointments

Appointments can be track using the appointment tab. This is not a requirement but can help you support a client in providing appointment reminders or confirming whether a client attended an appointment.

Provide Enterprise - [Appointment For Aaaaron Aardvark]

File Find View Actions Tools Reports Windows Help

Close Save And Create Another Go to Client Profile

Appointment : Aaaaron Aardvark ()
Lifelong - PAHR Services : Michael Barnes/pahr [11/22/2019]

Appointment

Field		Value
Status	*	Scheduled
Type	*	
Provider Agency		
Appointment With		
Appointment Date	*	11/22/2019
Appointment Start Time		

PAHR Labs

Client self-reported labs can be tracked with the labs tab. This is not a requirement but can help you track whether clients self-report they are accessing routine HIV/STI screening appointments or to track testing that your agency provides a client. *Note: testing provided still needs to be documented in EvalWeb or through Provide→Testing.*

Provide Enterprise - [Test Result For Aaaaron Aardvark]
File Find View Actions Tools Reports Windows Help
Close Save And Create Another

Test Result : Aaaaron Aardvark ()
Lifelong - PAHR Services : Michael Barnes/pahr [11/22/2019]

Test Result | Attachments

Test Name	*	
Test Date	*	11/22/2019
Test Result Status	*	Final
Test Result Modifier	*	=
Test Facility		
Test Completed By		
Entry Mode		Manual

Test Result Comments

PAHR Referral

PAHR Referrals are used to track referrals to other agencies and resources. This will be a valuable tool when referring clients to other DOH-funded agencies using Provide (internal referrals). It can also be used to track referrals and outcomes to external resources (eg: behavioral health; social services; health benefits navigation). It is highly encouraged that you use the referral feature.

Provide Enterprise - [Referral For Aaaaron Aardvark]

File Find View Actions Tools Reports Windows Help

Close | Link to Client Profile | Submit

Referral : Aaaaron Aardvark ()
Lifelong - PAHR Services : Michael Barnes/pahr [11/22/2019]

Referral

Field		Value
Referral Status	*	Pending
Referring Person	*	Michael Barnes
Referral Date	*	11/22/2019
Eligibility Date Expire		12/21/2019
Referred Type	*	Internal
Referred To	*	
Referred for Service Type	*	
Referred To Assignee		
Referred for Service Description		
Date Check Back	*	12/22/2019
3 Month Status		
Housing Exit Outcome		
HousingPrior Living Situation		
Housing Referral Source		
Created By		Michael Barnes/pahr
Housing Referral Status		

Syndemic Prevention Services Portal

The Syndemic Prevention Services Portal is where you can access resources related to the implementation of Syndmeic Prevention Services. You can access guidance and training documents relevant to service implementation. These documents will be updated routinely.

URL: Office of Infectious Disease Syndemic Prevention Services | Healthier Washington Collaboration Portal (waportal.org)

Provide End-User Community Group Dashboard

The Provide Dashboard is where you can access all Provide resources. You can also request database changes, add users, and request new VPN accounts, and view video recordings of training content. This content will be updated regularly.

URL: PROVIDE User Community Group - Smartsheet.com

Provide End-User Community Group

ADAP (EIP)
Ryan White Part B Client Services (PLWH)
PrEP DAP
Medicaid Title XIX (PLWH)
Prevention Services (PAHR)
Ryan White Part A Client Services (PLWH)
Centralized Eligibility
HOPWA (PLWH)

HIV Care Services
HIV Care Services Manuals & Resources

Centralized Eligibility & Claims
Centralized Eligibility & Claims Resources

Quality Management
Quality Management Resources

HOPWA
HOPWA Manual & Resources

FY23-25 Syndemic Prevention Services Training Schedule

**note: training schedule is subject to change*

<u>Quarterly:</u>

Syndemic Service Navigator Learning Collaborative
Date: 4th Wednesday of March, June, September, December, March, June
Location: Virtual (Teams)

The **Syndemic Service Navigator Learning Collaborative** is an opportunity for navigators and program managers to connect with other navigators outside of their respective agencies to ask questions, learn about what other agencies are doing, and talk about challenges and successes in their work. DOH staff will also be on the call to provide input on a range of navigation specific topics and resources including things such as benefits navigation (PAPs, PrEP DAP), insurance navigation questions, and managing data collection. These calls will be driven by the navigators doing the Syndemic navigation work.

Syndemic Integrated Testing Learning Collaborative
Date: 4th Wednesday of April, July, October, January, April, July
Location: Virtual (Teams)

The **Syndemic Integrated Testing Learning Collaborative** is an opportunity for testers and program managers to connect with other testers outside of their respective agencies to ask questions, learn about what other agencies are doing, and talk about challenges and successes in their work. DOH staff will also be on the call to provide input on a range of testing specific topics and resources including things such as general DOH updates, test kit procurement, managing data collection, and reviewing statewide data. These calls will be driven by the testers doing testing work.