

Verified Medical Visit & Services for HIV-Positive Clients

GOAL: To ensure that all clients testing at publicly funded testing sites who receive an HIV-positive test result get into medical care and treatment.

I. OVERVIEW

The California Department of Public Health, Office of AIDS (CDPH/OA) highly values increasing access to quality medical care, treatment, and ongoing prevention services for those with a diagnosis of HIV infection. Therefore, CDPH/OA is emphasizing increased linkages to medical care and treatment for individuals who test positive in publicly funded HIV counseling and testing (C&T) sites. While a referral to medical care has always been a primary goal, CDPH/OA would now like test sites to verify that all clients who test positive get linked to an HIV care provider and actually get into medical care. CDPH/OA will be reimbursing for this service to ensure that as many HIV-positive clients as possible access medical care, so that they can receive appropriate medical evaluation and follow-up care. This can lead to improved health outcomes for clients and aid in further reducing the spread of HIV.

Services for HIV-positive clients

At a minimum, all clients who receive an HIV-positive test result will be given a referral to medical care, in addition to other appropriate support and social services, including partner counseling and referral services (PCRS). For clients that do not already have a medical provider, CDPH/OA test sites will provide a referral to a primary care physician, medical provider specializing in HIV or Infectious Diseases, a Title III Care Program, Early Intervention Program, etc.

As much as possible, the client will be linked to the medical care referral and follow up will be made by test site staff or HIV Coordinator to verify that the client entered medical care or saw a medical doctor, nurse practitioner or physician's assistant. Specifically, "medical care" is defined as seeing a medical provider and receiving further diagnostic testing so that the results of those tests can be discussed and an informed decision made on further HIV care and treatment options.

HIV-Positive Referrals & Services: Definitions

- A. Non-medical/psychosocial referral - Test sites should have referrals for support and social services available for clients who test HIV positive. This is considered an "HIV-positive referral" reimbursed at \$20. (Note: Sites will only be reimbursed \$20 for one or more referrals indicated on the Counselor Information Form (CIF).)
- B. Medical care referral - Test sites must identify at least one agency or provider to refer clients that test HIV-positive when a client does not already have an established medical provider. This must be an agency or provider that will perform further diagnostic testing. This is also considered an "HIV-positive referral" reimbursed at \$20. (Note: Sites will only be reimbursed \$20 for one or more referrals indicated on the CIF.)
- C. Verified medical visit - Test site staff is able to verify and document that a linkage to medical care was made and the client was seen by a medical doctor, nurse

practitioner or physician's assistant for medical care assessment or evaluation. A client self-reported confirmation that they went to the medical visit will be reimbursed at \$80. Additionally, HIV Coordinators who work with the CDPH/OA Surveillance Coordinator in their local health jurisdiction (LHJ) to develop a process to verify that clients who test HIV positive went to their medical visit will also be reimbursed at \$80. Finally, verification that is done by or between the test site and the provider or referral agency either verbally or through a written process will be reimbursed at \$120.

II. Verified Medical Visits: SITE PROCESS

The process of **verifying that HIV-positive clients enter medical care** will be determined locally and described to CDPH/OA in a scope of work. CDPH/OA can assist LHJs in developing the process and share possible options.

There are several ways in which test sites may choose to establish the process for verifying HIV-positive client medical visits. The process a site uses will likely be a function of the size of the LHJ, the relationships that exist between the HIV C&T site and other providers, the overall number of HIV-positive clients generally tested, and the systems already in place for assisting positive clients into medical care.

The following are guidelines to follow to assist in the process.

A. "Consent to Test for HIV" Form

Language similar to the following must be added to the "Consent to Test for HIV" Form:

"In the event that I miss a follow-up appointment or need to be informed about important information regarding my health status, I consent to be contacted by (AGENCY) or a healthcare follow-up specialist on (AGENCY'S) behalf from the Department of Public Health. I also understand that this person will provide me with additional support regarding linkage to medical care."

Always obtain the most comprehensive client contact information possible at the beginning. Document name, address, email, telephone number, sleeping or hang out location (if client is homeless), and any other relevant information to assure the best possible follow-up for the client. Try to at least get the name and phone number in the beginning, and then more information following the disclosure if it is not possible to get all the information up-front. Especially with after-hours testing, getting good contact information for the client is crucial, so test site staff are able to follow up during normal business hours at the medical referral site.

B. Linkage to medical care

➤ **Offer to help link client to medical care**

Things to be considered:

- Has the client received a preliminary-positive rapid HIV result and provided a confirmatory sample?
 - a. During the session when a client receives a preliminary HIV positive result and has submitted a confirmatory sample for further testing, the test site may offer and assist with a referral to additional testing and medical services.
 - b. If the client successfully attends the referral and it is verified by the client or the provider, the test site will be reimbursed accordingly.
- Has the client received a standard HIV-positive test result or a confirmed positive rapid test result?
- Does the client already have private medical insurance?
- Does the client have a primary medical provider/clinic?
- If the client does not have medical insurance or a primary medical provider, is there a specific medical clinic/provider where the client would prefer to go for medical care?
- If the client does not have medical insurance or a primary medical provider, and does not have a medical clinic/provider that they prefer to go to, the test site will have a referral to additional testing and medical services available for the client.
- The “Release of Information Form (ROI)” described below is necessary. With any referral to medical care, it is the policy of CDPH/OA to have a “Release of Information Form” completed.

➤ **“Release of Information” Form**

If a client reports to the test site that they plan to see a medical provider outside of the Health Department, whether through their private medical insurance, or through a referral of the test site:

1. Test site should request consent from the client to contact their provider and, if needed, request the provider’s contact information.
2. The client is also asked to sign a “Release of Information” saying the client allows their physician or medical provider to inform the test site that they accessed or received medical care services (for their HIV diagnosis) and the date of visit/service. The test site will then be able to follow-up with the client’s medical provider or physician.
3. Client signs the “Release of Information (ROI)” Form before leaving the HIV test site. Client is given the original ROI Form, brief written instructions for the medical provider to return the ROI Form with documentation that the client attended their medical visit, and a return envelope properly addressed to the test site staff person or LHJ HIV Coordinator responsible for follow-up. The test site should keep a signed copy of the ROI Form.
4. Client is given verbal instruction to request that the medical provider or agency complete the remainder of the form and return it to the HIV test site

- using the envelope provided. A confidential fax number may also be included on the form.
5. Medical provider complies and returns the completed form via postal mail or confidential fax. If medical provider fails to return the form, then HIV test site staff or the LHJ HIV Coordinator should follow-up with medical provider. The copy of the signed ROI Form retained at the test site may be faxed to the provider if necessary (i.e., client lost their copy or forgot to bring it with them to their visit.)
 6. Test site staff can then verify that the client received services. This documentation must ultimately be stored at the test site in a secure location.

IMPORTANT: *The HIV Coordinator must ensure that any forms created are in compliance with HIPAA. Additionally, maintaining confidentiality must be of paramount importance. Use of fax machines for exchanging information requires that the receiving fax machines are kept in a secured location and limited to only those personnel that are required to receive the information. Information exchanged via postal mail service must be marked “Confidential” on the envelope. Information exchanged via email between test sites and providers that are not part of the same “in-house” care program must be encrypted prior to sending.*

➤ **Attempt to make a medical appointment on the spot**

1. Contact a point person identified at the medical care provider to get the client in as soon as possible.
2. If the point person is not there, leave a message and contact the front office staff to schedule an appointment. If you have a “Release of Information” form signed from the client, leave your contact information as well as the client’s, so that you can stay informed of what is going on and continue to assist if necessary.

IMPORTANT: If client is not ready to make a medical appointment, ask if you may contact the client thirty days later just to ‘check in’. At that point, you can see if the client has had follow-up medical care. If not, then attempt to link client again at that time.

➤ **Give the client the HIV C&T test site contact information and the toll-free AIDS Hotline/Nightline phone numbers.** This should be provided at a *minimum*, to all clients, even those with providers.

➤ **Give client a list of medical providers and agencies identified to refer clients that test HIV-positive.** These must be agencies or providers that will perform further diagnostic testing. Always offer that the list can be used for future reference even if not currently needed.

➤ **The test site should attempt a minimum of three contacts with the client after the disclosure session regarding assistance into medical care. “Contacts” are defined as direct face-to-face or phone conversations**

between the test site staff person and the client. Leaving messages is not considered a contact and should not be done.

Options for following up include:

1. Designate a counselor, a test site coordinator or other qualified staff (e.g., case manager) to contact clients and verify they received medical care.
2. If the test site does not have the capacity to follow-up with HIV-positive clients, send all contact information and consent forms to the LHJ HIV Coordinator and have the HIV Coordinator follow-up on HIV-positive clients on the test site's behalf.
3. If the client refuses contact after the first or second attempt, call your local HIV Care site and ask for a staff worker, such as a BRIDGE worker, case manager or other qualified staff person who can assist with contacting the client and helping them into medical care.
4. After three contact attempts, with no success to speak with or even locate the client, create a process to further evaluate and/or close out each case.
5. In the event further assistance is needed, contact your HIV Counseling and Testing Program Consultant at the State Office of AIDS.

C. Verification Process Styles: How verification might occur

OA has identified three main process styles for verifying medical visits: 1) in-house or simple, 2) active, and 3) passive.

Option 1: In-house or simple verification

If a client is being referred to a care agency within the Health Department or "in-house" care program, and it is acceptable in the LHJ to share information regarding patient care, the process may be simpler due to established relationships or linkages already in place.

- If the medical visit is to an "in-house" medical care program (i.e., care services are offered within the same agency as the HIV testing program), there may not be a need for a client "release of information" form. Staff from the same agency may be able to discuss client care without a consent form. This should be confirmed with the Local Health Officer.

Option 2: Active verification

If a client is being referred to a medical provider that is not part of the LHJ care agency or "in-house" care program, the process will involve some additional steps to be developed.

3. As stated above, the name of the medical provider or clinic should be requested.
- Client is given a "Release of Information" Form, brief written instructions for the medical provider to return the ROI Form with documentation that the client attended their medical visit, and a return envelope properly addressed to the test site staff person or LHJ HIV Coordinator responsible for follow-up. The test site should keep a signed copy of the ROI Form. See Section B. for more information.

Option 3: Passive verification

Passive verification would happen when a “Release of Information” Form is not completed at the test site. This may occur if the client does not disclose where they will receive medical care.

Request of information from medical provider:

A cover letter, “Medical Care Referral Form” and a copy of the client’s HIV test results can be put in a properly labeled, addressed and postage paid envelope with instructions for the client to give the envelope to their medical provider at their first visit for HIV treatment. The cover letter can include language such as:

“In an effort to ensure better community health through individual health, the County Health Department, HIV Counseling and Testing Program is working with providers to verify that individuals are receiving the HIV services that are needed. The attached form is to verify that the named individual has sought care for their HIV diagnosis. We are asking providers to please take a moment to fill out the “Referring Provider” area of the attached form and return it in the postage paid envelope or via the secure fax machine number “FILL IN FAX NUMBER”. “

The letter should be signed by the Medical Director of your LHJ. The counselor should still request permission to follow up with the client in a few weeks. The agency providing the client medical care would be responsible for ensuring that proper procedures were followed before releasing client information to the test site.

Surveillance Coordination

With written documentation from the Local Health Officer, LHJs may utilize resources available through local Surveillance data to verify that clients have received HIV medical care. It is requested that any referral provided to the client include the OA ID number so that the information can eventually be connected back to the fact that the client came from a C&T test site. Additionally, test providers may complete the green case report form (CDPH 8641) and submit this to the medical referral provider. This process must be described in the scope of work, and signed permission from the Local Health Officer on agency letterhead must be retained by the HIV C&T Coordinator.

D. Verified medical visits for ANONYMOUS testing HIV-positive clients

Anonymous HIV test sites can only verify medical visits for clients testing HIV-positive by offering the following:

1. Find out if client already has a primary medical provider/clinic. Offer client to test confidentially with their own physician or provider and have a system in place to follow up or exchange information about the client using the unique OA ID number on any exchange of information.
2. Ask the client if they are willing to provide their name at this point so that they can convert their result to confidential testing and receive follow-up services.
3. If the client is unwilling to provide a name, a medical referral can still be provided and the OA ID number from the CIF should be included on the

referral. “Anonymous” can be written in for the name. Matching of the Surveillance and HIV C&T data using the OA ID at a later date can confirm whether the client attended the medical referral.

III. DOCUMENTING SERVICES

A. Minimum data collection requirements & record-keeping

1. LHJs may develop their own data collection form or use the template provided by CDPH/OA (see sample form). The minimum data that should be collected and documented by the test site when verifying a medical visit in order to qualify for reimbursement include:
 - Client OA ID number
 - Client name
 - Date the client saw a provider
 - Name of medical service provider/referral agency
 - Contact information (address/phone) of medical service provider
 - Signature of person at test site who documented the verified medical visit occurred
2. Any paperwork, documents or forms that are developed and used to verify linkage to medical visits for clients who test HIV-positive should be kept on-site in a locked and secure storage area with other confidential client testing paperwork or forms (i.e., CIFs, lab slips, etc.) Like other C&T forms, the verified medical visit documentation form should be kept three years plus the current year for auditing purposes. At any time CDPH/OA can review the verified medical visit forms as part of program monitoring, evaluation or auditing of invoices.
3. Document on the Counselor Information Form that a verified medical visit occurred by locating the block titled “HIV Positive” on the bottom backside of the form. Then check the appropriate box under “HIV positive referrals” AND mark the appropriate box in the following fields: “Medical visit verified by client?” and “Medical visit verified by provider?”. Enter the date the client saw a provider in the designated boxes next to “Medical visit date”.

B. Non-verified medical referral

If a referral was provided to a client who tested HIV-positive but it was not verified, document that a medical care referral was provided to the client on the CIF by first locating the block titled “HIV Positive” on the bottom backside of the form. Then check the appropriate boxes under “HIV positive referrals” AND mark (0) No in the field “medical visit verified by client?” as well as (0) No in the field “medical visit verified by provider?”

If a client indicates that they have medical coverage and plan to visit their own private medical provider for follow up and care and the visit was not verified, please document this on the CIF in the block titled “HIV Positive” on the bottom backside of the form by

checking the box titled “Client plans to use own physician/health plan” AND mark (0) No in the field “medical visit verified by client?” as well as (0) No in the field “medical visit verified by provider?”

C. Support/social service referrals

Document any psychosocial referrals provided to the client on the CIF under blocks titled “HIV Positive” and/or “Referrals” on the backside of the form.

IV. REIMBURSEMENT AND DATA ENTRY

Sites will be reimbursed \$20 for one or more social support referrals and/or medical care referrals that were not verified, but provided to clients who test HIV-positive. Medical referrals that have been verified through client self-referral or Surveillance data coordination will be reimbursed \$80. The corresponding information on the CIF for this reimbursement to occur is to indicate “Yes” next to the item “Medical visit verified by client?” and to include the date of the medical visit within the HIV Positive section on the backside. Medical referrals that have been verified by the test site through direct contact with the medical provider will be reimbursed at \$120. The corresponding item on the CIF for this reimbursement to occur is to indicate “Yes” next to the item “Medical visit verified by provider?” as well as the date of the medical visit within the HIV Positive section on the backside.

Since it may take several weeks to months for clients to complete their medical visit and then have their visit verified, it is advisable to place HIV-positive client CIFs in a tickler for future data entry. Once the verification is completed or the case has been closed due to non-compliance or other reasons, then the CIF testing data can be entered into CDPH/OA’s HIV testing data entry system.

IMPORTANT: All client data for a given fiscal year must be entered prior to generating the last supplemental invoice for that particular fiscal year. For example, prior to generating the September 2007 state data disk, all clients tested between July 1, 2006 and June 30, 2007 must be entered into the data system for reimbursement to occur. The deadline for any previous fiscal year data to be entered is November 14 of a given year. The system is programmed to automatically generate the last supplemental invoice for the previous fiscal year on November 15 if it has not been previously generated.