# Appendix LL: Guide to Care Coordination Forms

## Important Points

- Use the most recently revised Care Coordination Program forms. Refer to the Resources list below.
- Review instructions in the grey section header bar of each form. The instructions provide helpful and necessary guidance on completing the forms.
- Items in double bolded boxes are required for entry into eSHARE.
- Forms are shared by non-Care Coordination service categories.
  - Care Coordination should complete items with the *Service Category Code 1* (MCM) and *Service Category Code ALL*.
- To identify which questions are required for Care Coordination, find the data element requirement codes in the grey section header bar or to the left of individual questions.
  - Data Element Requirement Codes: $\boxed{1}$= *Required; 1= Optional*

## Key to Guide

| NAME OF FORM | |
|---|---|
| **Usage** | • Describes whether the form is REQUIRED or OPTIONAL |
| **Key Points** | • Describes highlights and important points |
| **Definitions** | • Defines terms related to the form |
| **Frequency** | • Describes when the form should be completed |
| **Staff Responsible** | • Describes which Care Coordination program staff is/are responsible for completing the form |
| **eSHARE Reporting** | • Describes the reporting requirements and how to enter the form/service into eSHARE |
| **Alternative Use** | • For the Adherence Forms only: Describes how the form may be used in other ways |
| **Payment Methodology** | • For the Services Tracking Log Form only: Describes which services count toward meeting the PMPD threshold |

## Resources

The current versions of the Care Coordination Forms can be downloaded from:

- eSHARE's Resources section (PDF)
- NYC DOHMH Care Coordination website (PDF and fillable PDF): http://www.nyc.gov/html/doh/html/living/hiv-care-coord-tools.shtml
- Public Health Solutions, Contractor Resources website (EXCEL Adherence Assessment Forms Assistance Tool; WORD Services Tracking Log): http://www.healthsolutions.org/hivcare/?event=page.resources

## PRE-REFERRAL FORM

| Usage | • This form is **OPTIONAL** and is not expected on every patient. |
|---|---|
| Key Points | • Use this form when the patient is referred to Care Coordination from a source other than the affiliated PCP. |
| Definitions | • Referral sources other than the affiliated PC could include:  Patient self-referral, HIV Testing program, social work department, in-patient and emergency departments, etc. |
| Frequency | • One time, prior to the initial PCP visit, pre-enrollment into Care Coordination. |
| Staff Responsible | • Any CC staff may complete the form. |
| eSHARE Reporting | • Form must be entered into eSHARE.<br>  o Pre-Referral Form<br>• No service corresponds to this form. |

## PCP REFERRAL DISPOSITION FORM

| Usage | • This form is **REQUIRED**. |
|---|---|
| Key Points | • PCP uses this form to document referral reason(s) and recommended track.<br>• PCP completes this form *after*:<br>  o Assessing the patient's eligibility for enrollment in Care Coordination<br>  o Obtaining verbal consent from the patient to enroll<br>• If the patient is referred to Care Coordination, then PCP hands-off this form and introduces the patient to CC staff (e.g. Care Coordinator or Medical Center Liaison). |
| Frequency | • One time, during the initial PCP visit, pre-enrollment into Care Coordination. |
| Staff Responsible | • PCP completes the form and hands-off to CC staff.<br>• CC staff receives and signs the form and documents the outcome of the referral. |
| eSHARE Reporting | • Form must be entered into eSHARE.<br>  o PCP Referral Disposition Form<br>• No service corresponds to this form. |

## RYAN WHITE PART A CARE COORDINATION PROGRAM AGREEMENT

| | |
|---|---|
| **Usage** | • This form is **REQUIRED**. |
| **Key Points** | • Completion of this form with the patient's signature is needed to begin providing services to the patient.<br>• Review the agreement verbally with the patient. |
| **Frequency** | • One time at referral and/or enrollment, or within five (5) business days of PCP referral and patient hand-off. |
| **Staff Responsible** | • Patient signature required.<br>• Any CC staff may complete the form:<br>    o Primary: Care Coordinator or Medical Center Liaison<br>    o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form must be entered into eSHARE.<br>    o Enrollment details screen: check the box for Program Agreement and enter the date of the signed form.<br>• No service corresponds to this form. |

## HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION AND CONFIDENTIAL HIV RELATED INFORMATION FORM

| | |
|---|---|
| **Usage** | • This form is **REQUIRED** for patients receiving services at multi-agency programs where the Care Coordination program is not part of the same agency as the medical provider. |
| **Key Points** | • Must be completed *prior* to receiving and/or providing medical information amongst programs that are not part of the same organization.<br>• Authorizes release of medical information including HIV-related information.<br>• Includes information that is specific to Care Coordination Programs. |
| **Frequency** | • Initial completion at time of referral and/or enrollment, or within five (5) business days of PCP referral and patient hand-off.<br>• Update when the time period expires. |
| **Staff Responsible** | • Patient signature required.<br>• Any CC staff may complete the form:<br>    o Primary: Care Coordinator or Medical Center Liaison<br>    o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form must be entered into eSHARE.<br>    o Enrollment details screen: enter the start date and end date.<br>• No service corresponds to this form. |

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## CONTACT INFORMATION FORM

| | |
|---|---|
| **Usage** | • This form is **OPTIONAL**. You may document contact information using your agency's form. |
| **Key Points** | • Ideally, collect contact information at the first meeting with the patient.<br>• Ask about "alternative contacts" and get as much information as possible. This will help your outreach efforts in case the patient does not return.<br>• Ask patient about whether you may disclose who you are or why you are calling to those listed as contacts. |
| **Frequency** | • One time at referral, enrollment or first meeting with CC staff.<br>• Update when contact information changes. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>    o Primary: Care Coordinator or Medical Center Liaison<br>    o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form is not reported in eSHARE.<br>• No service corresponds to this form. |

## LOGISTICS FOR NAVIGATOR FORM

| | |
|---|---|
| **Usage** | • This form is **OPTIONAL**. You may document logistics using your agency's form. |
| **Key Points** | • Ideally, collect contact information at the first meeting with the patient.<br>• Ask patient about their preferences in when and where to meet, medication storage, caregivers, confidentiality concerns, literacy level, etc.<br>• Aids in assigning a Patient Navigator to the patient. |
| **Frequency** | • One time at enrollment or first meeting with CC staff.<br>• Update when logistical information changes. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>    o Primary: Care Coordinator<br>    o Secondary: Patient Navigator (except for the section on navigator assignment) |
| **eSHARE Reporting** | • Form is not reported in eSHARE.<br>• No service corresponds to this form. |

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## COMMON DEMOGRAPHICS FORM

| Usage | • This form is **REQUIRED**. |
|---|---|
| Key Points | • Report the patient's legal name in the bolded boxes.<br>• Report other names including preferred names in the "Alias" section.<br>• Demographics must be entered into eSHARE before you are able to add the Care Coordination program enrollment and all other forms and services. |
| Frequency | • One time within the first two (2) weeks of enrollment.<br>• Update when demographic information changes. |
| Staff Responsible | • Any CC staff may complete the form:<br>  o Primary: Care Coordinator<br>  o Secondary: Patient Navigator |
| eSHARE Reporting | • Form must be entered into eSHARE.<br>  o Demographic Data screen: add or edit demographics<br>• No service corresponds to this form. |

## INTAKE ASSESSMENT FORM

| Usage | • This form is **REQUIRED**. |
|---|---|
| Key Points | • Required questions are preceded by Service Category code 1 or ALL<br>• The start date on the first page is the day you began the intake.<br>• The completed date on the last page is the day you completed all sections and signed the form.<br>• Complete the form using chart review and patient interview.<br>• PCP visit dates, CD4 and VL values that occurred BEFORE enrollment are reported on this form.<br>• **Questions in Section VIII "General Health and Well-Being" must be asked exactly as they are written**.<br>• To identify a patient dually enrolled in CC *and* COBRA or Health Homes, check the appropriate box in Section XI "Current Enrollments and Needed Referrals." |
| Frequency | • One time within the first two (2) weeks of enrollment. |
| Staff Responsible | • Any CC staff may complete the form:<br>  o Primary: Care Coordinator<br>  o Secondary: Patient Navigator |
| eSHARE Reporting | • Form *and* Service must be entered into eSHARE.<br>  o Intake Assessment Form: *After* this is entered in eSHARE, you are able to enter back-dated Forms/Services that occurred between Enrollment and Intake.<br>  o Services Delivered Form<br>    ▪ **Service Type**: "Intake Assessment"<br>    ▪ **Service Detail**: None<br>    ▪ **Service Site**: Should NOT be "Phone" |

## COMPREHENSIVE CARE PLAN FORM

| | |
|---|---|
| **Usage** | • This form is **OPTIONAL.** You may document the care plan using your agency's form. |
| **Key Points** | • Requires in-person participation from the patient and the PCP to create the initial and new care plans.<br>• Records the patient's goals (medical, social, other).<br>• Update the outcome dates and dispositions for each goal.<br>• UPDATE the Care Plan if there are minor changes/updates and if space remains on the form.<br>• Create a NEW Care Plan if there are significant changes/updates to the goals. |
| **Frequency** | • One time within the first two (2) weeks of enrollment.<br>• Ongoing, at least once every six (6) months. |
| **Staff Responsible** | • PCP and patient signatures are required.<br>• Any CC staff may complete the form:<br>    o Primary: Care Coordinator<br>    o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form is not reported in eSHARE.<br>• Service must be entered into eSHARE.<br>    o Services Delivered Form<br>        ▪ **Service Type**: "Care Plan/Service Plan"<br>        ▪ **Service Detail:** "Development of initial plan with this enrollment" for the first care plan, OR "Update to plan" for updating an existing plan, OR "Start of new plan (replacing last care/service plan)" for replacing the last care plan.<br>        ▪ **Service Site**: "Program site," "Patient home," "Other field site," and "Phone." |

## REFERRALS/APPOINTMENTS TRACKING LOG FORM

| | |
|---|---|
| **Usage** | • This form is **OPTIONAL.** You may document referrals using your agency's form. |
| **Key Points** | • Used to track referrals or appointments to PCP or external services providers (e.g. social services, mental health, etc.) |
| **Frequency** | • As needed. |
| **Staff Responsible** | • Any CC staff may complete the form. |
| **eSHARE Reporting** | • Form may be entered in eSHARE and may be linked with a Service.<br>    o Referral/Appointment Tracking Form: enter the referral/appointment details.<br>        ▪ To link the Form to a Service: Choose from a list of services entered in the last 6 months. A referral can only be associated with one service. |

## PCSM UPDATE FORM

| Usage | • This form is **REQUIRED**. |
|---|---|
| Key Points | • Collects information on PCP visits, CD4, VL, ART status, HIV and AIDS status.<br>• This form must still be completed even if there are no new data to report.<br>• If there are no new lab values, PCP visits or status changes to report, then select "N/A" for each section. |
| Frequency | • Ongoing, at least once every 90 days. eSHARE Services Delivered lockout occurs after 120 days. Refer to August 23, 2011 communication from DOHMH on PCSM Reporting for Ryan White Part A Contracts. |
| Staff Responsible | • Any CC staff may complete the form. |
| eSHARE Reporting | • Form must be entered into eSHARE.<br>    o PCSM Form (located under PCSM Patient Search)<br>• If you discuss PCSM updates with the patient, then a Service may be entered.<br>    o Services Delivered Form<br>        ▪ **Service Type**: "Medical Assessment/Reassessment"<br>        ▪ **Service Detail**: "Review of laboratory test values"<br>        ▪ **Service Site**: "Program site," "Patient home," "Other field site," or "Phone" |

## CURRICULUM COVERAGE LOG FORM

| Usage | • This form is **OPTIONAL**. You may track health promotion discussions using your agency's form. |
|---|---|
| Key Points | • Tracks the status of health promotion curriculum topics that you have started, continued, or completed. |
| Frequency | • As needed. |
| Staff Responsible | • Any CC staff may complete the form:<br>    o Primary: Patient Navigator<br>    o Secondary: Care Coordinator |
| eSHARE Reporting | • Form is not reported in eSHARE.<br>• No service corresponds to this form. |

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## ADHERENCE ASSESSMENT FORM

| | |
|---|---|
| **Usage** | • This form is **REQUIRED** for patients currently on ART.<br>    ○ Tracks B, C1, C2, and D |
| **Key Points** | • Documents patient's <u>**self-report**</u> adherence assessments.<br>• ART includes pills, liquids, and injectable medications.<br>• Used in preparation for a formal case conference.<br>• Used <u>in addition</u> *to* the Pill Box Log or Monthly DOT Log. |
| **Frequency** | • One time within the first two (2) weeks of enrollment.<br>• Ongoing, at least once every three (3) months. |
| **Staff Responsible** | • Any CC staff may complete the form. |
| **eSHARE Reporting** | • Form *and* Service must be entered into eSHARE.<br>    ○ Adherence Assessment Form **(ART only)**<br>    ○ Services Delivered Form **(ART only)**<br>        ▪ **Service Type:** "Other assessment/reassessment"<br>        ▪ **Service Detail:** "Adherence Assessment – self-report"<br>        ▪ **Service Site**: "Program site," "Patient home," "Other field site," or "Phone" |
| **Daily vs. Non-Daily** | • <u>Applies to all 3 adherence assessment forms</u>:<br>    ○ Adherence Assessment Form<br>    ○ Pill Box Log Form<br>    ○ Monthly DOT Log Form<br>• Use only ONE form (daily or non-daily) per adherence assessment per patient.<br>• **ART Daily Regimens Only:** This form is used for patients who are prescribed the same number of ART pills each day of the week.<br>• **ART Non-Daily Regimens Only:** This form is used for patients who are prescribed a different number of ART pills on different days in the week.<br>    ○ **NOTE:** If the patient is taking at least one Non-Daily ART in their regimen, then *use the Non-Daily form to document the entire regimen of daily and non-daily ARTs.* |
| **Alternative Use (for non-Pill Box usage)** | • May be used for patients in Tracks B, C1, and C2 who **do not** use a pill box.<br>• If used to replace the Pill Box Log, then the paper form and eSHARE entry must be completed at the frequency below:<br>    ○ **Track B:** At every Quarterly visit<br>    ○ **Track C1:** At every Monthly visit<br>    ○ **Track C2:** Once per month at one of the Weekly visits |
| **Alternative Use (for non-ART)** | • To document **non-ART** (i.e. psychotropic and OI prophylactic medications) adherence assessments for patients in any Track, it is optional to use this <u>paper form</u>.<br>• In eSHARE: *DO NOT* enter the Form for adherence % results. The **eSHARE Form is *only* for ART adherence.** |

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# PILL BOX LOG FORM

| | |
|---|---|
| **Usage** | • This form is **REQUIRED** for patients on ART who are NOT receiving DOT.<br>    ○ Tracks B, C1, and C2 |
| **Key Points** | • Used to document pill box counts **conducted by CC staff**.<br>• **Do NOT** use to document patient self-reported adherence status.<br>• ART includes pills, liquids, and injectable medications.<br>• Records pill box counts going back no more than four (4) weeks regardless of patient track.<br>• Blister packs may be used to measure adherence on Pill Box Log.<br>    ○ Empty packs must be reviewed to verify number of pills taken each day against number of pill prescribed each day. |
| **Frequency** | • **Track B**: At every Quarterly visit, review available pill boxes going back no more than four (4) weeks.<br>• **Track C1**: At every Monthly visit, review available pill boxes going back no more than four (4) weeks.<br>• **Track C2**: At every Weekly visit, review the pill box for the past week.<br>    ○ For Track C2, enter the adherence percentages calculated from the completed paper form into eSHARE only once per month. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>    ○ Primary: Patient Navigator<br>    ○ Secondary: Care Coordinator |
| **eSHARE Reporting** | • Form *and* Service must be entered into eSHARE.<br>    ○ Pill Box Log Form **(ART only)**<br>    ○ Services Delivered Form **(ART only)**<br>        ▪ **Service Type**: "Other assessment/reassessment"<br>        ▪ **Service Detail**: "Adherence Assessment – pill count"<br>        ▪ **Service Site** should NOT be "Phone"<br>        ▪ **NOTE**: This service summarizes the last four (4) weeks of pill box counts. This is NOT meant to capture each Weekly pill box count. |
| **Daily vs. Non-Daily** | • Refer to the ADHERENCE ASSESSMENT FORM section on "Daily vs. Non-Daily." |
| **Alternative Use** | • To document **non-ART** (i.e. psychotropic and OI prophylactic medications) pill counts for patients in any Track, it is optional to use this <u>paper form</u>.<br>• In eSHARE: ***DO NOT*** enter the Form for adherence % results. The eSHARE Form is *only* for ART adherence. |

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| MONTHLY DOT LOG FORM | |
|---|---|
| **Usage** | • This form is **REQUIRED** for patients on ART who are receiving modified Directly Observed Therapy (DOT).<br>    o Track D only |
| **Key Points** | • Used at **each DOT visit.**<br>• Documents direct or indirect observation **by CC staff** of pills taken.<br>• **Do NOT** use to document patient self-reported adherence status. |
| **Definitions** | • **Direct observation:** *CC staff visually observe* the patient take the medication dose.<br>• **Indirect observation**: *CC staff do NOT visually observe* the patient take the medication dose but DO visually observe that the medication dose was "gone" by conducting a pill count.<br>    o Indirect observation includes unobserved doses or days that occur when CC staff are not present (e.g. weekends). |
| **Frequency** | • Update the form at every DOT visit.<br>• Complete the calculations for both adherence percentages at the end of each calendar month. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>    o Primary: Patient Navigator or DOT Specialist<br>    o Secondary: Care Coordinator |
| **eSHARE Reporting** | **At every DOT visit:**<br>• Only if there is face-to-face contact with the patient.<br>    o Services Delivered Form<br>        ▪ **Service Type**: "DOT"<br>        ▪ **Service Detail**:<br>            o Select ONE: "Yes" for directly observed doses OR "No" for indirectly observed doses<br>            o Select All that Apply: "ART" for antiretroviral medications and/or "Psychotropic and/or Opportunistic Infection Medications"<br>        ▪ **Service Site** should NOT be "Phone"<br>**Once per month:**<br>• Form *and* Service must be entered into eSHARE.<br>    o DOT Log Form **(ART only)**<br>    o Services Delivered Form **(ART only)**<br>        ▪ **Service Type**: "Other assessment/reassessment"<br>        ▪ **Service Detail**: "Adherence Assessment – DOT"<br>        ▪ **Service Site** should NOT be "Phone"<br>        ▪ **NOTE**: This service summarizes the last 30-31 days of DOT sessions. This is NOT meant to capture each session. |
| **Daily vs. Non-Daily** | • Refer to the ADHERENCE ASSESSMENT FORM section on "Daily vs. Non-Daily." |
| **Alternative Use** | • To document **non-ART** (i.e. psychotropic and OI prophylactic medications) DOT, it is optional to use this paper form.<br>• In eSHARE: ***DO NOT*** enter the Form for adherence % results. The **eSHARE Form is *only* for ART adherence.** |

## CARE COORDINATION CASE CONFERENCE FORM

| | |
|---|---|
| **Usage** | • This form is **REQUIRED**. |
| **Key Points** | • Used to document **formal** case conferences.<br>• CC staff prepares for case conference with PCP by gathering information from most recent adherence assessments, PCSM, and patient's current issues.<br>• Case conferences may result in Track changes.<br>• Track changes should be discussed during case conferences with the PCP and CC staff. |
| **Definitions** | • **Formal case conference** occurs when all elements included on the form are completed with the required attendees present, and does not need to be scheduled.<br>    o Required attendees include:<br>        ▪ Program Staff (CC and/or PN and/or MCL)<br>        ▪ Clinician (MD/DO/NP/PA)<br>    o Optional attendees include:<br>        ▪ Patient |
| **Frequency** | • Ongoing, at least once every three (3) months. |
| **Staff Responsible** | • PCP signature is required.<br>• Any CC staff may complete the form:<br>    o Primary: Care Coordinator<br>    o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form *and* Service must be entered into eSHARE.<br>    o Formal Case Conference Form<br>    o Services Delivered Form<br>        ▪ **Service Type**: "Case Conference"<br>        ▪ **Service Detail**: "Formal/scheduled ongoing case review"<br>        ▪ **Service Site**: "Program site," "Patient home," "Other field site," or "Phone" |

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## REASSESSMENT FORM

| Usage | • This form is **REQUIRED**. |
|---|---|
| **Key Points** | • Required questions are preceded by Service Category Code 1 or ALL <br><br> • The start date on the first page is the day you began the intake. <br><br> • The completed date on the last page is the day you completed all sections and signed the form. <br><br> • Complete the form using chart review or patient interview. <br><br> • Questions in Section VIII "General Health and Well-Being" must be asked exactly as they are written. <br><br> • To identify a patient dually enrolled in CC *and* COBRA or Health Homes, check the appropriate box in Section XI "Current Enrollments and Needed Referrals." |
| **Frequency** | • Ongoing, at least once every six (6) months. <br><br> • OR, any time COBRA or Health Homes enrollment status changes. |
| **Staff Responsible** | • Any CC staff may complete the form: <br>     o Primary: Care Coordinator <br>     o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form *and* Service must be entered into eSHARE. <br>     o Re-Assessment Form <br>     o Services Delivered Form <br>        ▪ **Service Type:** "Other assessment/reassessment" <br>        ▪ **Service Detail:** "Re-Assessment (clinical, psychosocial, general health/well-being, housing, enrollments, etc.)" <br>        ▪ **Service Site:** Should NOT be "Phone" |

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## STATUS CHANGE INFORMATION FORM
## (TRACK AND TREATMENT STATUS)

| Usage | • This form is **REQUIRED**. |
|---|---|
| **Key Points** | • Used for patients continuing active enrollment.<br>• Documents changes in program track, treatment status, housing status, contact information, household composition or disclosure status, transportation needs, and other.<br>• *Decisions that result in changes in track and treatment status MUST have supporting documentation in the patient chart.*<br>• "Date of update" is the date CC staff learns of the change.<br>• Change in Track:<br>   o Should occur *after* a formal Case Conference<br>   o Must select one reason for change<br>   o Consecutive dates must be used for "Date new track started" and "Date prior track ended"<br>      ▪ If "Date prior track ended" is 3/1/2013, then the "Date new track started" is 3/2/2013, even though 3/2/2013 falls on a weekend. |
| **Frequency** | • As needed. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>   o Primary: Care Coordinator<br>   o Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form must be entered into eSHARE.<br>   o Patient Status Change Form<br>• No service corresponds to this form. |

## STATUS CHANGE INFORMATION FORM
## (CASE CLOSURE/SUSPENSION)

| Usage | • This form is **REQUIRED**. |
|---|---|
| **Key Points** | • Used when you close a case, suspend a case, resume a suspended case.<br>• Must select one reason for closing or suspending a case.<br>• "Mistaken enrollment" is a case closure reason to identify patients who should not be counted in your enrollment list.  When this reason is selected, the patient will no longer appear on any eSHARE reports for open or closed patients.<br>• "Enrollment Closed Date" should be set for one day *after* the last service was provided. |
| **Frequency** | • As needed. |
| **Staff Responsible** | • Any CC staff may complete the form:<br>    ○ Primary: Care Coordinator<br>    ○ Secondary: Patient Navigator |
| **eSHARE Reporting** | • Form must be entered into eSHARE.<br>    ○ Enrollment Details screen: change Enrollment Status to "Closed" and add date of closure.<br>• No service corresponds to this form. |

| SERVICES TRACKING LOG FORM | |
|---|---|
| **Usage** | • This form is **OPTIONAL**, *only IF you document the six (6) required elements* using your agency's tracking form or progress note. |
| **Key Points** | • Document and report **ALL** services performed each day. Patient activities documented in progress notes should match the services reported on this form and in eSHARE.<br>• Each patient encounter may result in multiple Services.<br>• This form is available in Microsoft Word, and may be tailored for each Program and/or patient.<br>• Some CC <u>Forms</u> have a corresponding <u>Service</u> on the Services Tracking Log.<br>• Use one form until you run out of space. |
| **Definitions** | • <u>The six (6) required elements are:</u><br>  1. **Service Date**<br>     o Date should match date of actual service or patient encounter<br>     o If Service corresponds to a Form, then date should match the Completed Date on the Form<br>     o Travel time is optional<br>  2. **Service Start Time/End Time**<br>     o The same Start Time may be used for multiple services that occur during one encounter<br>     o End Time is optional<br>  3. **Worker(s) Providing**<br>     o List all CC staff and medical providers involved in each service<br>  4. **Site of Service Delivery**<br>     o Definitions apply to all services except when indicated otherwise in the Service Type descriptions.<br>        ▪ Program Site: CC Staff and Patient are together at the CC office or the PCP office<br>        ▪ Client Home: CC Staff and Patient are together at patient home<br>        ▪ Other Field Site: CC Staff and Patient are together at field site<br>        ▪ Phone: CC Staff and Patient may not be in the same location. CC Staff is calling the patient or calling another provider on behalf of the patient AND CC Staff is located at Program Site.<br>  5. **Service Type**<br>     o CC service types are identified by Service Category Code 1<br>     o Refer to the Service Type descriptions.<br>  6. **Service Details**<br>     o Read the instructions highlighted in grey in each box<br>     o Refer to the Service Type descriptions. |

## SERVICES TRACKING LOG FORM (continued)

| | |
|---|---|
| **Frequency** | • Complete the form on each day a service occurs.<br>• This form should be entered into eSHARE at least once per month for patients in any Track. |
| **Staff Responsible** | • CC staff who conducted the service. |
| **eSHARE Reporting** | • Service must be entered into eSHARE.<br>    o Services Delivered Form<br>        ▪ Refer to the Service Type descriptions |
| **Payment Methodology** | • Refer to Public Health Solutions' Guide to Requirements for Service Payability and Data Reporting (May 2013) and communications on November 3, 2011 and June 1, 2012 for full details.<br>• For patients enrolled in **Ryan White only**, the following service types count as Face-to-Face as long as the Service Site is not "Phone," and for the four "Assistance with…" services types, as long as the Service Detail is not "Reminder call/message":<br>    o Case Finding<br>    o Intake Assessment<br>    o Medical Assessment/Reassessment<br>    o Other Assessment/Reassessment<br>    o Care Plan/Service Plan<br>    o Case Conference<br>    o Accompaniment<br>    o Assistance with Entitlements and Benefits<br>    o Assistance with Health Care<br>    o Assistance with Housing<br>    o Assistance with Social Services<br>    o Health Education/Promotion<br>• For patients dually enrolled in **Ryan White and Health Homes**, the following service types count as Face-to-Face:<br>    o Health Education/Promotion<br>    o Intake Assessment<br>    o Care Plan/Service Plan<br>    o Case Conference<br>    o Medical Assessment/Reassessment<br>    o Other Assessment/Reassessment |

| SERVICES TRACKING LOG FORM (continued) | |
|---|---|
| **INTAKE ASSESSMENT SERVICE** | |
| **Definition** | • Corresponds with completion of the Intake Assessment Form.<br>• Must be completed no more than 14 days after Enrollment Date. |
| **Service Date** | • Service Date = Intake Form Completed Date. |
| **Site of Service Delivery** | • Should NOT be "Phone". |
| **Service Details** | • None. |
| **OTHER ASSESSMENT/REASSESSMENT SERVICE** | |
| **Definition** | • This Service corresponds to the completion of the appropriate Form specified in the Service Details section. |
| **Service Date** | • Service Date = Form Completed Date. |
| **Site of Service Delivery** | • Should NOT be "Phone". |
| **Service Details** | • Select all that apply from the service details available to CC:<br>   o "Re-Assessment (clinical, psychosocial, general health/well-being, housing, enrollments, etc.)" corresponds to the Reassessment Form.<br>   o "Adherence assessment - self-report" corresponds to the Adherence Assessment Form.<br>   o "Adherence assessment - pill count" corresponds to the Pill Box Log Form.<br>   o "Adherence assessment - DOT" corresponds to the Monthly DOT Log Form.<br>   o "Adherence assessment - other measure" does not correspond to a Form, but may be used for other types of adherence assessments.<br>   o "Logistical assessment or reassessment" corresponds to the Logistics for Navigator Form.<br>   o "Other non-medical assessment/reassessment" does not correspond to a Form, but may be used for other types of assessments. |
| **CARE PLAN/SERVICE PLAN SERVICE** | |
| **Definition** | • This Service corresponds to the completion of the Comprehensive Care Plan Form. |
| **Service Date** | • Service Date = Form Completed Date on updated plan or new plan. |
| **Site of Service Delivery** | • "Program site," "Patient home," "Other field site," or "Phone." |
| **Service Details** | • Select only ONE from the following service details available to CC:<br>   o "Development of initial plan with this enrollment" corresponds with the Care Plan Form developed during the first two weeks of enrollment.<br>   o "Update to plan" corresponds to updating an existing Care Plan Form.<br>   o "Start of new plan (replacing last care/service plan)" corresponds to a new Care Plan Form that replaces the last Form. |

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| **SERVICES TRACKING LOG FORM (continued)** | |
| **ACCOMPANIMENT SERVICE** | |
| **Definition** | • Escort (travel with patient at least one way) AND/OR Accompany (stay with patient during appointment). |
| **Service Date** | • Service Date = Date that accompaniment activity occurred. |
| **Site of Service Delivery** | • Site = Location where you START the service.<br>• Should NOT be "Phone." |
| **Service Details** | • First, select only ONE from the **Accompaniment TO** service details:<br>    o "Primary care"<br>    o "Other healthcare"<br>    o "Social service"<br>• Second, select only ONE from the **Accompaniment FROM** service details:<br>    o "Patient's home or other field (non-provider) location"<br>    o "One provider to another - different street address"<br>    o "One provider to another - same address"<br>    o "Jail/prison" |
| **ASSISTANCE WITH HEALTH CARE SERVICE** | |
| **Definition** | • Examples include PCP visits, other medical appointments, mental health care.<br>• DO NOT USE for escorts to or accompaniments during a medical visit.<br>• USE when you assist a patient *before or after* a medical visit.<br>• These activities may involve encounters with the patient or with other service providers on behalf of the patient. |
| **Service Date** | • Service Date = Date that assistance activity occurred. |
| **Site of Service Delivery** | • "Program site," "Patient home," "Other field site," or "Phone." |
| **Service Details** | • Select all that apply EXCEPT for "Court Advocacy" from the following service details:<br>    o "Help with filling out forms"<br>    o "Eligibility assessment"<br>    o "Reminder call/message"<br>    o "Referral/Appointment-making"<br>    o "Arrangement for transportation"<br>    o "Arrangement for childcare or eldercare"<br>    o "Arrangement for interpreting services"<br>    o "Appointment preparation"<br>    o "Other (Specify: )" |

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| **SERVICES TRACKING LOG FORM (continued)** | |
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| **ASSISTANCE WITH ENTITLEMENTS AND BENEFITS SERVICE** | |
| **Definition** | • Examples include SSI, SSDI, food stamps, public assistance, health insurance or coverage (i.e. ADAP, Medicaid).<br>• These activities may involve encounters with the patient or with other service providers on behalf of the patient. |
| **Service Date** | • Service Date = Date that assistance activity occurred. |
| **Site of Service Delivery** | • "Program site," "Patient home," "Other field site," or "Phone." |
| **Service Details** | • Select all that apply <u>EXCEPT for "Court Advocacy"</u> from the following service details:<br> o  "Help with filling out forms"<br> o  "Eligibility assessment"<br> o  "Reminder call/message"<br> o  "Referral/Appointment-making"<br> o  "Arrangement for transportation"<br> o  "Arrangement for childcare or eldercare"<br> o  "Arrangement for interpreting services"<br> o  "Appointment preparation"<br> o  "Other (Specify: )" |
| **ASSISTANCE WITH SOCIAL SERVICES SERVICE** | |
| **Definition** | • Examples include social work, case management, food and nutrition services, legal services, other supportive services.<br>• These activities may involve encounters with the patient or with other service providers on behalf of the patient. |
| **Service Date** | • Service Date = Date that assistance activity occurred. |
| **Site of Service Delivery** | • "Program site," "Patient home," "Other field site," or "Phone." |
| **Service Details** | • Select all that apply <u>EXCEPT for "Court Advocacy"</u> from the following service details:<br> o  "Help with filling out forms"<br> o  "Eligibility assessment"<br> o  "Reminder call/message"<br> o  "Referral/Appointment-making"<br> o  "Arrangement for transportation"<br> o  "Arrangement for childcare or eldercare"<br> o  "Arrangement for interpreting services"<br> o  "Appointment preparation"<br> o  "Other (Specify: )" |

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# SERVICES TRACKING LOG FORM (continued)

## ASSISTANCE WITH HOUSING SERVICE

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| **Definition** | • Examples include HASA, housing placement, rental assistance.<br>• These activities may involve encounters with the patient or with other service providers on behalf of the patient. |
| **Service Date** | • Service Date = Date that assistance activity occurred. |
| **Site of Service Delivery** | • "Program site," "Patient home," "Other field site," or "Phone." |
| **Service Details** | • Select all that apply EXCEPT for "Court Advocacy" from the following service details:<br>   o "Help with filling out forms"<br>   o "Eligibility assessment"<br>   o "Reminder call/message"<br>   o "Referral/Appointment-making"<br>   o "Arrangement for transportation"<br>   o "Arrangement for childcare or eldercare"<br>   o "Arrangement for interpreting services"<br>   o "Appointment preparation"<br>   o "Other (Specify: )" |

## OUTREACH FOR PATIENT RE-ENGAGEMENT SERVICE

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| **Definition** | • Used for "Missed Appointment" procedure outreach activities.<br>• Document all outreach activities once an enrolled patient misses an appointment (e.g. scheduled home visit, medical visit, etc.)<br>• May use for outreach activities that resulted in either making or not making contact with patient. |
| **Service Date** | • Service Date = Date that outreach activity occurred. |
| **Site of Service Delivery** | • "Program Site:" CC Staff is conducting outreach activities at the CC office or the PCP office.<br>• "Client Home:" CC Staff is searching for the patient at the patient's home (e.g. knocking on door, speaking to roommate, calling patient while standing outside house, etc.).<br>• "Other Field Site:" CC Staff is searching for the patient at a field site (e.g. park, café, patient's work location, methadone clinic, calling patient while in field location, etc.).<br>• **"Phone:"** CC Staff is at the **Program Site** and is calling the patient. |
| **Service Details** | • Select all that apply.<br>• If "Made contact with patient" is selected, then you should report a second service type that matches what you discussed with the patient. For example, if an outreach activity resulted in having a health promotion discussion with the patient, then report a second service type of "Health education/promotion." |

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## HEALTH EDUCATION/PROMOTION SERVICE

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| **Definition** | <ul><li>Topic #<ul><li>Use only CC HIV curriculum topic numbers (1-16).</li><li>For discussions that do not follow the curriculum guide, use the topic number that most closely represents your discussion.</li><li>For other topics not captured in 1-16, use "Other topic (please specify)."</li><li>DO NOT USE Non-Care Coordination Conversation #.</li></ul></li><li>Started, Continued, Completed<ul><li>You may cover a topic as many times as needed.</li><li>You may start and stop a topic as needed, i.e. take more than one encounter to complete one topic.</li><li>After a topic is completed, you may start or continue as many times as needed.</li></ul></li></ul> |
| **Service Date** | <ul><li>Service Date = Date that health promotion activity occurred.</li></ul> |
| **Site of Service Delivery** | <ul><li>"Program site," "Patient home," "Other field site," or "Phone."</li></ul> |
| **Service Details** | <ul><li>First, select the "Topic #" which may be 1-16, or select "Other topic (please specify)."</li><li>Second, select only ONE of the following service details.<ul><li>"Started topic , but did not complete"</li><li>"Continued topic, but did not complete"</li><li>"Completed topic"</li></ul></li></ul> |

## MEDICAL ASSESSMENT/REASSESSMENT SERVICE

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| **Definition** | <ul><li>You may choose to use "medical assessment/reassessment" alone OR combine with "health education/promotion."</li></ul> |
| **Service Date** | <ul><li>Service Date = Date that medical assessment occurred.</li></ul> |
| **Site of Service Delivery** | <ul><li>"Program site," "Patient home," "Other field site," or "Phone."</li></ul> |
| **Service Details** | <ul><li>Select all that apply:<ul><li>"Review of laboratory test values" documents the "service" for PCSM Update form only if there are new laboratory values (CD4, VL) to report, AND/OR supplements Health Promotion discussions with review of laboratory values.</li><li>"Review of symptoms and/or side effects" supplements Health Promotion discussions on ART adherence with review of symptoms and side effects.</li><li>"Risk behavior (PWP) assessment/discussion" supplements Health Promotion conversations with review of risk behaviors.</li><li>"Other Review/discussion" for other medical assessment/reassessment activity.</li></ul></li></ul> |

## SERVICES TRACKING LOG FORM (continued)

### CASE FINDING SERVICE

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| **Definition** | <ul><li>Case Finding = "Return to Care" activities<ul><li>Re-engage those who meet the definition of "out of care" (i.e. patient was seen at the agency within 2 years but not during the last 9 months) AND are not enrolled in CC.</li></ul></li><li>Used to document the <u>pre-enrollment</u> case finding activities *after* the patient is enrolled.</li><li>Used <u>once</u> to sum the total amount of time spent on pre-enrollment case finding activities.</li></ul> |
| **Service Date** | <ul><li>Service Date = Enrollment Date.</li></ul> |
| **Site of Service Delivery** | <ul><li>"Program site"</li></ul> |
| **Service Details** | <ul><li>Select all that apply.</li><li>Sum the total amount of time spent on case finding.</li></ul> |

### CASE CONFERENCE SERVICE

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| **Definition** | <ul><li>**Initial case conference** is a brief face-to-face meeting between the PCP and CC staff that occurs during the initial hand-off of the patient at the time of PCP referral.<ul><li>Required attendees include:<ul><li>Program Staff (CC/PN or MCL)</li><li>Clinician (MD/DO/NP/PA)</li><li>Patient</li></ul></li></ul></li><li>**Informal case conference** occurs as frequently as needed - scheduled or unscheduled - and does not require completion of the Case Conference Form, and may be a stand-alone Service.<ul><li>Required attendees include:<ul><li>Program Staff (CC and/or PN and/or MCL)</li><li>Non-Program Staff (Clinician, Social Worker, Mental Health Provider, Nutritionist, etc.)</li></ul></li><li>Optional attendees include:<ul><li>Patient</li></ul></li></ul></li><li>**Formal case conference** occurs when all elements included on the Case Conference Form are completed with the required attendees present, and may be scheduled or unscheduled.<ul><li>Required attendees include:<ul><li>Program Staff (CC and/or PN and/or MCL)</li><li>Clinician (MD/DO/NP/PA)</li></ul></li><li>Optional attendees include:<ul><li>Patient</li></ul></li></ul></li></ul> |

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## CASE CONFERENCE SERVICE (continued)

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| **Service Date** | • Service Date of **Initial case conference** = Date of patient "hand-off" from PCP. If this occurs before the patient is enrolled, then Service Date = Enrollment Date.<br>• Service Date of **Informal case conference** = Date that informal case conference occurred.<br>• Service Date of **Formal case conference** = Case Conference Form Completed Date. |
| **Site of Service Delivery** | • **Initial case conference**: should NOT be "Phone."<br>• **Informal case conference**: "Program site," "Patient home," "Other field site," or "Phone."<br>• **Formal case conference**: should NOT be "Phone." |
| **Service Details** | • Select only ONE of the following service details:<br>    ○ "Initial case conference (at or before enrollment)" corresponds to the definition of **Initial case conference.**<br>    ○ Informal/unscheduled ongoing conference" corresponds to the definition of **Informal case conference**.<br>    ○ "Formal/scheduled ongoing case review" corresponds to the definition of **Formal case conference** <u>AND</u> to the Date of Completed Case Conference Form. |

## DOT SERVICE

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| **Definition** | • Only for patients enrolled in Track D, on ART.<br>• Only if there is Face-to-Face contact with the patient.<br>    ○ If not, then log only on the Monthly DOT Log Form.<br>• CC DOT is a modified type of DOT, which is typically scheduled for one dose per business day (i.e. five days per week).<br>• **Field-based DOT** occurs at the patient's home or another field-based location of the patient's choosing.<br>    ○ Patients are responsible for the storage of their medications.<br>    ○ DOT may be conducted by non-clinical Program Staff (e.g. DOT Specialist, Patient Navigator, etc.)<br>• **Clinic-based DOT** occurs at the Program location and/or the primary medical care site:<br>    ○ Medication dispensed on site – Programs must have proper medication storage facilities and licensed clinical staff to dispense medications.<br>    ○ Medication not dispensed on site – Programs do not store or dispense medications. Patients may bring their medications to the site for DOT, which may be conducted by clinical or non-clinical Program Staff (e.g. DOT Specialist, Patient Navigator, etc.). |

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| **SERVICES TRACKING LOG FORM (continued)** | |
|---|---|
| **DOT SERVICE (continued)** | |
| **Service Date** | • Service Date = Date of face-to-face DOT encounter. |
| **Site of Service Delivery** | • "Program site" indicates clinic-based DOT.<br>• "Patient home" or "Other field site" indicate field-based DOT.<br>• Should NOT be "Phone." |
| **Service Details (1)** | • Select only ONE answer to **Dose Directly Observed?**<br>    ○ "YES," directly observed dose; CC staff observes the patient take the dose.<br>    ○ "NO," indirectly observed dose; CC staff does not observe the patient take the dose but uses pill box or other means to verify that the patient took the dose. |
| **Service Details (2)** | • Select ONE or BOTH for type of medication observed.<br>    ○ "ART" for antiretroviral medications<br>    ○ "Psychotropic and/or Opportunistic Infection Medications" for these types of non-ART medications |

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