

**Utah Ryan White Part B  
ClientTrack**

**Case Manager User Guide**



UTAH DEPARTMENT OF  
**HEALTH**

**Division of Disease Control & Prevention**

**Bureau of Epidemiology**

**Ryan White Part B Program**

**March 2021**

**Supportive Services Enrollment**

## Application Intake Workflow

This section takes you through step by step of the Application, Recertification or Self-Attestation. Make sure to have all client information before starting the application. This section is also covered in the **Benefit Specialist Manual**.

### I. APPLICATIONS, RECERTIFICATIONS, and SELF-ATTESTATIONS

For a client who has not been on the Utah Ryan White Part B program in the past, add a new client and start a new application. For a client who has had a gap in coverage, start a new recertification (application). For clients who are currently enrolled in the Program start the Recertifications and Self-Attestations from the Enrollment List.

#### A. New Clients or Clients with Gap in Coverage

*Always search for client before adding a new client. If the client has been on the Program in the past, do not add a new client.*

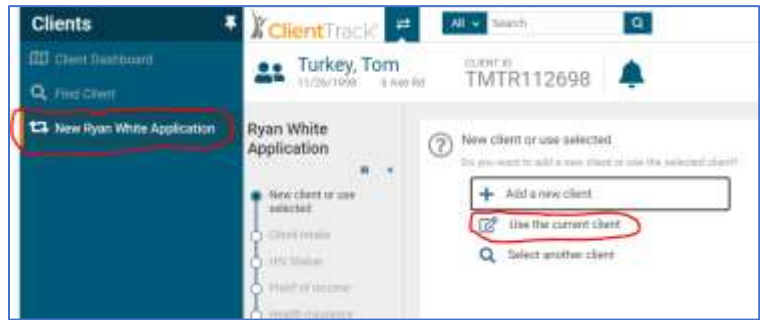
1. From the Client Workspace (it does not matter which client's dashboard you are currently on), click "Find Client" on the left side menu.
2. Search for the client using multiple criteria search options just in case a number or spelling of name may be different. You do not have to type in the full name or SSN. For example, search the first few letters of name(s), or the last 4 digits of SSN. The more you enter, the narrower your search will be.
  - a. Social Security Number and Birth Date
  - b. Social Security Number alone
  - c. First Name and Last Name with Birth Date
  - d. If last name is hyphenated, search variations of last name. First last name alone, second last name alone.

The screenshot shows the ClientTrack interface. On the left is a navigation menu with 'Find Client' highlighted. The main area displays the search results for a client named Tom Turkey. The search criteria used are 'Tom' for the first name and '9999' for the last four digits of the Social Security Number. The results table shows two entries, with the second one circled in red.

First Name	Last Name	Middle Name	SSN	Birth Date	UCI #	Client ID	City	Home Phone	Caregiver/Enrolled Program(s)
Tom	Turkey		XXX-XX-9999	01/01/2005	TETR0101051	TETR0101051	Beqham Canyon	999-999-9999	
Tom	Turkey			11/26/1998	TMTR1126981	TMTR126981	Blow		

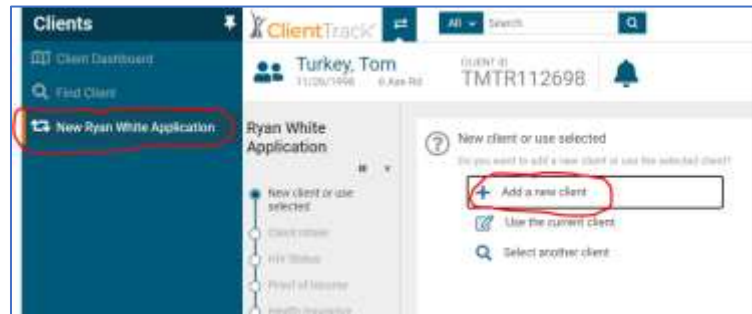
3. If client is found:

- a. Check full name, SSN, Birth Date to make sure they all match.
- b. Click anywhere on the client's row.
- c. This will take you to the client's dashboard.
- d. Click "New Ryan White Application" on the left side menu.
- e. Click "Use the current client".
- f. This will start the application client intake.



4. If client is **not** found:

- a. Click "New Ryan White Application" on the left side menu.
- b. Click "Add a new client".
- c. This will start the application client intake.



## II. CLIENT INTAKE

Client Intake is split into three sections: (A) Client Identifying Information, (B) Contact Information, and (C) Demographics. There is a link to the "Instructions for RWP Application Form" to click and download a pdf of the application instructions. This can be printed or saved to the client file. This must be reviewed with the client and a printed or electronic copy given to each client.

### A. Client Identifying Information

1. **Complete all fields.** Red asterisks are required fields. If you do not complete the required fields, and try to go to the next page, you will receive an error that must be addressed before you are able to progress.
2. If you have the information, complete the field even if it is not a required field.
3. **Household Size:** If household size is greater than 1, a household table is populated to enter in name(s), Relationship and age. Do not list the client's name in this table.

### B. Contact Information

1. **Preferred Phone Number and Email:** Required fields will change depending on the answer to the question "Program has permission to text and/or e-mail me". When the field is:
  - a. No – Phone number and email not required.
  - b. Text Only – Phone number required.
  - c. Email Only – Email required.
  - d. Text and Email – Phone number and email required.
2. **Residential Address:** Required street address.

3. **Address 2:** Apartment number or other additional address.
4. **City/County/State/Zip Code:** Required.
  - a. ClientTrack uses the United States Postal Services City, County, State and Zip Code programmed behind the scene. Start typing in any one of the fields City, or County, or Zip Code, and a dropdown menu will appear. The more you type, the narrower the search will be.
  - b. Click on the client's City/County/Zip Code and the corresponding fields will auto populate.
5. **Has permission to send mail to my address:** Select from dropdown menu:
  - a. **Yes:** (no further action needed.)
  - b. **No, send to mailing address:**
    - i. **Mailing Address** fields populate, required. Complete same as instructions for residential address.
  - c. **Do not contact me by mail:** (no further action needed.)
6. **Housing Status:** Select from the dropdown menu.

#### C. Demographics

*Auto Required fields will change depending on the answer to the Ethnicity and Race fields. Select all that apply. This is only required for new client applications.*

1. **Ethnicity:** Select from dropdown menu.
2. **Race:** Select all that apply from dropdown menus.
3. **Sub-Population:** Select all that apply from dropdown menus.

### III. HIV STATUS

- a. Depending if the client is a new client who has not been on the Utah Ryan White Part B Program, or a returning client, the HIV Status form populates accordingly. New clients will have complete HIV diagnosis information from provider records, where recertifications and self-attestations will ask if currently taking HIV medication.

#### A. Application - Medical Provider Information

*New Utah Ryan White Part B clients need the HIV+ diagnosis information to be completed with the information obtained from the diagnosing clinician or HIV Provider. The Provider's documentation used will be required to be uploaded at the end of the application.*

1. **Diagnosing Clinician:** Enter name of diagnosing clinician or the provider who completed the form.
2. **Will patient be prescribed ART:** Select Yes or No from the dropdown menu.
3. **HIV Status:** Select from the option.
4. **AIDS Diagnosis:** Select from the options.
5. **HIV+ Test Date (Confirmatory Test):** Enter date or select calendar icon to select date.
  - a. If the date the Provider entered on the form is a year only, use January 1 of the year given (01/01/YYYY).

- b. If the date the Provider entered on the form is a month and year, use the 1<sup>st</sup> day of the month given.
6. **HIV+ Test Date is an Estimated Date:** Check box if estimated date or if only a year or month/year is provided.
  7. **HIV+ Diagnosis Date:** Same rules as HIV+ Test Date as listed above.
  8. **AIDS Diagnosis Date:** If the client is diagnosed with AIDS, the AIDS Diagnosis Date will populate. Otherwise, this field will not populate.
  9. **Risk Factor:** Select all that apply.

**B. Recert/SA - Medication Adherence**

*Returning clients completing a Recertification or Self-Attestation will answer if they are currently taking HIV medication.*

**1. Are you currently taking HIV Medications?** Select from dropdown menu.

- a. Yes
- b. No

**IV. PROOF OF INCOME**

Depending on if the client has income or not, will determine which page will need to be completed. For client’s with income, the Proof of Income table is displayed to enter income amounts. If the client does not have any income, the Affidavit of Zero Income will display.

## A. Applicant and Household Information

*Marital Status and Household Size are auto populated from the Client Identifying Information page. If the client is married, the form will request information for both the client and the client's spouse.*

**I. Do you (just you, no other household members) receive an income:** If married, will also have a question **Does your spouse receive an income:** Select Yes or No or if married another option I'm separated (I receive no financial support from my spouse)


- a. If Yes, another field will populate:
  - i. **Are you/spouse employed:** Yes or No
    - If Yes, another field will populate:
      - **Do you/spouse work 30 hours per week or more?** Yes or No
- b. If I'm separated (I receive no financial support from my spouse), no other questions.
- c. If No (for both client and spouse if married), no more questions and the next page will be the *Affidavit of Zero Income*. See section IV below for instructions.

## B. Monthly Income – Applicant/Spouse

*If the above questions "Do you/spouse receive income?" is marked "Yes", the income table will populate for Applicant and/or Spouse. The table(s) needs to be completed for each income type. If no income is received for the income type, enter \$0.*

**I. Type:** For each income type that is more than \$0.00, complete the following fields on the row:

- a. **Average Income:** Enter the average income client reports for each income type.
- b. **Frequency:** Select from the dropdown menu how often of the amount entered in the Average Income field:
  - i. **Hourly:** The dollar and cents amount received per hour. If hourly is selected, another field populate:
    - **Hours Per Week:** Enter the average number of hours work each week.
  - ii. **Weekly:** Paid every 7 days
  - iii. **Every Two Weeks:** Paid every 14 days
  - iv. **Monthly:** Paid once a month
  - v. **Twice a Month:** Paid two times a month, usually the same day of the month (i.e. 1<sup>st</sup> and 15<sup>th</sup>, 5<sup>th</sup> and 20<sup>th</sup>, or 15<sup>th</sup> and last day of the month).
  - vi. **Annually:** Paid once a year, or self-employed and calculates year income when complete annual tax return.
- c. **Additional Source(s):** If more than one source (i.e. employer/benefit) for the same Type of income, click on the hyperlink 0 under Additional Source(s) which will open another line to enter additional income source (same as described above). The hyperlink number will change from zero to the number of additional lines/income sources added.
  - i. For example, two part-time jobs: Enter the Average Income, Frequency, (and Hours Per Week) for the first job. Then click the Additional Source(s) hyperlink and enter the Average Income, Frequency, (and Hours Per Week) for the second job.

- d. **Monthly Income:** ClientTrack auto calculates the average monthly income from the data entered. If more than one source, the Monthly Income on the first line will add in and display the total of all sources for the income type.
  - i. For example, first job is \$10.00/hour \* 10 hours/week \* 4.3 weeks/month= \$433.33 will show for the Monthly Income. Second job, \$1,000.00/month so \$1,000.00 will show for the Monthly Income on the second row. The Monthly Income amount on the first row, will change from \$433.33 to \$1,433.33 which is the total Monthly Income of both income sources for the Type of income.
- e. **Comment:** Optional text box to enter comments (e.g. employer name, company, agency etc.) for the Eligibility Specialist to be aware of.
- f. **Undo Changes Icon:** If you need to remove the income, or clicked in a space in error, click the Undo Changes icon  at the end of the row.

2. **Applicant's Total Monthly Income:** ClientTrack will add all sources and populate the total amount.
3. **Income Documentation:** A list of documents needed to provide proof of income is listed.
4. **Do you have documentation to verify your Household income amount(s)?** Yes or No
5. **Monthly Income – Spouse** (if married and spouse receives income): Repeat the same steps above for Monthly Income – Applicant.
6. **Total Monthly Household Income:** ClientTrack will add all income sources (applicant and spouse, if applicable) and display the Total Monthly Household Income.

## How to Pause or Cancel Workflow

*If you are unable to complete a page, application, or workflow, you need to pause or cancel the workflow. If you do not pause or cancel, it will cause errors, duplicates, and/or conflicting data.*

**Pause the Workflow:** Clicking the pause button, ||, will pause the workflow and save the spot where you left off. You will then be navigated to the Client Dashboard.

- You will be able to find your Paused Workflows on your Home Workspace.
- To pick back up at the same place you left off:
  - Navigate to your Home Workspace.
  - Select Paused Workflows from the left side menu.
  - Click the Resume action button on the workflow you wish to continue working.



## ASSESSMENTS

*To find more information on the following sections, refer to the Case Manager Service Standards and the Universal Service Standards:*

<https://ptc.health.utah.gov/wp-content/uploads/2020/09/2020-2021-Utah-Case-Management-Service-Standards.pdf>

[https://ptc.health.utah.gov/wp-content/uploads/2020/12/2020\\_RWB-Universal-Service-Standards-1.pdf](https://ptc.health.utah.gov/wp-content/uploads/2020/12/2020_RWB-Universal-Service-Standards-1.pdf)

### Psychosocial assessment (PSA)

*The PSA is a tool used to conduct a thorough and comprehensive assessment of current and past events of the client's medical, physical, mental, psychosocial and emotional health, to assess their ability to function within the community. The PSA allows the CM to collect the information needed to create a service plan with the client.*

#### Requirements

- CM is responsible for the initial and updated PSA for client enrolled in case management services.
- Initial PSA is due within 30 business days after intake and eligibility determination.
- An updated PSA is due annually or when there is significance change in client's status.
- The initial/updates PSA can be done within one sitting or multiple meetings within the 30-business days' time frame.

#### User Steps

1. In the Clients workspace, select **Assessments**.
2. Then select **Add New Assessment** on the right-hand side of the page.
3. The assessment category will generate, select **Psycho-Social**.
4. In the **initial information**, fill out the following information:
  - a. **Date:** generates today's date.
  - b. **Enrollment:** program client is actively enrolled in.
  - c. **Assessor:** will default your name, you can change the name by selecting the search icon.
  - d. **Comments:** add as necessary regarding the assessment.
5. The rest of the assessment will then generate after the initial information is saved. Each category can be added as a barrier to the client if it is applicable.
6. **Education:** selection the client's education level.
7. **Legal Status:** selection of client's historical legal matters; if they are actively needing case management services to deal with legal matters, and if they
8. **Cultural & Spiritual:** specific clients preferred pronouns, languages, if they need an interpreter or addition things to be made aware of, then provide a small description of spiritual beliefs, hobbies, and interest.
9. **Basic Needs:** select level of employment, place of employment, if income is/not sufficient for each month, and the ADLs and IDLs.
10. **Transportation:** reliable transportation to get to medical appointments; type of transportation, use of public transit, and impact on disabilities.
11. **Housing Status:** household size, current living situation and assessment.



- a. *As series of different assessment question will generate with each response to probe for a more in depth assessment.*
12. **Provider Contact Information:** HIV and Primary provider, and Pharmacy information.
13. **Oral Health:** access to delta care, and conditions of oral health (associated issues).
14. **Health Literacy:** understand viral load, CD4 count, and how to read lab results, need for explanation, preventative healthcare measures needed, confidence to manage health needs, importance of seeing your provider,
15. **Treatment Adherence:**
16. **Community Resources/Support System:**
17. **Self-Efficacy:**
18. **Mental Health:**
19. **Substance Abuse:**
20. **Risk Reduction:**
21. **Nutrition:**

## DLA-20

*The DLA-20 is a validated functional assessment tool to assist the CMs plan and coordinate services for PLWH. It reliably assesses the client's functioning in 20 different areas of daily living. The assessment guides the CM to prioritize client needs and determine the appropriate level of support and service.*

### Requirements

- CM is responsible for the initial and updated DLA-20 assessment for clients enrolled in case management services.
- The initial DLA-20 is due within 30 business days after intake and eligibility determination.
- An updated DLA-20 is due every three months or as needed once the initial assessment is completed.
- If the client is assessed greater than six in DLA-20, then case management is not necessary (self-sufficient).
- Assessment must have a minimum of 15 questions answered in order to generate a score (if not, the assessment will error and cannot be completed).

### User steps

1. In the Clients workspace, select **Assessment**.
2. Then select **Add New Assessment** on the right-hand side of the page.
3. The assessment categories will generate, select **DLA-20**.

## How to Complete a Transitional/Discharge Assessment

*Subrecipient/contractor follow Transition Policy for Ryan White Part B consumer discharge, transfer and case closure. Document transitional policy and notes where applicable.*

### Types of Transitions

- Transfer
- Case Closure

- Unable to locate
- Withdrawal from Service
- Administrative Discharge

## Requirements

- Prior to transition, the provider meets with client if possible concerning reasons for transition and options for ongoing services. When possible, meet face-to-face; if not possible, the provider meets with the client virtually and talks with client via phone.
- If contact is not possible, a certified letter is sent the client's last known address. If client is not present to sign for the letter, it must be returned to the provider.

## User Steps

1. In the client's workspace, select **Assessments**.
2. Then select **Add New Service** on the right-hand side of the page.
3. The assessment categories will then generate, select Transition.

## Re-Engagement/Return to Care

*Consumers can re-engage back to care as long as they are eligible for the Program. If previous transition was due to inappropriate behaviors affecting self or others, such as, but not limited to: consumer abuse of agency staff, property, and services, illegal substance use/abuse on the agency premises, activities violating confidentiality of other consumers at the agency, fraudulence and/or fabrication of documents. The provider is expected to staff the case to establish a re-engagement plan.*

## Requirements

- Documentation in the consumer record demonstrates consistency with the agency Consumer Re-engagement Policy.

This is future enhancement to ClientTrack.

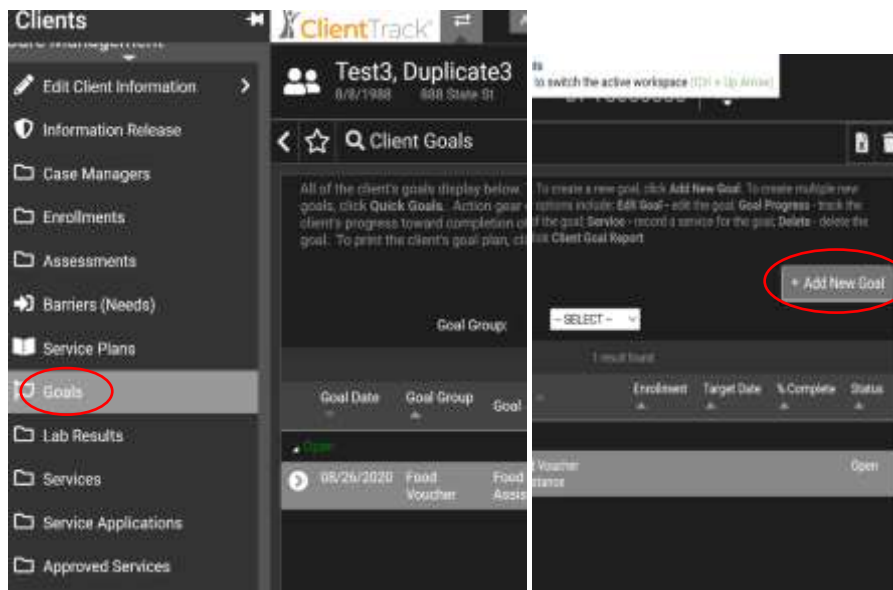
# CLIENT SERVICE AND SERVICE PLANS

## How to Create a Goal

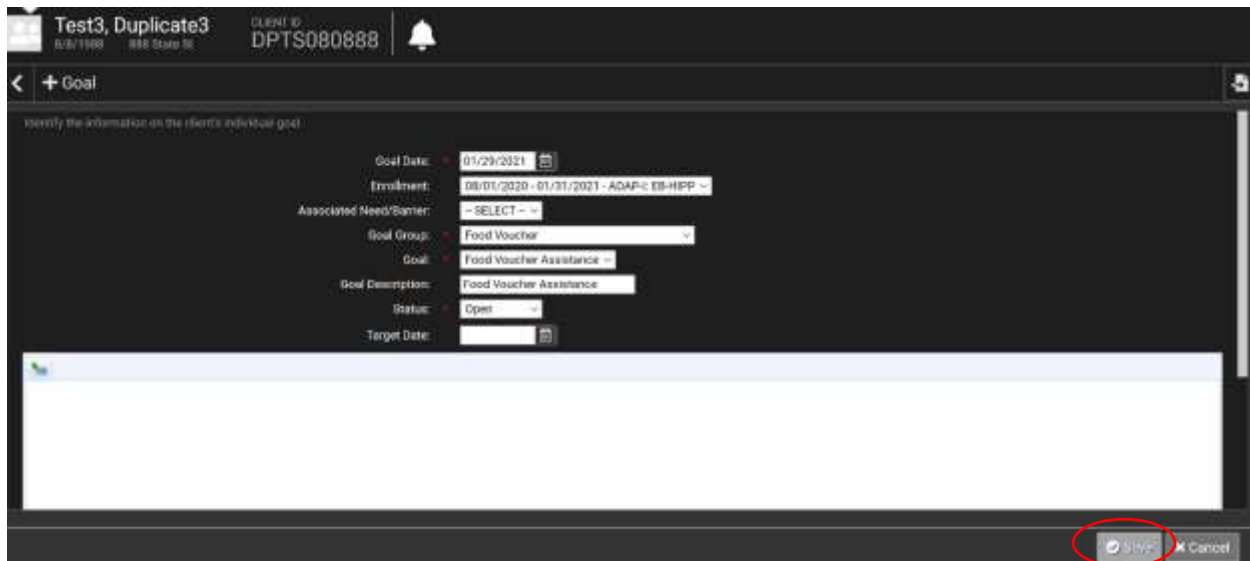
A goal must be set of each client before a new SP can be created. Ensure the goal will match the SP created in order to help the client in the best way possible and maintain client compliance.

### User Steps:

1. In the Client Home page, select **Goals**.
2. Select **Add New Goal** on the right side of the page. All client's current goals will be display in the section below.

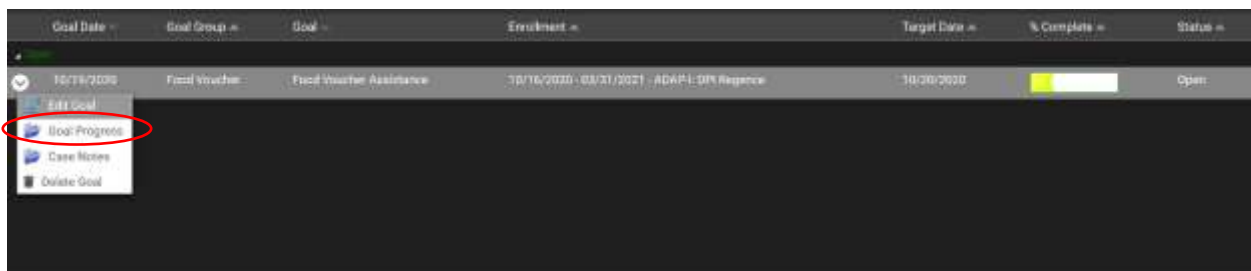


3. The goal page will open, where each field with a red asterisk is required, and additional field, if applicable, may be added. These sections include:
  - a. **Goal Date:** editable, but today's date will automatically generate.
  - b. **Enrollment:** will automatically generate the client's active enrollment dates.
  - c. **Associated Need/Barrier:**
  - d. **Goal Group:** select the **applicable option**.
  - e. **Goal:** select goal associated with goal group selection.
  - f. **Goal Description:** if applicable, type in pertinent information about the goal.
  - g. **Status:** defaults to open, until goal is manually closed.
  - h. **Target Date:** select target date in which goal is or will be active.
4. Click **Save** to finish creating a new goal.



## How to View/Update Existing Goals

1. In the Client's workspace, be sure you are in the **Goals tab**.
2. Once you are in the goals tab, click the **drop-down menu** in the Goal Group and select the **specific goal** being set for the client.
3. Once the specific goal has been selected, select the **action gear** by the open goal. The available options include:
  - a. **Edit goal** – edit the goal.
  - b. **Goal Progress** – track the client's progress toward completion of the goal.
  - c. **Service** – record a service for the goal.
  - d. **Delete** – delete the goal.
4. To view existing goals and their progress, select **Goal Progress**.



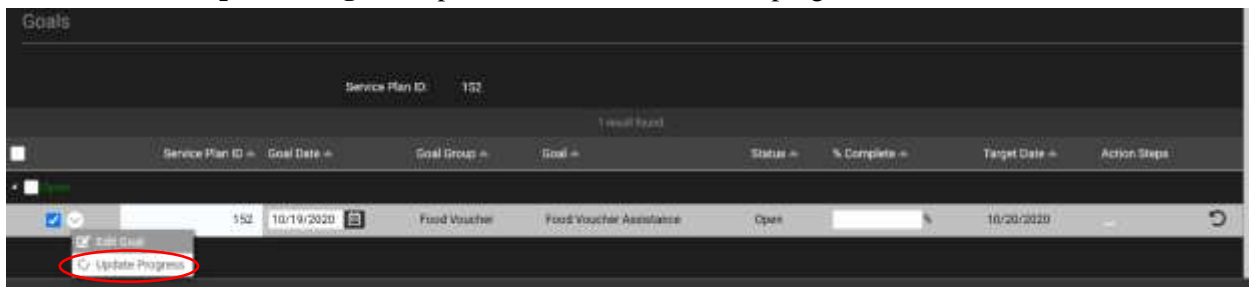
5. You will now be able to see when the date when the goal was last updated, the status of goal, and the goal percentage complete in the **Goal Progress – Summary section**.

- You can also update a goal from this section by clicking the **Edit Goal icon** on the left side of the goal dates listed.

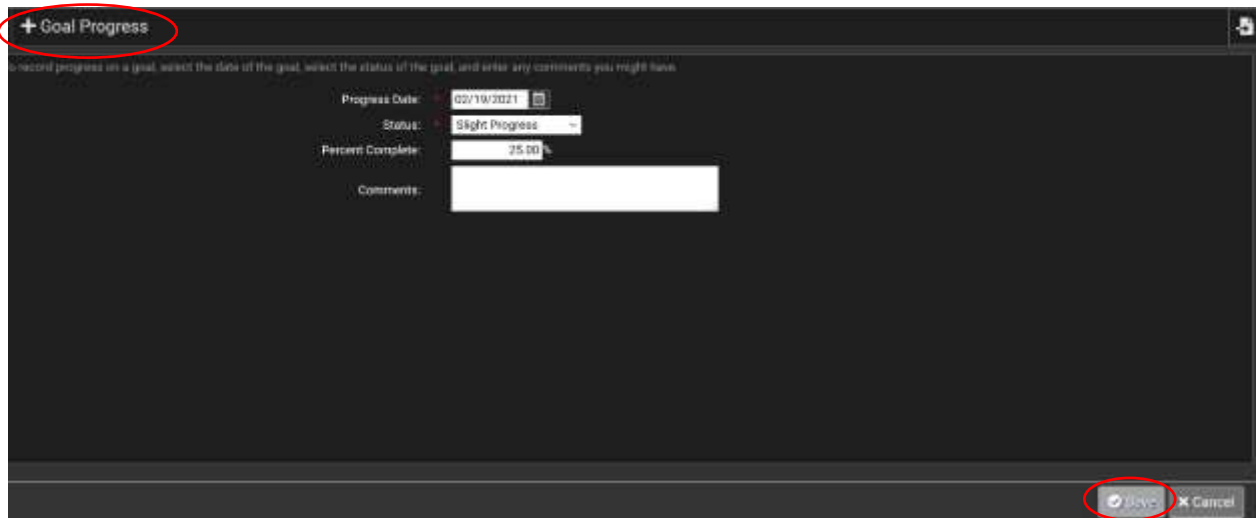


## How to Update Goal Progress

- In the Client's workspace, under the Goals tab, the active goals for the client are displayed. Under actively listed goals, select the **small arrow** to open up more options:
  - Edit Goals:** edit existing goals.
  - Update Progress:** update how well the client as progressed.



- Select **Update Progress**. You can now update the **progress date** and **status of goal**.
  - The percentage and comments are optional, but are often useful when returning to review the goal progress later on. A visual depiction is also helpful when reviewing goal progress.
- Once the goal is updated, select **save**. The **new changes** will be depicted in the goals list.



## How to Create a Service Plan

A service plan identifies the Goals and Actions identified for the client. A service plan should be completed at least every six months but cannot be added until after four months from the start date of the most recent Service plan. Only the most recent Service Plan is active and available to be updated. Once a Service Plan is close, the Goal information becomes static history and read-only. A Service Plan can be printed and shared with a Client.

**Use SOAP to assist with SP documentation:**

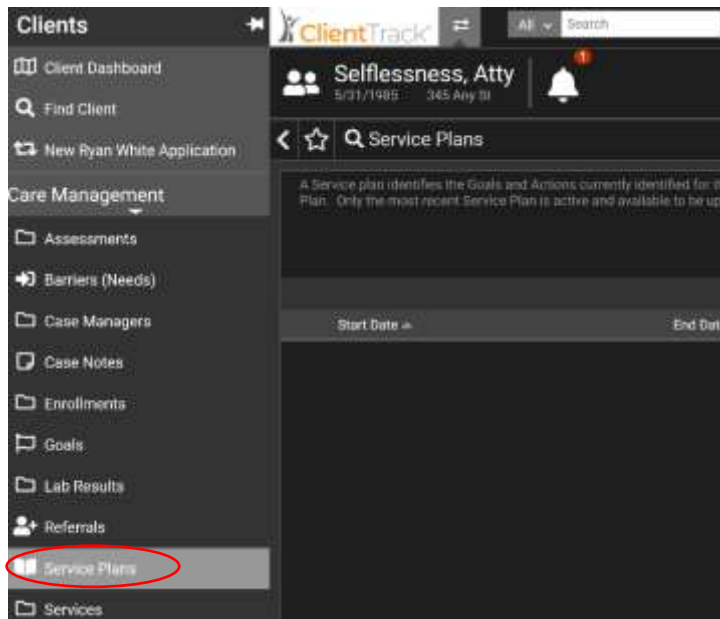
- **Subjective:** document the client's own observations.
- **Objective:** what does the CM perceive.
- **Assessment:** write about the client progress.
- **Plan:** document changes, additions, and revision to SP.

## Requirements

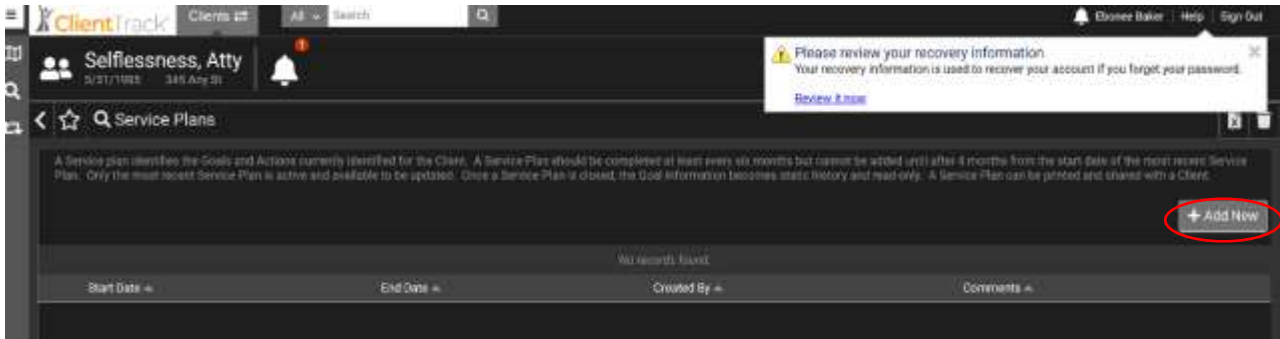
- CM is responsible for the initial and updated SP.
- The initial SP is due within 30 business days after completing the initial PSA.
- An updated SP is due at minimum every six months or as often as needed after the initial SP.
- Services provided and referrals offered are consistent with the goals outline in the SP.
- CM is responsible to document a progress summary of the overall SP at a minimum of every six months.

## User Steps

1. In the Client home page, select **Service Plans**.



2. On the right-hand side of the page select **Add New**.



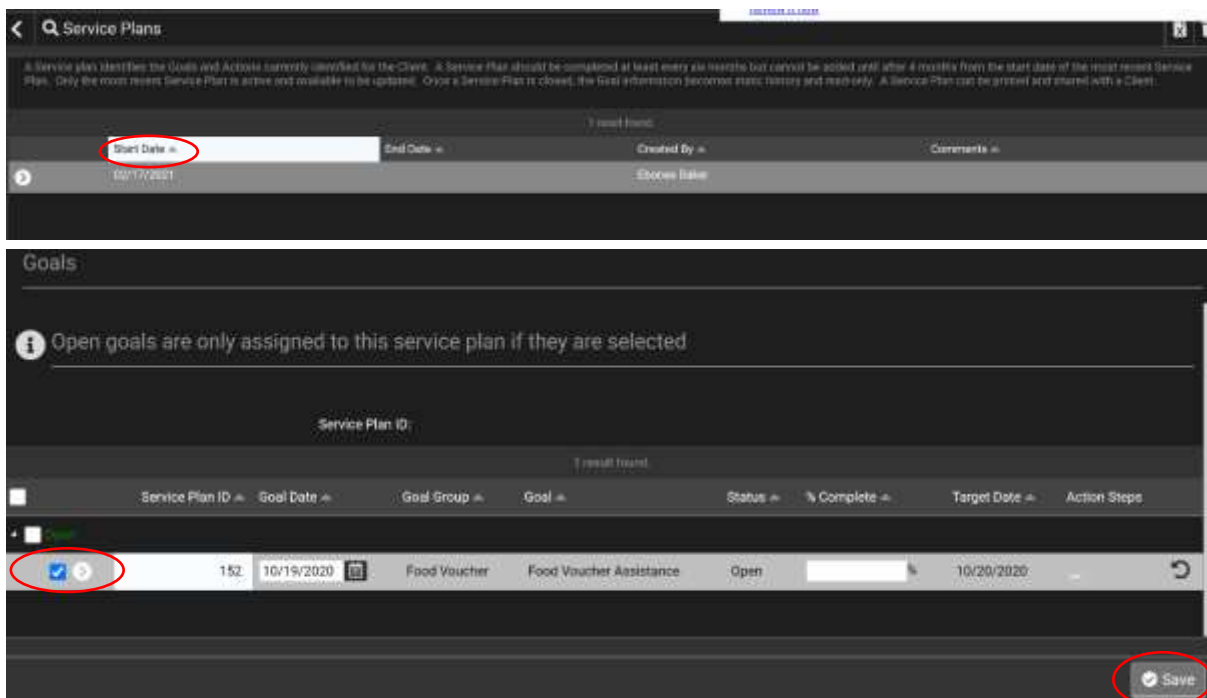
3. The start date for this **new service plan** will appear. The new service plan will require a goal in order to create a new service plan.



4. Check the checkbox to select the associated goal and then **save** the complete creating a new service plan.

## How to see when Service Plan was last updated

1. In the client's workspace, under service plans section, each service plan is displayed at the bottom.

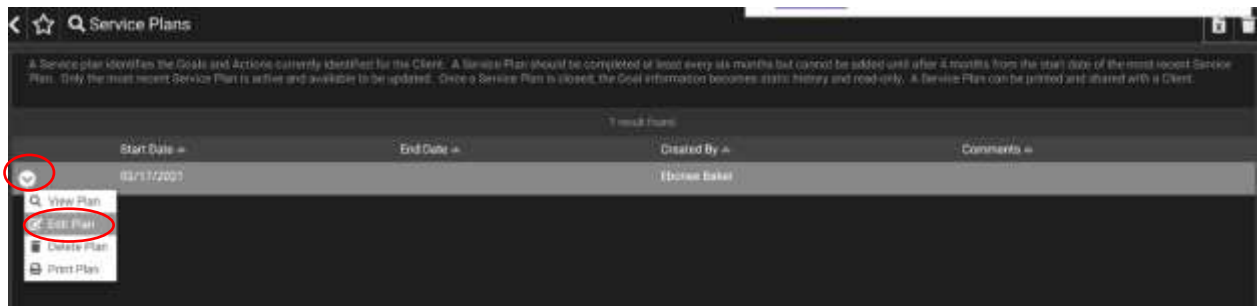


a. The **start date** will indicate when the plan has last been updated.

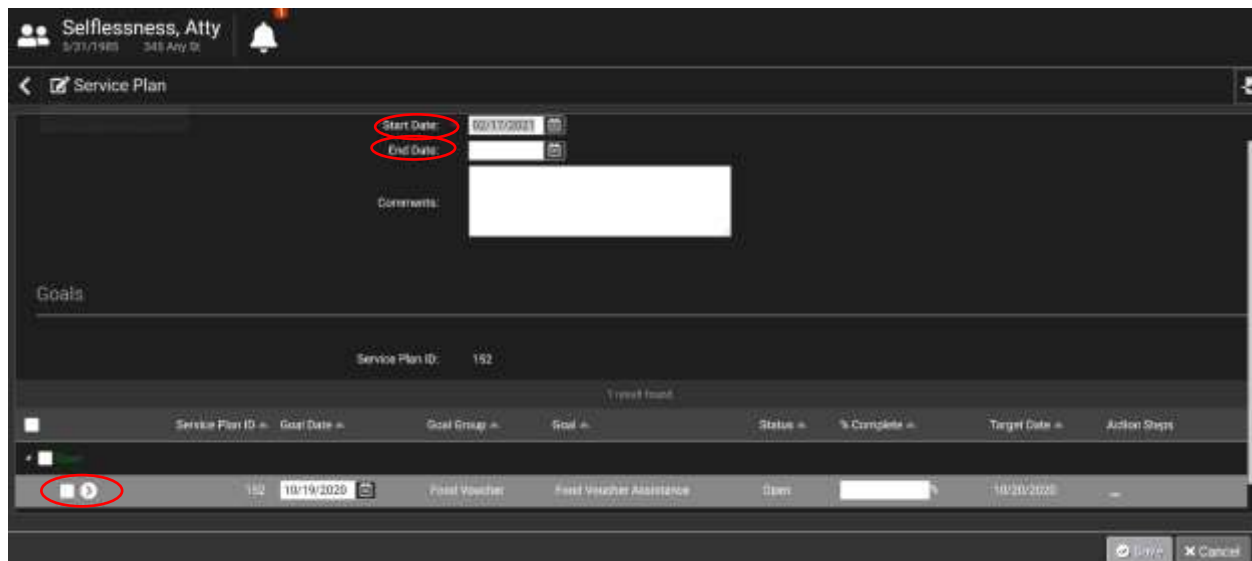


## How to Update a Service Plan

1. In the Client's workspace, navigate to **Service Plans**.  
In the active service plan list, select the **action button** for the goal you desire to update. The following options will generate:
  - a. View Plan
  - b. Edit Plan
  - c. Delete Plan
  - d. Print Plan
2. Select **Edit Plan**.



3. After selecting Edit Plan, you can now **edit the start date, end date, goal date**.
4. At the lower part of the page, there is a **action button**, select it.



5. The goal page will open, where each field with a red asterisk is required, and additional field, if applicable, may be added. These sections include:
  - a. **Goal Date:** editable, but today's date will automatically generate.
  - b. **Enrollment:** will automatically generate the client's active enrollment dates.
  - c. **Associated Need/Barrier:**
  - d. **Goal Group:** select the **applicable option**.
  - e. **Goal:** select goal associated with goal group selection.
  - f. **Goal Description:** if applicable, type in pertinent information about the goal.
  - g. **Status:** defaults to open, until goal is manually closed.

**h. Target Date:** select target date in which goal is or will be active.

Goal

Identify the information for the client's individual goal.

Goal Date: 3/31/2020

Employment: 10/16/2020 - 03/31/2021 - ADMPA Off Release

Associated Need/Barrier: - SELECT -

Goal Genre: Fund Voucher

Goal: Fund Voucher Assistance

Goal Description: Fund Voucher Assistance

Status: Open

Target Date: 1/30/2020

Save Cancel

6. Ensure all the information listed is correct and update, and then **save**.

## How to Add a Barrier – How to get started

1. In the client workspace, select **barriers**.
2. Then select **Add New Barrier** on the right-hand side of the page.
- 3.

## How to add a Client-Based Reminder

1. In the Client's workspace, select the **bell icon** next to the patient's name.

ClientTrack Clients At Search

Atty Selflessness, Atty

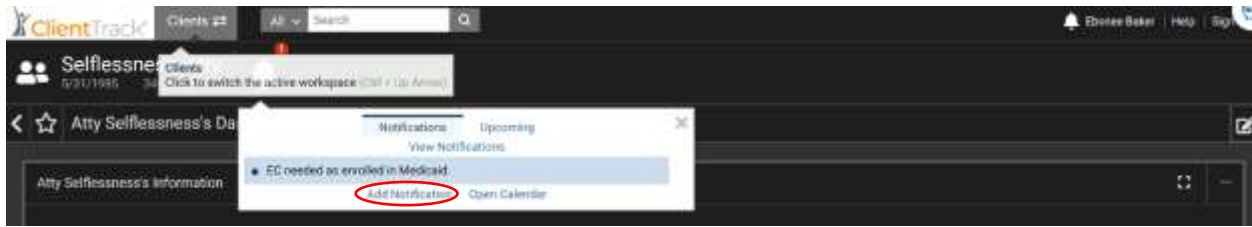
5/31/1985 345 Any St

Atty Selflessness's Dashboard

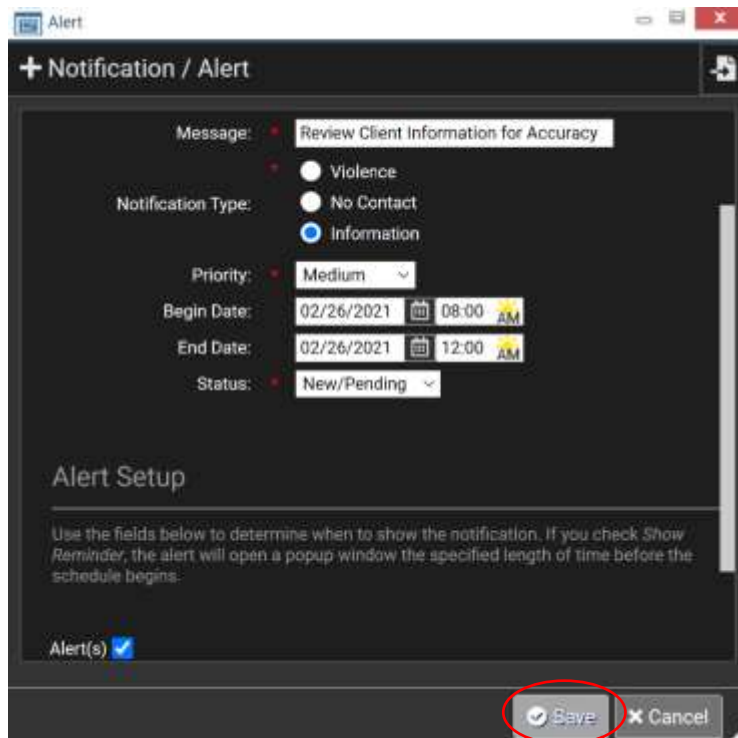
Atty Selflessness's Information

Name:	Selflessness, Atty	Date of Birth:	5/31/1985	Client ID:	ATSL052183
Residential Address:	345 Any St., Sirmfield, UT 84335	Age:	35	SSN:	999-99-9999
Mailing Address:	N/A	Vital Status:	Alive	Organization:	Utah Department of Health
Phone:	800-000-0000	Gender:	Male		
Email:	beckydyer@utah.gov				
Marital Status:	Not Married				

2. Once selected, several options will appear: **notifications, upcoming, view notifications, add notification, and open calendar**.
  - a. Other previously added notification will also appear under the bell icon once it's been selected.
  - b. Select the **Add Notification link**. A new page will generate to add in a new Notification/Alert for future reference.



3. This page will include: **the message heading, notification type, level of priority, start/end dates, and the status of the reminder.**
  - a. You must then decide if you want the alert to open up in a pop up window for the specified length of time selected until the schedule begins. If that is the case, select the **check box**, and **save**.



4. You can also create a new notification by selecting the **notification link** under the **bell icon** option.
  - a. This will direct you to the list of previously added notifications.
  - b. You can select **Add New Notification/Alert** on the right hand of the page and be directed to the same page and options to create another notification/alert.
  - c. You will **fill out and save** the same questions as the other notification option discussed above.

# SUPPORT SERVICES AND REFERRALS

## How to make a Referral

The CM may use a referral to meet client-specific needs and eliminate barriers. CM maintains a current and comprehensive list of internal and external providers and other community services to assist with HIV and non-HIV related services. It is imperative the CM follow up to ensure the client was able to access the referral, if the needs or barriers were resolved, or if another referral is needed.

## Requirements

- CM is responsible to ensure appropriate, timely referral and follow up based on client's needs and barriers.
- CM follow up on referral within 14 business days.

## User Steps

1. In the Client's Home page, select **Referrals**.
2. On the right-hand side of the page, select **Add New Referral**.

3. The referral application page will then generate with the following fields. Those with a red asterisk are required:
  - a. **Referral Date:** today's today will automatically generate, adjust if needed.
  - b. **Enrollment:** client's current enrollment will automatically generate.
  - c. **Associated Need/Barrier:** if specific needs or barriers are needed for to this client, select which ones are appropriate.
  - d. **Client Goal:** the most current goal will be generated here, select from drop-down menu.
  - e. **Program Service:** answer yes or no if the client willing be receiving a program service.
  - f. **Referral Service:** select the service the client will be need a referral for.
  - g. **Refer to Provider:** search for the provider applicable through the following option until the proper provider is selected.
    - i. Provider
    - ii. Address
    - iii. City
    - iv. State
    - v. Zip Code
    - vi. Provider Type
  - h. **Status:** select whether to referral was made, or the client was turned away.

- i. **Comments:** additional information can be added here.

Referral

Complete the information below to identify the service and the provider being referred to.

Referral Date: 02/26/2021

Enrollment: 10/16/2020 - 03/31/2021 - ADAP1, OPI/Ragena

Associated Need/Barrier: SELECT

Client Goal: Food Voucher Authorization - Food Voucher Assistance

Program Service: Yes No

Referral Service: Food Voucher Assistance

Refer to Provider: Delta Dental

Status: Referral Made

Comments:

Next Cancel

- 4. Once all that information is completed, proceed to the **Information Release** section by selecting **next**.
- 5. In the **Information Release** section, the client must **authorize** that his/her information be to can be released to the selected provider by checking **the checkbox**.
  - a. Once they have authorized the release of information, an email will be automatically generated and sent to this provider with information regarding the referral.
- 6. Select **next** to proceed to the **Referral Outcome** section, or **previous** to edit other previously entered information.

Information Release

Information Release

If the Client has authorized that his/her information can be released to the selected provider, please indicate this below. Doing so will cause an email to be automatically generated and sent to the provider with information regarding the referral.

Email Authorized:

Previous Next Cancel

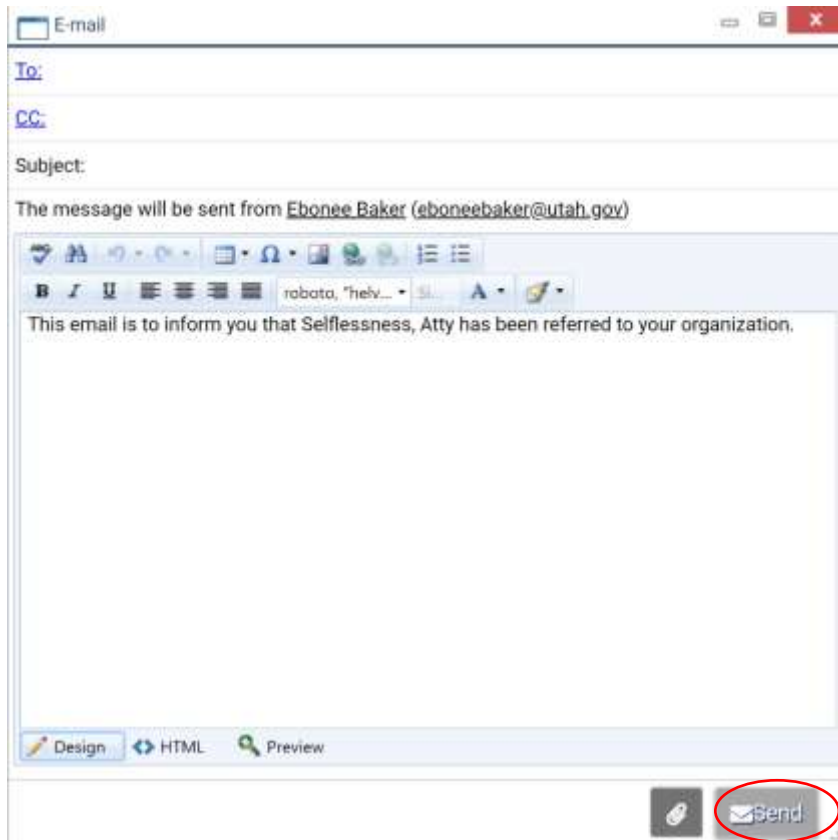
- 7. In the **Referral Outcome** section, the following sections are open for entry:
  - a. **Date Acknowledge:** today's date will automatically generate, unless manually changed.
  - b. **Result Date:** today's date will automatically generate, unless manually changed.
  - c. **Result:** must select from the following options regarding the result of the referral:
    - i. **Service Provided:** service was provided from provider.
    - ii. **Information Only:** only for information review.
    - iii. **Rejected:** client was turned away, or did not meet requirements.
    - iv. **No Show:** failed to show up for appointment.

d. **Comments:** for additional information if necessary.

The screenshot shows a mobile application interface for a 'Referral Outcome' form. The form is titled 'Referral Outcome' and has a sub-section 'Outcome Information'. Below this, there is a prompt: 'Enter the Date Acknowledged by the referral recipient, Appointment Date and Time, Result Date and Result.' The form contains the following fields: 'Date Acknowledged' with a date picker set to 03/24/2021; 'Result Date' with a date picker; 'Result' with a dropdown menu showing 'Information Only'; and 'Comments' with a text input field. At the bottom right, there are three buttons: 'Previous', 'Finish', and 'Cancel'. The 'Finish' button is circled in red.

8. To save the following referral information, select **finish**.
9. Once finished, an **email thread** will automatically populate regarding the referral which states:
  - a. *This email is to inform you that (first name, last name) has been referred to your organization.*
10. To complete the email, fill in these sections:
  - a. **To:** intended recipient.
  - b. **CC:** those copied on to the email.
  - c. **Subject:** Title of what the email entails.
  - d. **Sent from:** your email should be listed here.

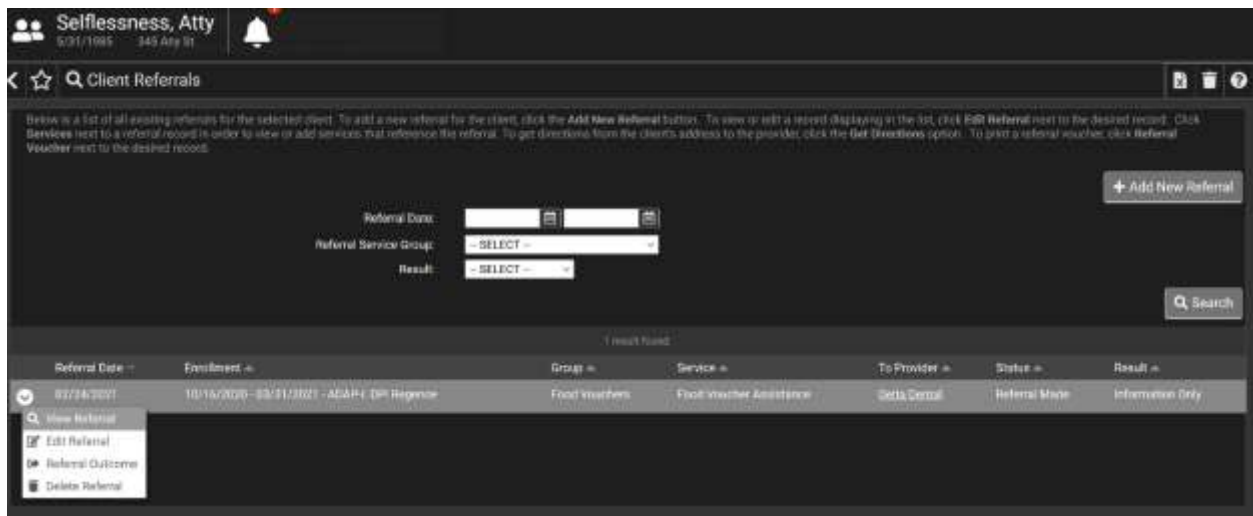
11. Once the proper fields are completed, the email is ready to be sent by selecting **send** on the bottom right.



12. You are now done creating a referral.

## How to add Outcome Information for a Referral

1. In the **Client workspace**, in the **Referrals tab**, select the **arrow icon**. Then select **Referral Outcome**.





2. You can change the referral outcome by completing the following information:
  - a. **Date Acknowledge:** today's date will automatically generate, unless manually changed.
  - b. **Result Date:** today's date will automatically generate, unless manually changed.
  - c. **Result:** must select from the following options regarding the result of the referral:
    - i. **Service Provided:** service was provided from provider.
    - ii. **Information Only:** only for information review.
    - iii. **Rejected:** client was turned away, or did not meet requirements.
  - d. **No Show:** failed to show up for appointment
  - e. **Comments:** for additional information if necessary.
3. Select **Finish**, and you are done updating the referral outcome section.

The screenshot shows a mobile application interface for updating a referral outcome. The title is 'Referral Outcome' and the section is 'Outcome Information'. Below the title, there is a prompt: 'Enter the Date Acknowledged by the referral recipient, Appointment Date and Time, Result Date and Result'. The form contains the following fields:
 

- Date Acknowledged:** A date picker showing 10/24/2020.
- Result Date:** A date picker.
- Result:** A dropdown menu currently set to 'Information Only'.
- Comments:** A text input field.

 At the bottom right of the form, there are three buttons: 'Previous', 'Finish' (which is circled in red), and 'Cancel'.

## How to Assign a Case Manager to a Client

### User Steps

1. In the client's workspace, navigate to **Case Managers**.
2. Once that has been selected, locate **Add Case Assignment** on the right-hand side of the page.
3. Each area with a red asterisk will require entry. These include:
  - a. **Begin Date:** default to today's date, but is editable.
  - b. **Case Manager:** search for case manager by selecting the search icon.
    - i. The **Find Case Manager** page will then generate.
    - ii. Search for the CM by selecting the related organization they are employed with.
    - iii. The active number of cases this CM has will also generate on at the bottom of the search area.
  - c. **Enrollment:** related location and program enrollment.
  - d. Status.
4. To close the case, enter an **end date** and select status as **inactive**.
5. The client's history of assigned CM is displayed on the bottom of the page.
6. To view or edit a case manager assigned, click the **Edit icon** next to the record.
7. To print a list of the client's history of assigned case managers, click **Case Managers Report**.

# How to View Case Manager Workload

## User steps

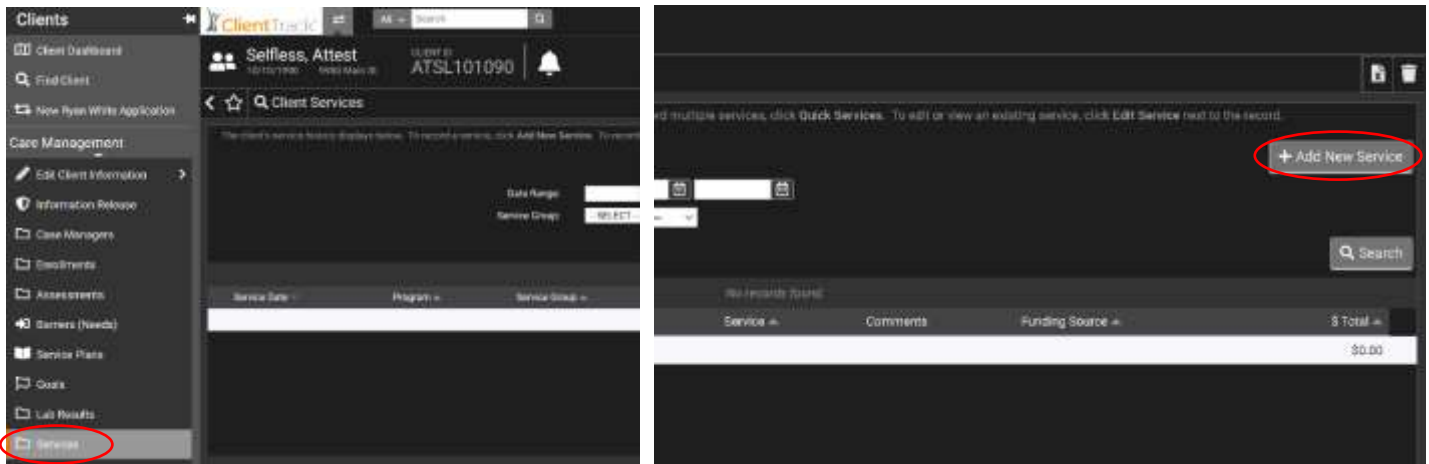
- 1.

# How to Complete an Oral Health Application Requirements

- Client must have an active enrollment record

## User Steps

2. In the Client's workspace, select **Services**.
3. Once in the client's services page, select **Add New Service** on the right-hand side of the page.



4. Select a service from the **Oral Health** section under the **service menu** start the application our of the following options:
  - a. **Admin Fee:** office use only.
  - b. **Preventative Care:** precautionary care.
  - c. **Restorative Care:** corrective/medicinal care.
5. The Application information form will then generate with the following fields –
  - a. **Date of Application:** today's date will automatically generate.

The image shows a form titled '+ Service' for entering information about a service. The 'Service' dropdown menu is highlighted in red. Other fields include 'Enrollment' (11/12/2020 - 03/31/2021 - ADAPM), 'Provider' (with a search icon), 'Location' (Home Office), 'Date' (12/09/2020), 'Units of Measure' (Dollars, Minutes, Count, Hours), 'Units' (1.00), 'Unit Value' (\$5.00), 'Total' (\$0.00), and 'Comments'.

- b. **Case Manager assisting with application:** your name should be here.
- c. **Associate Enrollment:** program client is already enrolled in.
- d. **Service – Oral Health – Preventative or Restorative Care**
  - i. The client may require an initial assessment or reassessment in order provide the best care and tailor a SP the clients needs.
- e. Status for the service will show the following options:
  - i. **Pending:** current awaiting approval or rejection.
  - ii. **Paused:** workflow paused until retrieved and finished.
  - iii. **Approved:** client is now eligible and approved.
  - iv. **Denied:** client did not meet requirements.

6. These fields will be prepopulated from the client’s information on file:
- i. Last Name
  - ii. First Name
  - iii. MI
  - iv. Birthdate
  - v. MRN (if applicable) – not required, editable
  - vi. SSN (if applicable) – not required, editable

- b. Current Address (required) – editable
  - i. Street Address
  - ii. City
  - iii. County
  - iv. State
  - v. Zip

- c. The client now must authorize the release of information regarding the service plan by **answering yes or no** to the following statements.
  - i. *I give Delta Dental permission to mail documents pertaining to Oral Health Services.*
  - ii. *I give the Ryan White Part B Program permission to discuss and release information to partners and Oral Health Providers for the payment of services.*

7. Authorization is required on the client’s end in order to continue with this service plan. The clients **agree with all sections of the agreement by checking each check box and signing and dating the document.**

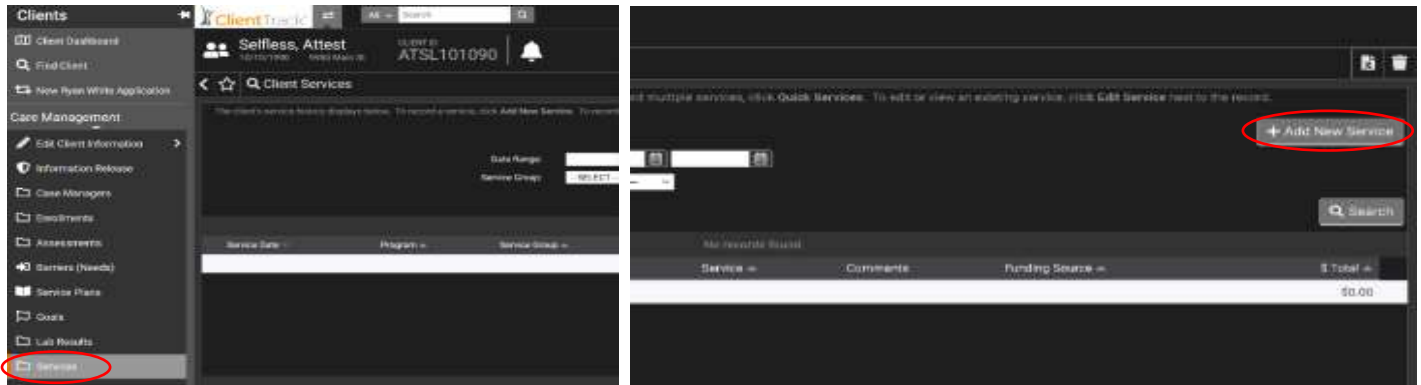
## How to Request Emergency Financial Assistance Requirements

- The client must have active enrollment record
- The client must have all appropriate documentation
- A workflow pause will be required to allow for missing documentation or documentation uploaded at a later date.

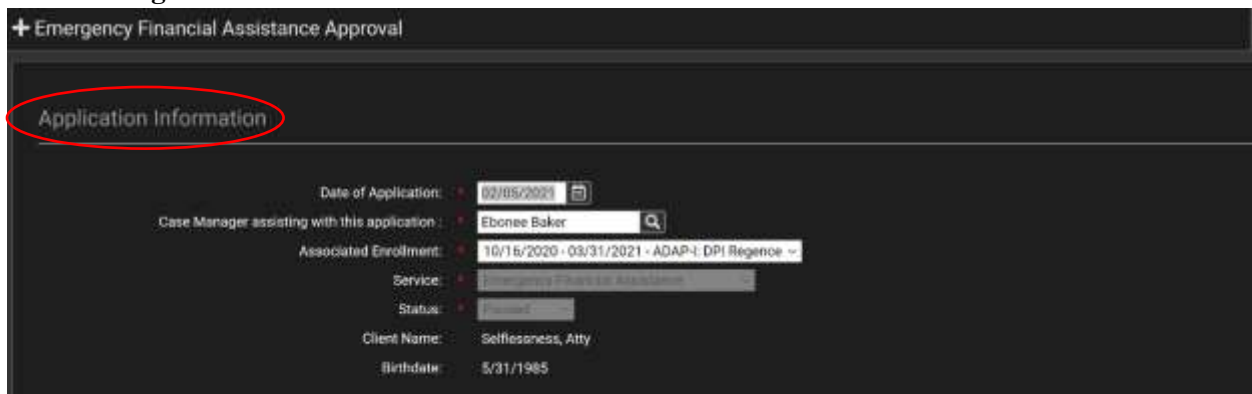
### User Steps

1. In the client workspace, select **Services**

2. Select Add a New Service on the right-hand side of the page.



3. Select the **client's enrollment period** by clicking the **drop-down arrow**. The active enrollment period and current program will populate on its own.
4. Two Emergency Financial Assistance Requests will generate:
  - a. **Emergency Financial Assistance** – financial distress from unexpected life events involving the client's care (loss of employment, insurance, medical injuries, etc.)
  - b. **COVID Emergency Financial Assistance** – specifically financial distress that has occurred from the Covid-19 Pandemic (loss of employment, insurance, sickness, hospitalization, etc.)
5. The application form opens with the following fields – all field are prepopulated or required. **Save** to move onto the next step in the application.
  - a. **Date of Application:** will generate today's date.
  - b. **Case Manager Assisting with the application:** case manager logged in.
  - c. **Associates Enrollment:** program client I already enrolled in.
  - d. **Service:** Emergency Financial Assistance/ COVID Emergency Financial Assistance
  - e. **Status:** what stage of approval or denial the application form is.
    - i. **Pending:** awaiting review from CSS.
    - ii. **Paused:** application is paused and will be finished at another time.
    - iii. **Approved:** CSS approval for financial help.
    - iv. **Denied:** client did not meet criteria for financial assistance.
  - f. These fields will be prepopulated with the client's information on file:
    - i. Last name
    - ii. First name
    - iii. Middle initial
  - g. Birthdate



- h. Current/Residential Address fields are required and include:
  - i. Address
  - ii. Address 2
  - iii. City
  - iv. County
  - v. State
  - vi. Zip Code

- 6. To start the application process specific to financial assistance, the following questions will require entry:
  - a. **Total Amount of assistance requested:** provide dollar amount.
  - b. **Service apply for (select all that apply):** Rent assistance, first month rent, lot rent, or utility/water bill assistance.
  - c. **Specific month or year for requested service:** provide appropriate detail service will be needed.
  - d. **Total number of adults that live at previously listed address:** provide accurate number of those residing at the provided location.

- 7. Next, the specific service selected will require Provide applicable information for each company that will receive the amount payable.

Rent Payment payable to:		Utilities Payment payable to:	
Name:	Linda Barb	Name:	Rocky Mountain Power
Address:	1234 s. state street, salt lake city, Utah 84119	Address:	555 E. 234 S. Salt Lake City Utah, 84119
Account Number (if available):	1234567891	Account Number:	4568459725

8. For each type of assistance requested, clients are required to **upload the applicable documentation** to show why they are eligible to get assistance.
9. Select the **plus sign** to upload documents, **title each document**, and **save** to proceed to the next step.

**Required Document Checklist**

Rent:

Written documentation from landlord OR copy of signed, unexpired lease that includes (all required):

- Amount of rent due
- Amount of utilities included in rent
- Payee (vendor) name, as it should appear on the check
- Payment remittance address

Utilities:

Most recent bill that itemizes the utilities and dates of service (statement showing only the total will not be accepted):

- 

**Document Upload**

**+**

Upload File	Document Title	Associated File
<input checked="" type="checkbox"/> CC/11/13, Community Resources, 2/16/14.pdf	Amount Due/Date	
<input checked="" type="checkbox"/> 2014 11/11 CC/11/13, Community Resources, 2/16/14.pdf	Unit/Address of Housing	
<input type="checkbox"/> Choose File		

10. Determine eligibility by answering **yes or no** on each section regarding if the client has requested housing and/or services from the following sources: Family, Friends, Religious Organization, Other Charitable Organization. Then provide an explanation for why or why not the client received/did not received assistance.

**Eligibility Determination**

Have you requested housing and/or utilities assistance from the following sources?

Family:

Outcome:

Friends:

Why not:

Religious Organization:

Why not:

Other Charitable Organization:

Why not:



Have you met with a case manager to discuss other housing and/or utilities assistance options that are available to you? (MUST check one)

Yes, I was approved and am currently receiving assistance:

Yes, I applied but was denied:

Which agency did you apply through: Utah Department of Health

Which services were you denied: Assistance to cover the costs of rent.

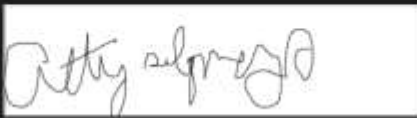
Why were you denied: Paystubs indicated client made too much between husband and wife, but money had to be used to pay other bills.

Yes, I applied but am on a waiting list:

Yes, my case manager determined I was not eligible for any other housing assistance and/or utility options:

11. Then answer if the client has met with a case manager to discuss the service options available to the client's specific needs. Select which **option applicable to the client's situations, applicable explanations**, and **save** to move on.
12. **Signature & Save.**

Client Signature

Client Signature: 

Client Signature Date: 02/05/2021

13. Review all information to ensure information is correct, then **save**.
14. The CSS will then review the application to determine if there is sufficient documentation provided and either approve or denial the financial assistance request.
  - a. The system will take the logged-in user's name as the one who approved the application.

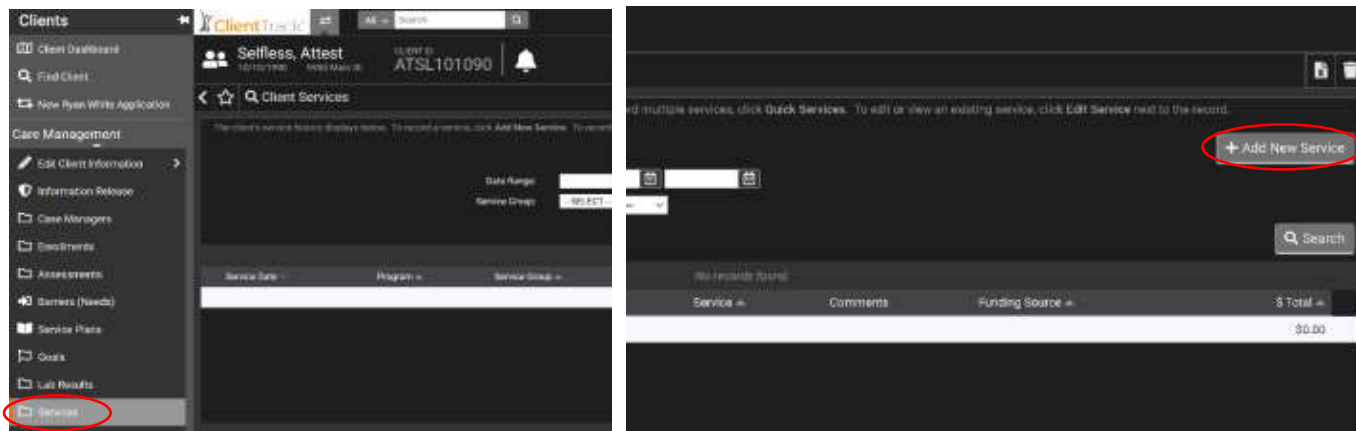
## How to Request Food Voucher Assistance

### Requirements

- Client must have an active enrollment record.
- Client must have goals, with at least one addressing FV assistance.

## User Steps

1. Before selecting a service, the CM will need to validate that there is a current client goal for Food Vouchers. If there is no active goal present, the CM will need to add a goal pertaining to food voucher assistance to allow the client to receive these services
  - a. refer steps in “How to Create a Goal.” (pg. 12-14)
2. Once goal is validated, in the Clients Tab, Select **Services**.
3. Then select **Add New Service** on the right side of the page.



4. Select the **client's enrollment period** by clicking the **drop-down arrow**.
  - a. The active enrollment period and current program will generate on its own
5. Once **Food Voucher Assistance** is selected in the **service drop-down menu**, the Food Voucher Form and application questions will automatically generate in a new window.
6. Application questions will then be generated after the correct service has been selected. All fields with a red asterisk are required.
  - a. **Date of Application:** today's date will automatically generate.
  - b. **Case Manager assisting with the application:** case manager logged in and filling out application.
  - c. **Associated Enrollment:** active program enrollment.
  - d. **Service:** automatically selected for each different service application.
  - e. **Assessment Type:** Select if assessment is initial or requires re-assessment.
  - f. **Status:** automatically defaults as pending until service is approved by CSS.
  - g. **Voucher will be disbursed by:** which organization will be disbursing voucher.
  - h. **Client Name:** prepopulated.
  - i. **Birthdate:** prepopulated.
  - j. **Object:** Office use only.

k. **Comment:** available for addition information regarding this service request.

+ Food Voucher Approval

Application Information

Date of Application: 01/29/2021

Case Manager assisting with this application: Eboree Baker

Associated Enrollment: 08/01/2020 - 01/31/2021 - ADAP- EB-HIPP

Service: Food Voucher Assistance

Assessment Type: Initial

Status: Pending

Voucher will be distributed by: UOOH

Client Name: Test3, Duplicate3

Birthdate: 8/8/1988

Object:

Comments:

Save Cancel

7. **Save** before proceeding on to the next step.
8. The client's residential address will be prepopulated with the information the client used for their original program application. If the client needs to update their address, they can do so by checking the box in **Update Address**.

Client Residential Address (address must be current to receive services)

Update address:

Address:

Address 2:

City/County/State/Zip Code: County:

9. The **Reason for Need of Service** section will require a check mark by the options that pertain to the client's needs: food insecurity, job insecurity, health related concern, divert expenses, other, and a brief description of why the services are needed will be required.

Reason for Need of Service

Reason for need of service (Select all that apply and give a brief description):

- Food Insecurity
- Job Insecurity
- Health Related Concern
- Divert Expenses
- Other

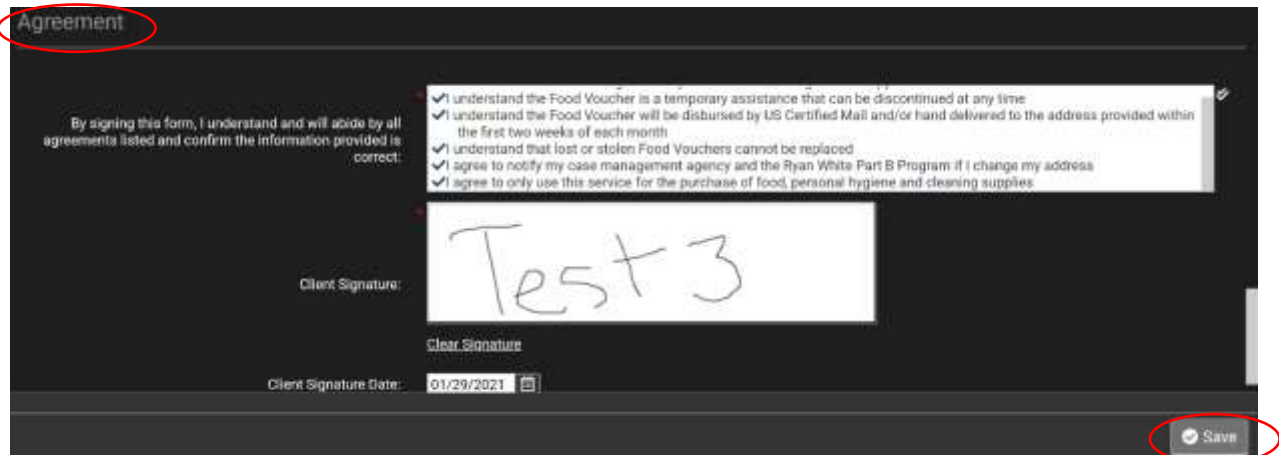
Brief Description of Need: Not enough money to purchase sufficient amount of groceries.

10. The Progress plan is to further set the assessment frequency, and dollar amount for each food voucher. The following options will required entry:
  - a. Current goal in the service plan address the need for this service:
  - b. Frequency of assessment (in months):
  - c. Expiration Date:
  - d. Food Vouch Amount requested:

- e. If the disbursement amount will be consistent until re-assessment is due: answer yes or no.



11. To complete this application, all of the listed agreements must be **checked** which include the following:
- a. *I understand I have to be eligible for Ryan White Part B Program for Support Services in order to receive the Food Voucher.*
  - b. *I understand the Food voucher is a temporary assistance that can be discontinued at any time.*
  - c. *I understand the Food voucher will be disbursed by US Certified Mail and/or hand delivered to the address provided within the first two weeks of each month.*
  - d. *I understand that lost or stolen Food vouchers cannot be replaced.*
  - e. *I agree to notify my case management agency and the Ryan White Part B Program if I change my address.*
  - f. *I agree to only use the service for the purchase of food, personal hygiene and cleaning supplies.*



- 12. A **signature** must be provided in order to complete a FV request.
- 13. **Save the application**, and if no errors indicate missed areas in the application, you are done and can now close the window.
- 14. The application will then be reviewed by the CSS to ensure the application has sufficient information.
  - a. If the application is not sufficient, CSS will notify the user they need to provide more information in indicated areas.
  - b. If the application is sufficient, CSS decides about vouch program approval.
- 15. When approved, the CSS will decide whether the CM distribution is approved or denied.
- 16. Distribution workflow will be discussed in later sections.

## How to Request a Lyft Ride

The Ryan White Part B Program received funding through HRSA to assist clients with supportive services. The program allocated a portion of the funding to assist with Transportation services for eligible clients. The Program must be the payer of last resort. If other services are available to the client those must first be exhausted.

Ryan White Part B client can request transportation relating to HIV health appointment, case management, eligibility, or other needs (with sufficient explanation) through their case management agency.

### Requirements

- Client must be current enrolled in support services.
- Not Medicaid eligible.
  - Exception: CM can provide documentation through an email to explain the reason Medicaid will not be able to assist with transportation and would need the program assistance.
- Case management agency will need to complete transportation referral form and return to the program for final approval three days prior to pick-up date.
- It is the CMA responsibility to ensure the client is currently eligible for the Ryan White Part B Program as of the date the transportation service is used.
  - CMA will be billed for any transportation services used by any client that is not currently active for the RW-B Program and eligible for support services
- Client must provide pickup and destination location and times.

### User Steps

1. Case Management agency will need to complete a transportation referral form and return it to the program for final approval three days before pick-up date.
2. In the Client's Workspace, Select **Services**.
3. Then select **Add New Service** on the right side of the page.



4. Select the proper **client's enrollment** period by clicking the **drop-down arrow**. The active enrollment period and current program will populate on its own.
5. For Service, select **Private Ride Share (Uber, Lyft)** from the Transportation section. This selection will open the application form.
6. Other transportation vouchers are available in this drop-down list which will require the same application process as requesting a Lyft or Uber ride. These include:
  - a. **Gas Voucher:** financial assistance of transportation with client's own vehicle.

**b. Other Transportation Service:** indicate needs for service in notes for specified service.

Service

Enter the information about the service provided to the client below.

Enrollment: 11/12/2020 - 03/31/2021 - ADAP-M

Service: - SELECT -

Provider: [Search]

Location: Home Office

Date: 12/11/2020

Units Of Measure:
 

- Dollars
- Minutes
- Count
- Hours

Units: 1.00

Unit Value: \$1.00

Total: \$1.00

Comments: [Text Area]

7. **Public Transportation Assistance:** assistance for public transportation ticket costs. Application information will default to the client’s current information previously provided.

8. The reason for service must be tailored to each client and selected from the following options: HIV health related appointment, case management, eligibility, and Other with an explanation.

Transportation Voucher Approval

Application Information

Date of Application: 12/04/2020

Case Manager assisting with this application: Ebonee Baker

Associated Enrollment: 11/13/2020 - Supportive Services

Service: [Dropdown]

Status: [Dropdown]

Client Name: Selfless, Altest

Birthdate: 10/10/1990

Reason for need of service (select as many as needed):
 

- HIV Health Related Appointment
- Case Management
- Eligibility
- Other (please explain)

9. The last part of the application includes the client’s current location and their destination. Ensure the information regarding both locations is correct before proceeding.

**a. Traveling Information:** REQUIRED for Current Location and Destination

- i. Pick up time
- ii. Name
- iii. Street
- iv. Apt or Suite
- v. City
- vi. State
- vii. Zip

10. To Save, click **save** in the lower right-hand corner.



- a. A request for an Uber or Lyft will be reviewed and then placed.
11. The program will have three business days to complete the review and approve or deny the request.
- a. If application is approved or denied, the Program will inform the case manager by email or phone (depends if CSS is out of office, then an email will be sent to the case management agency instead).
12. To escalate the transportation request, the case manager will need to complete the transportation referral three days prior to the pick-up time and return to the Program for final approval.
- a. **Email Subject:** the CM will write “expedite.”
- b. **Email Body:** CM will explain the reason for expenditure.
- c. After submitting the request, the CM will contact the CSS via phone to discuss the expenditure request.
13. The CSS will arrange the Lyft ride after approval.



# RECORDS AND BILLING

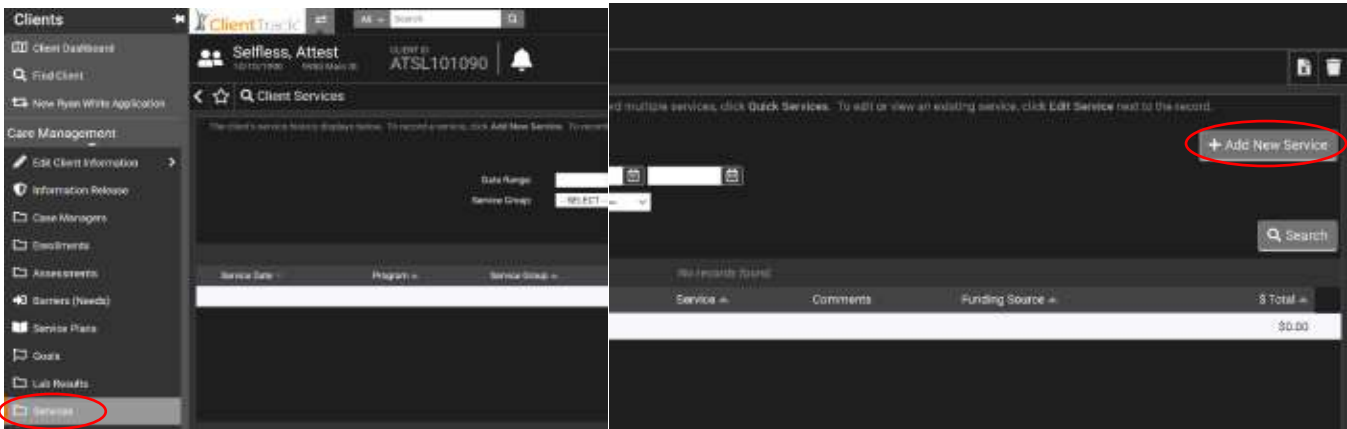
## How to Bill for Case Management Requirements

### Requirements

- Client must have an active enrollment.

### User Steps

1. In the Client workspace, select **Services**
2. Then select **Add a New Service** on the right-hand side of the page.



3. The service information will generate with the following options:
  - a. **Enrollment:** enrolled program will generate in the drop-down menu.
  - b. **Service:** the service will only show what is applicable for your organization.
    - i. IDC Non-Medical Case Management
    - ii. UAF Non-Medical Case Management
    - iii. IDC Medical Case Management.
  - c. **Provider:** search for specific provider by selecting the search icon and searching the provide by name, address, state, zip code or provider type.
  - d. **Location:** home office is the only option available and will default.
  - e. **Date:** for the **date of service**, NOT date added into ClientTrack.
  - f. **Units of measure:** count will default, do not change unit of measure.
  - g. **Units:** one unit = 15 minutes of case management services.
  - h. **Unit Value:** enter in applicable dollar amount.
4. Office use only section options will default and include:
  - a. **CPT Code:** T1016
  - b. **Activity:** MCMS
  - c. **Function:** BCS
  - d. **Object:** 7503

e. **Comments:** add in comments as necessary.

Selflessness, Atty  
1/27/2021 1:45 AM

PERCENT PROGRESS  
100.00%

GENDER  
Male

Enrollment: 10/16/2020-02/31/2021 - ADAP-I DPT Regimen

Service: IDC Medical Case Management

Provider: University Clinic 1A

Location: Home Office

Date: 02/17/2021

Units Of Measure: Dollars

Units: 1.00

Unit Value: \$0.00

Total: 50.00

CPT Code: T1018

Activity: MCM

Facility: HCA

Object: 7500

Comments:

Save Cancel

5. Select **save** to add in Bill for Case Management.

## How to Enter in Case Notes

Case notes are complete so anyone reading the notes can understand who the client is, what brought them to the office, what goals and plans were established, intervention utilized, and any referral/follow up which was planned or completed.

As a CM, you have access to read and write the Benefit Specialist notes, Services notes, Case Management notes, Note to Client, and IDT notes. You are only able to read the Eligibility notes.

### Case Manager Service Standards:

<https://ptc.health.utah.gov/wp-content/uploads/2020/09/2020-2021-Utah-Case-Management-Service-Standards.pdf>

### Universal Service Standards:

[https://ptc.health.utah.gov/wp-content/uploads/2020/12/2020\\_RWB-Universal-Service-Standards-1.pdf](https://ptc.health.utah.gov/wp-content/uploads/2020/12/2020_RWB-Universal-Service-Standards-1.pdf)

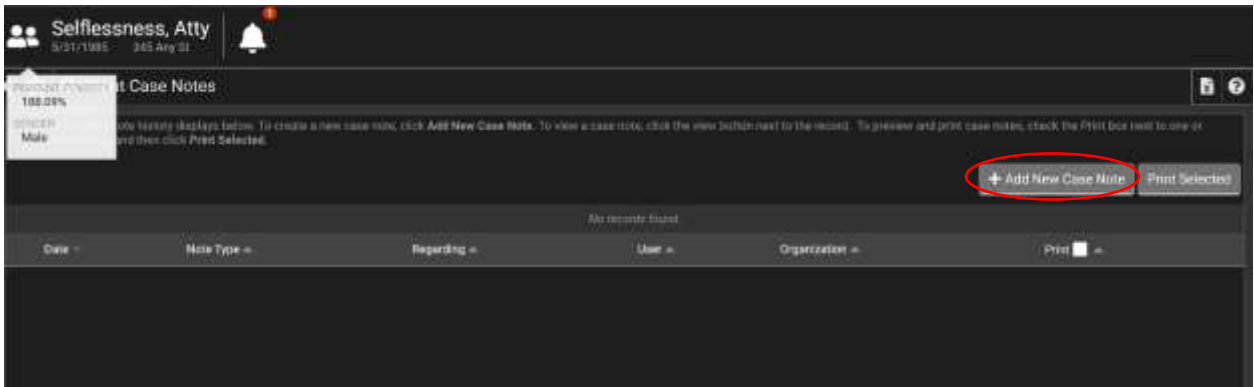
## Requirements

- CM is responsible to ensure appropriate, timely documentation within 24 hours after an interaction with or about the client.
- CM documents any interaction, either with a client, providers, or community agencies that pertain to the client via face-to-face, emails, or phone conversations.

## User Steps

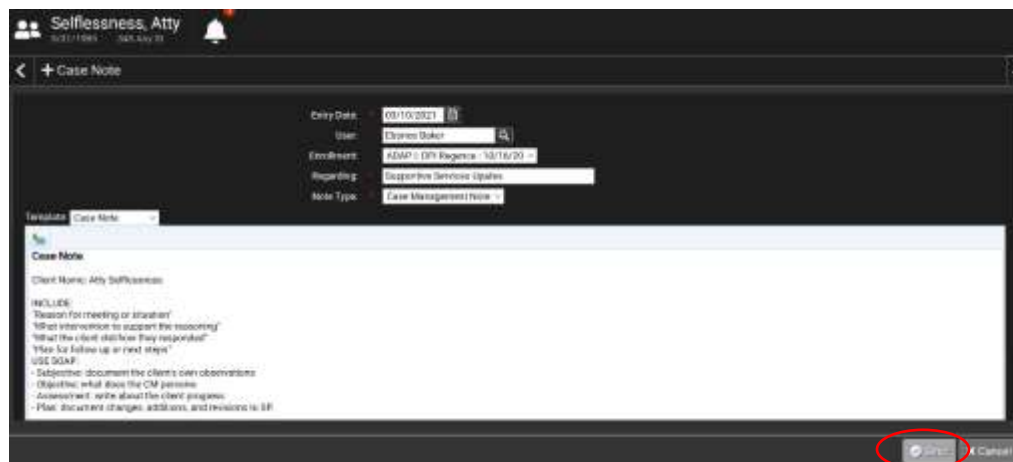
1. In the Client's workspace, select **Case Notes**.

## 2. Select Add New Case Note.



## 3. The case notes descriptions section will include:

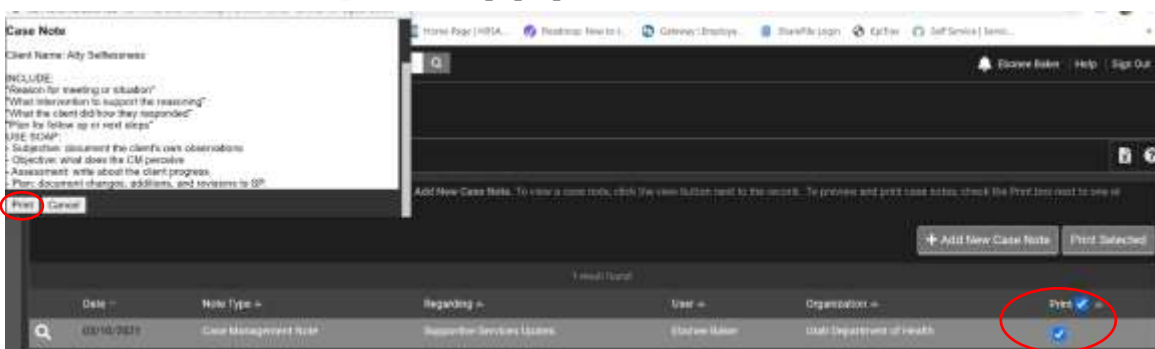
- a. **Entry date:** will default to today's date (allow date to be editable with the rule of only allowing 3 days prior to the current date and the current day, and do not allow future date to be entered).
    - i. **Example:** current day is 3/10/21, the only allowable dates to be entered in will be 3/7/21-3/10/21/
    - ii. CM must enter notes within 3 days from the day they rendered the service, allowing 4 days in case the 3<sup>rd</sup> day happens to be a holiday after the weekend.
    - iii. If user enters date outside the date rule, a warning will display: "Service date must be today or within the previous 4 days."
  - b. **User:** default to case manager logged in
  - c. **Enrollment:** select which program the client is current enrolled in.
  - d. **Regarding:** include a brief description of what the case note will be about.
  - e. **Note Types:** depends on the action taken and workgroup currently logged in.
4. Ensure **Case Management** is the note type selected in the drop-down menu.
  5. In the **Case Note** section, type in pertinent information involving the patient,
    - a. *An italicized description of how to write a case note is included in the section directly below the heading "How to Enter in Case Notes."*
  6. Once all is completed, documentation is up to date, select **save** to add a new case note into the client's record.



- To view existing notes, simply click the **view** button next to the record. The client's case note history will already be displayed on this page.



- To preview and print case notes, check the **Print** box next to one or more case notes, and then click **Print Selected**, and **print** in the pop-up window of the notes selected.



## TRACKING, LOGGING, & DISTRIBUTION

These sections will be completed when the following process are more solidified. These sections are still in technical form.

### Transportation/Food Voucher Logging Workflow

#### Requirements:

- The client must have an active enrollment record.
- The CMA must comply to disbursement rules based on voucher type.

#### User Steps:

- UDOH receives a batch of vouchers.
- Vouchers are logged into a voucher tracking log by type and amount
- AGENCY requests vouchers by type.
- Based on type, a specific (manual decision) quantity of vouchers are assigned to the AGENCY.
- Agency acknowledges receipts of vouchers.
- Agency disburses all vouchers and returns the manual log to UDOH
- UDOH enters information from the manual log into the voucher tracking log.
- When the TV log is saved, a validation will run in the background to identify any transportation voucher incorrectly disburse. There are no rules on food vouchers.
  - Rule 1: client must be active (with URW) at time of disbursement.

- b. Rule 2: Client must live outside a 30-mile radius of the appointment site for GAS vouchers.
- c. Rule 3: quantity/amount of disburse GAS vouchers must not exceed the following calculation:
  - i. Disbursing partner will use general rounding rules. If dollar amount ends in 0,1,2,3, or 4 round the amount down to the nearest \$10 increment. If dollar amount in 5,6,7,8, 05 9 round up to the nearest \$10 increment.
- 9. Other voucher types may have restrictions that are unknown at this time.

### Transportation Voucher:

1. UDOH receives a batch of transportation vouchers (Cards)
2. Cards are logged into the Voucher logging sheet.
3. Voucher Type (new column)
4. Issues To (blank until disbursed)
5. Card #
6. Amount
7. A checkbox in the head is added to allow for the export request to show only Null Client ID (this is to allow for a printed spreadsheet to be included when the vouchers are issued to the agency)
8. The following fields will be blank until the manual log is returned by the CMA and UDOH enters the data:
  - a. Date issue
  - b. Client ID
  - c. Client Last Name
  - d. Client First Name
  - e. Mileage One Way (gas only) for export, to see these fields, run export for GAS only
  - f. Round Trip Cost (gas only)
  - g. Total Vouchers eligibility \$\$ (gas only)
  - h. Total Vouchers (gas only)
  - i. Total Reimbursement for non-gas vouchers (see new can info)
  - j. Issued by UDOH employee
  - k. Reason for appointment.
9. Dispensed to (person responsible for cards)
10. Signature (CM who disbursed voucher)
  - a. On the CT form, this will be a Yes or NO selection so the person entering the data can acknowledge the signature for the hard copy of the spreadsheet.
11. Data disbursed
12. Approval (Yes/No Dropdown)
13. Date Log Returned.
14. UDOH Finance open the bulk entry form, validates data and prepares to export.

15. Data to be included on this form/export includes (the “left blank” columns do not need to be visible on the validation form-but they do need to be included in the export)
- a. Alternate ID (left blank)
  - b. Client ID (prepopulate)
  - c. Card #
  - d. Client Last Name (prepopulated)
  - e. Client First Name (prepopulated)
  - f. Payee (always Ryan White Part B Program)
  - g. Invoice Data (populated with Date Log Returned)
  - h. Date of Services (populated with Date Disbursed)
  - i. Unit (always 1)
  - j. Price (populated with amount of voucher)
  - k. Admin (leave blank)
  - l. Cost (populated with amount of voucher)
  - m. Funding
  - n. Funding Program Name
  - o. Vendor\_Unique\_Client\_ID (left blank)
  - p. Account\_Number (left blank)
  - q. Insurance\_Provider\_Name (left blank)
  - r. Service\_Type (populated with voucher type)
  - s. Clinic\_Location (left blank)
  - t. CPT\_Code (left blank)
  - u. Comments (left blank)
  - v. Group (populated with voucher type)

**Reporting:**

1. UDOH will run a report for ineligible gas vouchers. This report will be populated by the data in the logging form, and will only return data where Correct Amount of vouchers given EQUALS no.

**Food Voucher:**

2. UDOH receives a batch of food vouchers (cards)
3. Cards are logged into Voucher logging sheet
4. Voucher Type (blank until disbursed)
5. Card #
6. Amount
7. Date Issued
8. The following fields will be blank until the manual log is returned by the CMA and UDOH enter the data.
  - a. Client ID
  - b. Client Last Name
  - c. Client First Name

9. Dispensed to (person responsible for cards)
10. Signature (CM who disbursed voucher)
11. Date disbursed
12. Approval (date eligibility check by CM)
13. Date Log Returned

## Transportation/Food Voucher Tracking Workflow

### Users:

- Case Manager (ID Clinic or UAF)

### Requirements:

- All vouchers will be logged as a service.
- Users will continue to have access to existing forms and reports.

### User Steps:

1. A manual voucher tracking spreadsheet is received from a CMA
2. UDOH enters a new bulk entry form (import process will be in a future design. Copy past will be supported at field level only)
3. The form will mirror the manual entry spreadsheet in columns with slight exceptions.
  - a. The enrollment program column will be added to the bulk form
  - b. Client status (ACTIVE or inactive) will be displayed in a new column
4. UDOH enters the data from the manual spreadsheet.
5. After the user saves, the data will be saved to each distinct client record, by voucher
6. All ACTORS will have access to the new data as a SERVICE on all existing forms, portals, and reports.

### Voucher Tracking

1. UDOH open a new bulk entry form and populates the following fields \*client only ever has one open enrollment
  - a. Date issued
  - b. Client ID
  - c. Client Last Name (prepopulated from Client ID)
  - d. Client First Name (Prepopulated from Client ID)
  - e. Client Status (prepopulated from database)
  - f. Enrollment (prepopulated based on entered client)
  - g. Service
  - h. Provider
  - i. Date
  - j. Total Amount
2. UDOH save the bulk form
3. Data populates each distinct client record
4. Any user with permissions can view the disbursement details
5. Details can be viewed/filtered by distinct client

## Reporting

1. As a UDOH user, I will see all voucher services on the client record.
2. As a CM user, I will see all voucher recipients on the “My Case Assignment” section on my dashboard.
3. As a CM User, I will see all voucher recipients when searched for on the “Active Case Assignment” screens.
4. As a CM user, I will see all voucher recipients on the “Referrals to Program Services” form, and all other forms that show services.
5. As a CSS User, I will have all the above, with no charge to the existing supervisor/oversight access to each of my CMs.
6. As a current service all vouchers will be included with the service and as such will be included on all Domain Inquiries, reports, and exports that include Services, Client Infor, and Programs.
7. As a client, on my portal, I will be able to view the type and quantity of received vouchers, which will all show the same as existing Services.

## Add Voucher Workflow

### Users:

- Client Support Supervisor
- Finance Personal

### Requirements:

- Access to the new Import Voucher button will be permission based. If I can add a voucher I can import a voucher.

### User Steps:

1. UDOH received a bulk log from Associated Food Stores for vouchers.
  - a. It is possible that other providers will also send logs in the future.
2. An import voucher button will be added to the manual-entry Voucher form
3. A workflow will be started allowing UDOH to import a CSV file.
  - a. Same workflow can be accessed from Global Administration > System Integration > Import > CSV Import
4. UDOH selects the Import Type, Configuration name/File, Data to Import, and Send Email from the form.
5. The import that we configure (yet to be named) will import the necessary data.
6. Users can then find the newly imported data on the voucher forms.

### Scenario (for further reference)

UDOH needs the ability to add vouchers in bulk to the Voucher form to reduce data entry errors. There is an AFS log that can be imported. UDOH needs to put any batch data into the CT-define format for importing a large set of vouchers.



Imports for vouchers will not always be available and the current manual entry of vouchers will continue to be used to add vouchers.

### Basic Layout and Processes

1. UDOH receives a bulk log from Associated Food stores for vouchers.
2. It is possible that other providers will also send logs in the future.
3. An Add Voucher button will be added to the manual-entry Voucher form.
4. A workflow will be started allowing UDOH to import a CSV file
5. An Import Configuration File will be created with the following fields
  - a. EccoVia Solution will need to create a new configuration for each import.
  - b. Gift Card #
  - c. Request (response will be Activate Reloadable)
  - d. Amount (Typically \$25)
  - e. \*\*\*MIST include the Funding Source
  - f. Response Code (Response will be Completed OK)
  - g. Time Stamp (time of import? Or time of activation?)
6. This data will then populate the Food Voucher forms.

## Voucher Distribution Update Workflow

### Terminology

- Case Manager

### Requirements

- CMA (Issued To Field) can only be changed with the Client ID is blank.

### User Steps

1. UDOH distributes a batch of vouchers to a CMA.
2. CMA does not disburse all the vouchers and returns the excess to UDOH.
3. UDOH manually enters the new CMA into the Transportation/Food Voucher Logging form (TVLW) with limited access to other fields.

### Scenario (for further reference)

After a voucher has been distributed to the Case Management Agency (CMA), it is possible for all the vouchers to not be disbursed to clients. At that time, the undisbursed vouchers will be returned from the CMA and reissued to another CMA. This workflow covers that change for both Transportation and Food vouchers.

Once purchase or acquired, the vouchers are logged into a spreadsheet by type, agency distributed, and amount. When a CMA request a batch of vouchers, a log will accompany the vouchers when disburse. The CMA for the batch of vouchers. Proof of receipt is kept by UDOH.

However, none of the forms or example have fields for UDOH to receive the undisbursed vouchers back. It is assumed (approved by URW) that there is no automated workflow

and the process is manual-only at this time. This design will account for the redistribution of vouchers but not the receipt for initial CMA to UDOH workflow steps. Import and export processes are covered in other functional designs.

#### Basic Layout & Process:

1. UDOH distributes a batch of vouchers to a CMA.
2. CMA does not disburse all the vouchers and returns the excess to UDOH.
3. UDOH manually enters the new CMA into the Transportation/Food Voucher Logging form (TVLW) (TVLW3.0 updated to include Food Vouchers).
4. Issued To Field will be editable only when Client ID is blank.
5. All other fields will not be editable during this workflow.
6. Fields to show during this workflow (others may show, but these are required to show).
  - a. Voucher Type
  - b. Issue To
  - c. Card #
  - d. Amount
  - e. Date Issued
  - f. Client ID
  - g. All other field will remain the same.
7. UDOH can now rejoin the regular distribution workflow and redistribute the cards.