

NC PrEP Referral and Linkage Form Guidance

The NC PrEP Referral and Linkage Form is a document to be completed by Prevention Agency staff AND PrEP Coordinators.

Prevention Agency Staff/Referring Agency Staff – Complete the TOP Section called “Agency Complete”

After using the NC PrEP Criteria to determine the client is eligible for PrEP:

1. Enter the client’s name beside “Client Name”
2. Enter the client’s last four of Social Security number, code that will be used for verification purposes
3. Complete the applicable “Date of HIV test”
 - a. If a rapid test was done, fill out that date
 - b. If a lab/blood test was done, fill out the date of the test and the date the results were received from the lab
 - c. If both rapid and lab/blood tests were done fill in all dates
4. Enter your agency’s name
5. Complete the “Referred by” section.
 - a. Check the “Funded Prevention Agency” box if your agency receives funding or rapid test kits from the Prevention Program
 - i. **You must also complete the Form ID** (from Eval Web’s data entry)
 1. *If the Form ID is missing when the Referral and Linkage Form is sent to the PrEP Coordinator and the Form ID is not provided to the PrEP Coordinator, then the PrEP Coordinator will call to get it. Reminder: no client level identifying information should be shared by email, phone calls are the best option.*
 - b. If the referring agency does not receive funding or rapid test kits from the Prevention Program, please check the “Other Partner Agency” box
 - i. Add the name of the person who made the referral (or the contact person at the agency)
6. Complete the “Referred to” section by entering the provider’s name, clinic name, address, and phone number
 - a. Once the initial PrEP appointment has been scheduled, please complete the “Date of Scheduled Initial PrEP Appointment”

If a client is eligible for PrEP and could not be scheduled for a PrEP appointment at the time of testing, then the following must occur:

- a. Tester must get client to complete the consent form at the time of testing
and
 - b. Tester can arrange to contact the client the next business day to schedule the PrEP appointment
or
 - c. Client can contact the tester afterwards to arrange for the PrEP appointment to be scheduled
7. Complete the “Client Info” section by entering the client’s address, phone number, and other contact info
 8. “HIPAA Consent Form Documented?” Check No or Yes
 - a. ***This should be Yes for every client referred to PrEP, so the PrEP Coordinator is permitted to contact the client being referred for PrEP services.***
 - b. Fax completed PrEP Referral and Linkage Forms to your PrEP Coordinator weekly.

PrEP Coordinators:

Region 2 – Liz Ramseur - iramseur@alfainfo.org, Office 980-349-6760, Secure Fax 828-838-1477

Region 3&4- Hailey Paivanas- paivanhn@forsyth.cc, Office 336-703-3232 Secure Fax 336-748-3644 ATTN: POSSE

Region 6- De’Carlo Braddy- decarlo.braddy@wake.gov, Office 919-418-1763 Secure Fax 919-743-7383

TGA – Alvin Reynolds- alvin.reynolds@mecklenburgcountync.gov, Office (704) 649-4007 Secure Fax 1(866) 628-7317

Regions 1, 5, 7, 8, 9, and 10 please send forms to: Mark Davis- mark.a.davis@dhhs.nc.gov, Office 984-236-1481, Secure Fax: 919-733-2054

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PrEP Coordinators – Complete the Bottom Section called “PrEP Coordinator Complete”

Once you have received the form from a Prevention/Referring Agency:

1. Enter your name beside “PrEP Coordinator”
2. Enter the Region the Client was referred from beside “Region”
3. Enter the date you received the form from the agency

Verify the client completed a consent form allowing you to contact hem, and once you have spoken with the client and confirmed they have attended a PrEP appointment:

4. Under Verification of PrEP Linkage:
 - i. Enter the “Initial Visit Date” and enter the date you confirmed the initial visit with the client
 - ii. If applicable - Enter the “Second Appt/Visit Date” and enter the date you confirmed this visit with the client
5. Yes or No questions:
 - a. PrEP Prescribed: verify with client directly if PrEP was prescribed during their initial PrEP visit, and if so then “Yes”. If that’s not possible then if client attended their first PrEP appointment and scheduled/attended their second PrEP appointment, then we consider that to mean the client was prescribed PrEP and the answer would be “Yes”. Otherwise indicate “No”.
 - b. PrEP Initiated: verify with client directly that the client started taking their prescribed PrEP meds. If that’s not possible then if client attended their first PrEP appointment and scheduled/attended their second PrEP appointment, then we consider that to mean the client-initiated PrEP by taking their prescribed medication and the answer would be “Yes”. Otherwise indicate “No”.
 - c. In PrEP for at least 3 months: verify with client directly by asking them 3 months after their initial PrEP appointment if they have been in PrEP care since their first visit, and if so then “Yes.” If that’s not possible then if client attended their first and second appointments and the span of time those appointments cover is at least three months, then we consider the client to be in PrEP Care for at least three months and the answer would be “Yes”. For example, if the PrEP Coordinator cannot verify PrEP care length with the client directly and knows that the client kept their first appointment and scheduled/attended their second appointment, and the appointments are taken place over the course of at least 3 months then the client would be considered to be in PrEP care for at least 3 months. Otherwise indicate “No”.
 - d. Adherent to PrEP meds: verify with client directly if the client has taken their prescribed PrEP meds as directed during the course of their PrEP care, and if so then “Yes”. Otherwise indicate “No”.
6. Check No or Yes for “Any missed visits?”
 - a. If Yes was chosen, please enter the reason provided by the client for missing the visit/s
 - i. If an appointment was missed, document navigation assistance in “Comments/Notes” – please specify your attempts to assist the client to successfully attend their appointment/s.
 - b. Otherwise indicate “No”.
7. After you’ve confirmed the client attended a PrEP appointment and if there is a test event in EvalWeb
 - a. Enter the date you updated the Test Event in Eval Web: Please update the test event in Eval Web to “services to assist with linkage to a PrEP provider?” = YES
8. Complete the “Comments/Notes” section as needed

If a PrEP Coordinator receives a PrEP Referral and Linkage Form from a Funded Agency that is missing the Eval Web Form ID (since the test event should be entered into Eval Web), please to call the tester to request the Form ID. *Reminder: no client level identifying information should be shared by email, phone calls are the best option.*