### Enrollment Action Plan



- **ENROLLMENT**
- PHONE REPLACEMENT
- GIFT CARD REDEEM
- SUPPORT & CONTACT INFO
- TAVIE RED & TAVIE PRO

# **Enrollment Procedure**

#### 1. Plan

- Select eligible clients:
   All HIV clients are eligible
- Invite them to participate
- Schedule an appointment for each client
- Remind them to bring their medication list and Viral load/ CD4 counts (if possible)

#### 2. Enrollment day: Register clients

- Client completes HIPAA consent form
- Help client register on the app
- Help client with evaluation survey: enter information onto form
- Invite client to connect on the platform

#### 3. Use and maintain

- Use app to get your work done – schedule appointments with them, check in, etc.
- Redeem gift cards
- Apply for replacement for lost phones (if applicable)

### 1. Plan Enrollment

- 1. Please select eligible client/s
- 2. Schedule an appointment time for one or a group of client (around 5 people at a time)



It will take around 30 minutes to register 10 people.

Remind clients to bring:

■ Medication list

□ CD4/Viral load counts (if feasible)

### 2. Enrollment day

#### Help each client:

- Complete HIPAA Consent Form
- Activate the app and help them add their medications in TAVIE RED Treatment Summary

Activation Code: XXXX

- Complete baseline evaluation survey: Write information on form or tablet
- Connect with client through TAVIE PRO

#### TAVIE RED User CONSENT FORM HIPAA and User Responsibilities

This is a consent form that we are asking you to sign. Please read it or have someone read it for you before you sign below. When you sign this form, it means that you understand and agree with what is written below. The word "User" refers to you, the person that will use the TAVIE Red app and the phone provided.

What follows is our Statement of Data Privacy that complies with HIPAA. You will also find us section entitled User Responsibilities. This form provides information about how we may use and disclose protected health information about you. The Statement contains a User Rights section describing your rights under the law. You have the right to review our Statement before signing this Consent.

The terms of our Statement may change. If we change our Statement, you are entitled obtain a revised copy.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

- By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke (not sign it or not agree with it) this Consent, in writing, signed by you. However, such a refusal shall not affect any disclosures we have already made in reliance on your prior
  - The Rhode Island Executive Office of Health and Human Services (RI-EOHHS) provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- For Data Privacy the User understands that:
  - Protected health information may be disclosed or used for treatment, payment, or health care We will not share this information with any third party that does not directly relate to the User's treatment, payment or health care.
  - The TAVIE-RED App for EOHHS has a Statement of Data Privacy Policy and that the User has the opportunity to review this Statement.
  - TAVIE Red and/or the RI EOHHS reserves the right to change the Statement of Data Privacy Policies.
  - The User has the right to restrict the uses of their information, but the TAVIE-RED App for RI EOHHS does not have to agree to the restrictions.
    - The User may revoke this Consent in writing at any time and all future disclosures will then cease
    - The User acknowledges that he/she has received a copy of our TAVIE- RED App for RI OHHS Statement of Data Privacy.

| Signature: |   |   | Signature: |   |   |
|------------|---|---|------------|---|---|
|            |   |   |            |   |   |
| Date:      | / | / | Date:      | / | 1 |

### 2. Enrollment day: Help with Baseline Evaluation Survey

TAVIE ID of the client on the Evaluation Form (page 1&2)

Phone Number of the client's device on the Evaluation Form

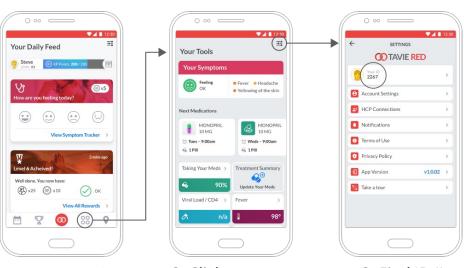
Retrieval Code





### **STEP 2** - Enrollment Day

#### **Find TAVIE ID for Evaluation Survey**



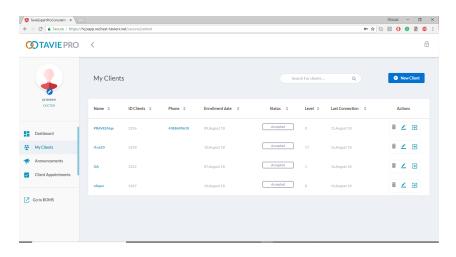
1. Go to tools

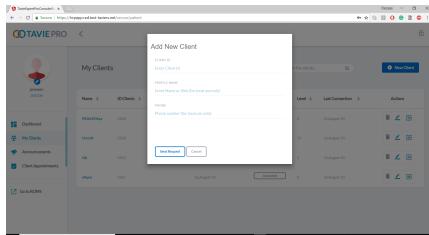
2. Click on menu

3. Find ID#

### 2. Enrollment day: Connect with client through PRO

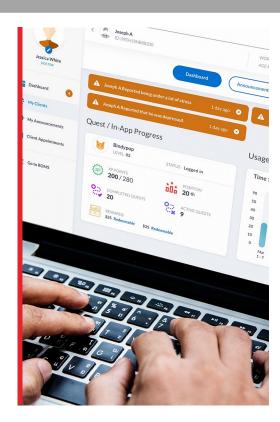
- Invite client to connect through TAVIE PRO using Client's TAVIE RED ID number
- Ask client to accept invitation





## 3. Use and Maintain

- a) Use the platform!
  Schedule appointments, send reminders, invite clients to events, ...
- b) Report lost phones
- c) Redeem gift cards



### **STEP 3** - Report lost

#### If a client reports a lost or stolen phone...

- 1 Contact EOHHS to report it with the name of the client
- EOHHS will share information about the phone (TAVIE ID + IMEI + Phone number) with 360Medlink to de-activate the number and check if the phone was used for the program (this will take a few days)
- 3 EOHHS will contact the case manager about whether the phone can be replaced





#### STEP 4 - Give Gift Card

#### **Redeem Gift Card**

- 1 When a client wins a raffle in the app they win gift cards
- 2 Case managers will distribute the gift cards
- 3 You will see which cards they received through the PRO app
- 4 Complete a short form when you redeem the card

