How to Manually Enter Data in e2Fulton

This document is intended to be a high-level overview for how to manually enter data in e2Fulton. For uploading client data into e2Fulton, contact support@e2fulton.org.

All data should be entered within 10 business days of service date as mandated by PPPN-008.

This document includes:

- How to search for an existing client
- How to enter a new client
- Determining client eligibility
  - Global Consents
- How to enter information in each section tab of the record
  - Intake information
  - Demographics
  - HIV Status
  - H&I Status
  - Medical
  - Services
  - Referrals
How to search for a client record
Performing a client search should be done prior to adding a client. This will avoid duplication of users within the system. This option is located on the top of your page labeled Client Search.

Your view may be different depending on the type of access you have within the system.

Based on your results you can select the client to add information or select “Create New Client” if not found in the system.
Adding a New Client

To add a new client, click the “Add Client” tab. Fill out all the required fields displayed with an * asterisk.

Scroll down and enter the Emergency Contact Information and Client Contact Information. Required fields are marked with an asterisk. You also have the option at this point to “Check for Existing Clients”.

Once all required fields are filled you select “Create Client”.

This information will be saved in the Intake tab.
Determining client eligibility

Client eligibility is determined through the *Intake Information* tab. Eligibility should be determined **before delivering a service**. Provisional enrollment is also permitted for up to 30 days while eligibility is being determined. Please refer to PPPN-001 for more information.

Once you have created or selected an existing client, eligibility information will be shown on the left side to show the client’s eligibility status. The first form you should be uploading in the system is the Global Consent form.

Selecting the *Ineligible* hyperlink will reveal the reasons for ineligibility as shown in the screenshot.

**PPPN-001** indicates what documents are required to ensure that Ryan White is the payer of last resort as well as how often they need to be updated. See our website for acceptable types of eligibility documents.

The following documents are required to determine eligibility:
- Global Consent
- Documentation of HIV Status
- Proof of Residency
- Proof of Insurance
- Proof of Income

**Please note:** EHE eligibility for provider depends on whether your agency is funded for EHE.
Global Consents

The Global Consent form found in PPPN-070 is given to your client to fill out and sign during your Intake process. It is also available in Spanish. This form is required to receive Ryan White funded services and must be uploaded at least every 5 years.

ATLANTA ELIGIBLE METROPOLITAN AREA RYAN WHITE PROGRAM
AND ENDING THE HIV EPIDEMIC
CLIENT CONSENT TO STORE AND SHARE INFORMATION

Ryan White funding and Ending the HIV Epidemic funding come from the federal government to help provide care and treatment for Persons Living with HIV (PLWH). Funds come to Fulton County through grants from the US Health Resources and Services Administration (HRSA) to serve a 20 county “Eligible Metropolitan Area” for Ryan White and a four county area for Ending the HIV Epidemic. In order to get these grant funds Fulton County has to report data to HRSA’s HIV/AIDS Bureau. Fulton County uses computer programs called CAREWare and e2Fulton to report the data.

This consent form represents the client giving permission to place their records in e2Fulton and allowing to share or not share across agencies.

The consent form is used for the following types of documentation:

- Global Consent
- Global Consent Revoke
- Agency Consent Revoke

If a client wishes to revoke consent to a specific agency, select Agency Consent Revoke under Form Type and fill out the required sections. Under Applies to Providers, enter the agencies that the client wishes to revoke consent to.
Adding information into the tabs

Intake information
The Intake Information tab includes the sections listed below.

**Client Intake Information (required)**
This is the same information that is entered when entering new clients including *Name, Date of Birth, Sex at Birth, Current Gender, and Intake Date*. You can make edits to the record and “Save Changes”.

**Emergency Contact Information**
This contains the emergency contact information for the client. You can make edits to the record and “Save Changes”.

**Client Contact Information (required)**
This includes the contact information for the client including *Phone* and *Email* contact information. You can make edits to the record and “Save Changes”.

**Residency (required)**
Enter the client’s address including the date the residency was updated.
Document Tracker

Use the Document Tracker to upload documents related to eligibility, including the global consent. Please see determining client eligibility section for more information.

Options for upload include:
- HIV Status (required for eligibility)
- Residency Verification (required for eligibility)
- Income Verification (required for eligibility)
- Insurance Verification (required for eligibility)
- Medical Care Verification
- HIPAA
- Global Consent (required for eligibility)
- Global Consent Revoke
- Agency Consent Revoke
- Client Rights and Responsibilities
- Grievance Procedures
- Other

Once you select the Form Type, select the Document Type from the dropdown with prepopulated options. The Signage/Effective Date is the date the client signs the consent form. Upload the Document and Select “Save.”

Client Duplicates

This section shows you any duplicate records. If you see any client duplicates, please reach out to support@e2Fulton.org.
## Demographics

In the *Client Demographics* tab, you will need to enter *Race, Ethnicity, Preferred Language(s)*, and *Vital Status* indicated in asterisks.

### Race, Ethnicity and Language Information

<table>
<thead>
<tr>
<th>* What is the client’s ethnicity?</th>
<th>Not Hispanic or Latino/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>* What is the client’s race? (select all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ White</td>
<td></td>
</tr>
<tr>
<td>☐ Black or African American</td>
<td></td>
</tr>
<tr>
<td>☐ Asian</td>
<td></td>
</tr>
<tr>
<td>☐ Native Hawaiian/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>☐ American Indian/Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Preferred Language(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ English</td>
</tr>
<tr>
<td>☐ Spanish</td>
</tr>
<tr>
<td>☐ French</td>
</tr>
<tr>
<td>☐ Haitian Creole</td>
</tr>
<tr>
<td>☐ Cape Verdean Creole</td>
</tr>
<tr>
<td>☐ Italian</td>
</tr>
<tr>
<td>☐ Russian</td>
</tr>
<tr>
<td>☐ German</td>
</tr>
<tr>
<td>☐ Chinese</td>
</tr>
<tr>
<td>☐ Japanese</td>
</tr>
<tr>
<td>☐ Other East Asian Language</td>
</tr>
<tr>
<td>☐ Hindi</td>
</tr>
<tr>
<td>☐ Other Indian/Pakistani Language</td>
</tr>
<tr>
<td>☐ Vietnamese</td>
</tr>
</tbody>
</table>

### Current Status Information

<table>
<thead>
<tr>
<th>* Vital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>- - Please Select - -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>- - Please Select - -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>- - Please Select - -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veteran Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>- - Please Select - -</td>
</tr>
</tbody>
</table>
For some demographic categories, you will need to select the appropriate subgroups to report on the RSR. See screenshots below for each demographic category with subgroups:

**Hispanic or Latino/a ethnicity**

- What is the client's ethnicity?
  - Hispanic or Latino/a

- Indicate client's Hispanic subgroup (check all that apply)
  - Mexican, Mexican American, Chicano/a
  - Puerto Rican
  - Cuban
  - Another Hispanic, Latino/a or Spanish origin

**Asian race**

- What is the client's race? (select all that apply)
  - White
  - Black or African American
  - Asian
  - Native Hawaiian/Pacific Islander
  - American Indian/Alaskan Native
  - Other

- Indicate client's Asian subgroup (check all that apply)
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian

**Native Hawaiian/Pacific Islander race**

- What is the client's race? (select all that apply)
  - White
  - Black or African American
  - Asian
  - Native Hawaiian/Pacific Islander

- Indicate client's Native Hawaiian/Pacific Islander subgroup (check all that apply)
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
HIV Status

For the **HIV/AIDS Status** tab, enter required fields for **HIV/AIDS Status**, **Date of HIV Diagnosis** and **HIV Exposure Category**.

For **HIV/AIDS Status**, select one of the options from the dropdown menu.

For **Date of HIV Diagnosis**, select the date the client was diagnosed. Use the estimated button if no exact date is known.

For **HIV Exposure Category**, select any HIV risk factors that the client reports (select all that apply).
H&I Status

The **H&I Status** tab (**required annually**) is used to validate the RSR. This is in addition to the required documents in the Document Tracker used for eligibility. Sections include **Health Insurance, Housing Status, and Income**.

For each section, select “New Entry” to enter new information into the client record. Select “Save”.
Health Insurance
Select one or more of the health insurance coverage options. Indicate the date the insurance was updated and, if applicable, the name and expiration of the insurance. Select “Save”.

Housing Status
Select the Housing Status. Enter the date the housing status was updated. Select “Save”.

This document is HIPAA Compliant.
Department for HIV Elimination, Revised 11/28/22
**Income**

Fill out the sections indicated by the red asterisks. Select “Save”.

<table>
<thead>
<tr>
<th>New Entry</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Income Information Updated as of:</td>
<td>[]/[/]____</td>
</tr>
<tr>
<td>* Gross Household Income in Dollars</td>
<td>$</td>
</tr>
</tbody>
</table>
| * Gross Household Income Type | ○ Annual  
| | ○ Monthly  
| | ○ Biweekly  
| | ○ Weekly |
| * Gross Individual Income in Dollars | $ |
| * Gross Individual Household Income Type | ○ Annual  
| | ○ Monthly  
| | ○ Biweekly  
| | ○ Weekly |
| * Family Size in Persons | [ ] |
| * Federal Poverty Level (%) | [ ] |
Medical

The Medical tab includes several other tabs as shown below:

**Labs**

For Labs, select “New Entry”. Select Lab Date and Lab Name. You can use the search button to find the desired lab type from the drop-down menu. You will want to enter any labs that your client has received.

**Please note:** Use correct Viral Load lab (shown in screenshot) to ensure that the test result is included in the Performance Measure.

Once the Lab Name is selected, enter the Lab Results. The section will prepopulate with the appropriate choices such as a number for viral load or a drop down for syphilis screenings. Select “Save”.

<table>
<thead>
<tr>
<th>Lab Date</th>
<th>Lab Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2023</td>
<td>Viral Load</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Results</th>
<th></th>
</tr>
</thead>
</table>
Annual Review

The Annual Review tab includes Substance Abuse, Mental Health, HIV Risk Reduction, and Oral Health screenings. You should enter any screenings the client received.

- **Substance Abuse** and **Mental Health** are all part of the EMA screening tool. This should be done at intake or recertification (see protocol).
- **HIV Risk Reduction** should be done annually.
- **Oral Health Exam** is where you can indicate whether the client has received an Oral Health Exam at a non-Ryan White provider (self-report).

For the Annual Review sections, for a “New Entry”, select from the dropdown menu whether the screening was done and the logged date. Select “Save.”
Immunizations

Enter any immunizations the client has received. Enter the Date and Immunization Name.

For Immunization Received and Immunization Status, select one of the options from the dropdown menu. Select “Save”.
Medications

For each medication prescribed, fill out the required fields. Type in the *Medication Name* and select whether it is a *Current Medication*. Indicate the *Reason for Medication* (required). This will ensure that it will be included in the Performance Measures (e.g., prescription of Antiretroviral Therapy). Select “Save.”

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>This value is required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a value</td>
<td></td>
</tr>
</tbody>
</table>

| Reason for Medication | ☐ ART               |
|                       | ☐ OI Prophylaxis    |
|                       | ☐ OI Treatment       |
|                       | ☐ Other              |

| Medication Start Date | __/__/____          |
| Medication End Date  | __/__/____          |

| Current Medication | ☐ Yes  |
|                    | ☐ No   |

| Reason for End | - - Please Select - - |

<table>
<thead>
<tr>
<th>Units</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength (mg)</td>
<td></td>
</tr>
<tr>
<td>Form</td>
<td>- - Please Select - -</td>
</tr>
<tr>
<td>Frequency</td>
<td>- - Please Select - -</td>
</tr>
</tbody>
</table>

| Medication Notes |                         |

This document is HIPAA Compliant.
Department for HIV Elimination, Revised 11/28/22
Primary Care

The Primary Care tab is to enter primary care services outside of Ryan White Providers.

Fill out the required sections and select “Save”.

Pregnancy (if applicable)

For female clients with a history of pregnancy, use this tab to enter pregnancy information. Select “New Entry” and fill out the required information. Select “Save.”
Services
For each funded service your client received, you will need to enter a service. This is required for **all funded services** (Core and Support Services) including services you refer out (e.g., Oral Health).

Services provided to Ryan White eligible clients regardless of the payor source will also need to be reported in e2Fulton in accordance with [PPPN-009](#).

Select the **Service Date**. Services that you are funded for will be displayed under the **Service** drop down. Select the appropriate **Service** using the dropdown.

Once you select a **Service**, the **Subservice** options will be displayed. Select the appropriate **Subservice** and **Contract** using the dropdown. Indicate the appropriate **# of Units** found in the [subservice unit guide](#).
Referrals

In this tab, you will be able to see any *Incoming Referrals* for the client.

In the table below, you can see the following columns:
- Referred By
- Provider Location
- Service Category
- Subservice
- Referral Date
- Status/Outcome Date
- Status

If there is no data available, the table will display:

No data available in table

Showing 0 to 0 of 0 entries

You can also use the *Outgoing Referral* section to refer to other Ryan White providers in the EMA. Select “New Entry”. Then select the information for the provider you would like to refer to (Referred To and Provider Location), the Referral Date, Service Category, and Subservice. Select “Save.”

Pro Tip: You can view all of your Incoming and Outgoing Referrals in the Reports → Referrals Report in e2Fulton.