COUNSELING, TESTING AND REFERRAL MAVEN **USER'S** GUIDE

CTR MAVEN MANUAL

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About Maven

Maven is the North Dakota Electronic Disease Surveillance System. Maven is a web-based, client-centric surveillance system that allows tracking disease diagnosis and other information for a single person across different reportable conditions and surveillance models within the system.

Counseling, Testing and Referral (CTR) sites will be utilizing Maven to enter information for rapid and confirmatory HIV and hepatitis C tests performed at the sites. CTR sites will only have access to information entered by staff from their agency. CTR sites will not be able to access information on reportable conditions or testing information entered by other agencies.

Maven has capabilities that are very advantageous to the CTR program. These include:

1. *Continued Data Entry*. Events can be saved. Data entry can occur over multiple time periods to complete entry for one event.
2. *Data Review*. Data entry errors or missing fields can easily be corrected.
3. *Reports*. Maven has capability to analyze data entered by CTR sites.
4. *Program Coordination*. Although CTR sites do not have access to reportable conditions, Field Epidemiologists have access to CTR testing information. They may utilize this information for sexually transmitted infections (STIs) and viral hepatitis investigations.

Maven Tips and Tricks

1. **Capitalization.** Do not enter in all capital letters. Use appropriate capitalization.
2. **Greyed out fields.** Greyed out fields cannot be edited in that question package or on that screen. These fields are mostly demographic questions. To update these fields, they need to be edited in the persons tab.
3. **Errors or concerns.** Contact the HIV.STI.Viral Hepatitis Prevention Coordinator if you feel that you have entered a client/test information incorrectly or if you have created two events for the same person. All data entry mistakes can be corrected in Maven.
4. **Workflows.** Check your workflow on a regular basis to ensure your data entry is complete.
5. **Passwords.** Passwords to Maven do need to be changed every so often. Also, if you do not log into Maven for an extended period, your password will become invalid and it will need to be reset.
6. **Complete all fields.** Ensure the status is complete for all three question packages. All fields in the CTR question package are required. If the status is incomplete, sites may be asked to review the case and enter the appropriate information before it is completed and closed.

Required Data Elements

The North Dakota Department of Health (NDDoH) requires certain data elements to be submitted for every HIV and hepatitis C rapid and confirmatory test that is performed. Also, data is required to be submitted for every hepatitis vaccine administered in this program.

Required Fields

Client Information: First name, last name, date of birth, current gender identity, assigned sex at birth, race, ethnicity, previous HIV and hepatitis C testing history and insurance status and address including street address, city, state and zip code.

Test Information: Collection date, worker (staff performing test), test technology, test result, client notification of results, including date and linkage to care services, testing for STI co-infections

Vaccine: Type and date of vaccine administered

Risk Factors: Sexual behaviors, drug-use behaviors, high risk behaviors and other hepatitis C risk factors
- Sexual Risk Behaviors: Gender identity of current sex partners, number of partners in past 60 days, frequency of condoms use, type of sex, anonymous sex
- Drug-Use Behaviors: Injection drug use, sharing drug use equipment, non-injection drug use
- Additional HIV Risk Behaviors: Exchanging sex for drugs/money/other, diagnosed with STI, sex while under influence of drugs/alcohol, sex with multiple partners, sex with people living with HIV, sex with someone who exchanges for drugs/money, victim of sexual assault, victim of human/sex trafficking, has sex with a person who infects drugs
- Hepatitis C Risk Factors: has HIV infection, received blood clotting factors before 1987, received blood transfusion or organ transplant before to 1992, abnormal liver tests, mother had HCV infection, receiving long-term hemodialysis, received tattoos or body piercings in a non-sterile setting, having sex with a HCV-infected individual, baby boomer screening had sex with someone who injects drugs

PrEP Awareness and Referral: Awareness of PrEP, current or previous use of PrEP, PrEP screening, eligibility, and referral

Essential Support Services: Assessment, needs identified, services provided or referred for services for: health benefits navigation and enrollment, evidence-based risk reduction intervention, behavioral health and social services

MAVEN Login

Maven website is: https://apps.nd.gov/maven/login.do. Enter assigned username and password. Note: If users forget their username or password, they can contact the Maven Data Quality Coordinator or the Maven Manager at 701.328.2378.

Maven Site Administrators

All CTR sites must have a Maven Site Administrators. Agencies may have separate administrators if they have multiple sites within their organization. Maven Site Administrators must always sign annually a Maven Site Agreement and comply with the regulations and responsibilities within that agreement. Site administrators shall also ensure that users at their agency also comply with Maven regulations. Site administrators are responsible for requesting Maven access for new users and notifying the Division of Sexually Transmitted and Bloodborne Diseases of employees that terminate employment and should no longer have Maven access. These requests and notifications occur via the Maven User and Site Agreement Qualtrics form. Also, annual Maven Site Agreements and Maven Confidentiality Policy and User Agreements are submitted via this online form by site administrators.

Maven Users

All new users must read and sign the Maven Confidentiality Policy and User Agreements annually. Maven users must comply with that agreement in order to maintain their Maven access.

Maven Home Screen and Terminology

On the home screen users will find a list of recent cases, a link to their workflow and a toolbar. The list of recent cases will have the last five cases entered by the user.

Event

An event refers to each time a person is tested for HIV or hepatitis C. Testing occurring on the same day is considered one event. Testing occurring on different days should be entered as two separate events. For example, if individual is tested in January 2016 and in April 2016, they are going to have two events in MAVEN.

Toolbar

The toolbar contains icons that represent different functions within MAVEN.

- o *Create Event* (Paper Icon): This icon is used to being entry for a new event.
- o *Search Events* (Magnifying Glass Icon): This icon is used to search events. Users will only be able to search events that are entered by users from their agency.
- o *Workflows* (Gears Icon): This icon is used to view your workflows.
- o *Recent Events* (Push Pin Icon): This icon is used to see a list of last 20 events viewed and/or entered.

Workflows

Workflows should be used to manage events that have been entered but not yet completed. Only events in which the *Investigation Status* is not marked completed will appear in the workflow. CTR sites should aim to have only rapid positive events that have not yet had their confirmatory test results completed in their workflows. Other cases that may be in your workflow would be those in which there is a data entry error. After the HIV.STI.Viral Hepatitis Prevention Coordinator reviews completed events, if there is an error or missing field,

the investigation status will be changed to new and that event will be in your workflow. CTR sites are encouraged to review the events in their workflows at least weekly.

For CTR sites that have multiple locations or programs, there can be one workflow or multiple workflows for each site/program. Agencies can decide the number of workflows needed based on agency and/or site ID. Below is example of a workflow queue. The total count lists the number of events that are currently in the workflow. If there are no events in a workflow, the workflow will not be listed in the workflow queue. There is a button 'show empty workflows' that will display all workflows even if there no events in the workflow.

When clicking on the workflow name, the events within that workflow will appear (see below). Users can click on the event ID to view the event. Events will no longer be in the workflow once the *Investigation Status* is completed.

Event Home Screen & Terminology

Question Packages

1. **Administrative**: This package contains fields that will be used to complete case.
2. **Demographic:** This package contains the client's address, race, ethnicity, gender, birth date and other types of demographic information.
3. **CTR:** This package contains the required questions that need to be entered for each event. This is the primary package that will be used by CTR sites.

Tabs

There are two tabs in MAVEN. These tabs include Event Data and Persons. The Event Data tab contains the three question packages. The persons tab is utilized to edit and enter demographic information such as address and date of birth.

Notes

This notes section is to be used to enter information about that event that was unable to entered in the CTR Question Package. The HIV.STI.Viral Hepatitis Prevention Coordinator will also use the notes box to communicate about data completeness with the CTR site. Users should review the notes section prior to completing an event.

Status of Completeness

All fields that have an asterisk next to the field name need to be completed in order for the status to be complete. Clients that reside in state other than North Dakota or out of county will have always have an incomplete status. Users are unable to enter out of state counties, thus the demographic and CTR package questions will have an incomplete status. For all other events, the status will be complete by entering all required information.

Entering an Event

All rapid and confirmatory HIV and HCV tests performed at CTR sites are required to be entered into MAVEN. When entering a test or an event into MAVEN, the following steps are required: 1) Create Event, 2) Enter CTR Information and 3) Complete Event.

Creating an Event

Address Information

The following situations have special address considerations:

1. **Testing in Jails**. For all inmates tested for HIV or HCV in jails, their address will be that of the jail. It is not required to enter their home address or phone number in Maven.
2. **Out of State**. When creating events for clients that do not live in North Dakota, the entire address can be entered, including the county. The county for all out of state addresses with not appear in the demographic or CTR question packages. In those question packages, the county shall be blank for all out of state or out of country clients.
3. **Homeless Populations**. To enter an address for a homeless individual, the street shall be homeless, but the city and county shall be that of the location of testing.

For, more informaiton, visit www.health.nd.gov/HIV/CTR
or call 800.472.2180. Last Updated July 2021

4. **College Students.** Encourage college students to report their current address, including that of their dorm instead of their parent's address.
5. **Institutionalized Individuals.** Individuals that are currently being institutionalized in places such as transition centers, mental health facility, in-patient drug and alcohol treatment centers or other similar locations, the client's address is that of the institution.

CTR Question Package

To enter data from the HIV/HCV test form, highlight the CTR question package and click view question package. This package is divided into sections based on the information collected on the HIV/HCV test form. **All fields in this question package are required with the exception of the essential support services questions. (***Required Field)*

Site Information

1. **Session Date.** Specimen Collection Date.
2. **Current Login User**. Pre-populates based on user logged into Maven.
3. **Agency ID.** Pre-populates based on user logged into Maven. Users may not change this field.
4. **Site ID.** Choose Site ID for your agency based on the location of testing.
5. **Agency.** Pre-populates based on Site ID.
6. **Site County.** Pre-populates based on Site ID.
7. **Site Zip Code.** Pre-populates based on Site ID.
8. ***Site Type.** Choose type of site. Only one site type should be chosen, thus select the type most relevant to the location of testing. Review list of site types and if no other option applies to your agency, choose the option CTR site type.
   a. CTR. If no other site type option applies to site, utilize CTR site type.
   b. School. Choose for all student health centers.
   c. Shelter. Choose if CTR site is a building or facility that provides supportive housing temporarily or may be used to facilitate the movement of homeless individuals and families to permanent housing. This option may also be used if outreach testing is performed at a homeless shelter.
   d. Outreach. A testing event conducted at or by CTR sites.   Outreach can be located within a CTR site or off-site location.
   e. Corrections. A CTR site offering testing within a penal or correctional facility, including adult or juvenile detention facilities, that provides medical or health services.
   f. Public Place. An area, environment or context that is open to the community as a whole such as a park or city street. This option is used if only one person is tested in a public setting.

g. Substance Use Treatment Facility. Sites should choose this option if they offer any type of treatment for substance use. This would include sites offering medicated assisted therapy such as methadone clinics.

h. Community Health Center. CTR sites that are considered Federally Qualified Health Centers (FQHCs) or Community Health Center should choose this option.

i. Health Department. Only employees of the North Dakota Department of Health (NDDoH) will utilize this option as it is for field epidemiologists and other NDDoH staff performing rapid HIV/HCV screening.

Demographic Information

1. ***Client Date of Birth.** Date of birth
2. ***Country of Birth.** Country of birth.
3. ***Client State, Client County, Client Zip Code.** Client address. The county will be blank for clients that live out of state. There is not a way to complete the county field for out of state residents. Thus, all out of state clients will have an incomplete status on the home screen in both the CTR and demographic question packages. Addresses must be updated in the persons tab or by utilizing the select contact point in the demographic package.
4. ***Ethnicity**. Hispanic or Not Hispanic.
   - Note: Ethnicity is a group of individuals that share a common and distinctive culture, religion or language. All individuals that identify as Hispanic also have a race.
5. ***Race**. This is a multi-select field, choose all races that the client identifies as. Race options: American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, don't know, refused or not specified. Choose Not Specified if the individual identifies as Hispanic ethnicity but does not identify with a race.
6. ***Current Gender Identity**. Male, female, refused, transgender female, transgender male, transgender unspecified or another gender. If another gender is selected, please specify.
7. ***Assigned Sex at Birth**. Male, female or refused.
8. ***Client Insurance Status**. Enter the insurance status of the patient. Options: Private, Medicare, Medicaid, No Insurance, Other, Unknown. If insurance status is not collected by the CTR site, choose unknown.

9. ***Was client billed for HIV test?** Yes or No.
   - Yes: The billing could be either to insurance or client' self-pay.
   - No: If the CTR site is requesting reimbursement from the NDDoH for counseling and/or testing. If no is selected, neither the client nor their insurance should be billed for testing services.
10. ***Was client billed for HCV test?** Yes or No.
    - Yes: The billing could be either to insurance or client' self-pay.
    - No: If the CTR site is requesting reimbursement from the NDDoH for counseling and/or testing. If no is selected, neither the client nor their insurance should be billed for testing services.
11. ***Previous HIV Test.** Yes, no, unknown or refused. Document yes if client recalls having been previously tested for HIV. Verification is not required to complete this question. Answer is based on patient recall. If a patient is not sure if they have been tested, select no as the answer to this question.
    - If yes, Date Tested: Format is MM/DD/YYYY. Date must be entered in this format. If exact date is unknown, enter approximate date. For example, client recalls being tested in January 2015, enter 01/01/2015.
    - If yes, self-reported results: positive, negative, indeterminate, unknown, refused, preliminary positive.
      i. Preliminary positive: This option is for individuals that have a positive rapid but not a confirmatory test result.
12. ***Previous HCV Test.** Yes, no, unknown or refused. Document yes if client recalls having been previously tested for HCV. Verification is not required to complete this question. Answer is based on patient recall. If a patient is not sure if they have been tested, select no as the answer to this question.
    - If yes, Date Tested: Format is MM/DD/YYYY. Date must be entered in this format. If exact date is unknown, enter approximate date. For example, client recalls being tested in January 2015, enter 01/01/2015.
    - If yes, Self-Reported Results: HCV positive, HCV antibody positive, HCV RNA positive, HCV antibody negative, HCV RNA negative or unknown.
      i. HCV Positive. Utilize this option if the client only recalls that they are hepatitis C positive but does not know if they are antibody or RNA positive, but only says that they are hepatitis C positive.
      ii. HCV Antibody Positive. This option is for clients that are HCV antibody positive and do not know their RNA test results. This is for both confirmatory or rapid HCV tests.
      iii. HCV RNA Positive. This option is for clients that know they have a current HCV infection. It is not required to verify test results to choose this option.
      iv. HCV Antibody Negative. This option is for clients that are hepatitis C negative.
      v. HCV RNA Negative. This option is for clients who know that they had a negative HCV RNA result.
      vi. Unknown. This option is for clients that do not know their HCV test result but know that they were tested.

HIV Test Information

HIV Test Information	
* Was client tested for HIV?	Yes ▼
HIV Collection Date: ⊟	[ ] 🔲 Add New
Tester Worker ID:	[▼]
Test Technology:	[▼]
Test Result:	[▼]
Was test result provided?	◉ Yes ○ Yes, client obtained results from another agency ○ No
Date Provided:	MM/DD/YYYY 🔲
Did client provide a confirmatory sample?	◉ Yes ○ Client declined confirmatory test ○ Client did not return/Could not locate ○ Client was referred to another agency ○ Other
HIV Confirmatory Collection Date:	MM/DD/YYYY 🔲
Test Result:	[▼]
Was result provided?	[▼]
Are you providing linkage to care services for this patient?	[▼]

1. **Was client tested for HIV?** Yes or No.
2. **HIV Collection Date.** Enter the date of the HIV specimen collection.
3. **Tester Worker ID**. Select the worker from the dropdown who performed/interpreted the rapid test.
4. **Test Technology**. Rapid, conventional or other.
5. **Test Result**. Preliminary positive, positive, negative or invalid
   - Note: All rapid positives should have a test result of preliminary positive. All confirmatory tests that are positive, should have a positive test result.
6. **Was test result provided?** Yes, Yes – client obtained results from another agency or no. Choose yes if the client was notified of their test results. Sites can also choose yes if conducting an outreach event and utilize the policy in which only positive results will be called out. Choose no for clients who were not notified of their test results.
   a. Date Provided. Enter date client was provided their results.
   b. Why were results not provided? Declined notification, did not return/could not locate or other.

HIV Rapid Positive Tests
7. **Did client provide a confirmatory sample?**
   a. Yes. (i.e. blood was collected and submitted to NDDoH or other laboratory)
   b. Client declined confirmatory test.
   c. Client did not return/could not locate.
   d. Client was referred to another agency. If CTR site does not do their own blood draws, this option should be selected.
   e. Other. This option could be used if determined that the patient was already aware of their infection history after performing the rapid test.

8. **HIV Confirmatory Collection Date:** Enter date specimen was collected for HIV confirmatory testing. If the collection dates for the rapid and subsequent confirmatory test are different, those tests should still be entered in one event as long as they were performed by the same agency.
9. **Test Result:** Positive/Reactive, negative, invalid or indeterminate.
10. **Was result provided?** Yes or No.
    a. Date Results Provided. Enter date client was provided confirmatory results.
    b. Why were results not provided? Declined notification, did not return/could not locate, obtained results from another agency or other.
11. **Are you providing linkage to care services for this patient?** Yes or No. Choose yes if the client was referred to additional healthcare provider for medical evaluation, a field epidemiologist for partner services or other referral service provided.

Hepatitis C Test Information

HCV Test Information	
* Was client tested for HCV?	Yes ▾
HCV Collection Date:	
Tester Worker ID:	▾
Test Technology:	▾
Test Result:	▾
Result Provided?	○ Yes ○ Yes, client obtained results from another agency ◉ No
Why were results not provided?	▾
Did client provide a confirmatory sample?	◉ Yes ○ Client declined confirmatory test ○ Client did not return/could not locate ○ Client was referred to another agency ○ Other
HCV Confirmatory Collection Date:	MM/DD/YYYY
Test Result:	▾
Was result provided?	▾
Are you providing linkage to care services for this patient?	▾

1. **HCV Collection Date**: Enter the date of the HCV specimen collection.
2. **Tester Worker ID**: Select the worker from the dropdown who performed/interpreted the rapid test.
3. **Test Technology**: Rapid, conventional or other.
4. **Test Result**: Positive/Reactive, negative, invalid or indeterminate.
5. **Was test result provided?** Yes, Yes – client obtained results from another agency or no.
    a. Date Provided: Enter date the client was provided their results.
    b. Why were results not provided? Declined notification, did not return/could not locate, obtained results from another agency or other.

HCV Rapid Positive Tests
6. **Did client provide a confirmatory sample?**
    a. Yes. (i.e. blood was collected and submitted to NDDoH or other laboratory)

b. Client declined confirmatory test.
c. Client did not return/could not locate.
d. Client was referred to another agency. If CTR site does not do their own blood draws, this option should be selected.
e. Other. This option could be used if determined that the patient was already aware of their infection history after performing the rapid test.

7. **HCV Confirmatory Collection Date:** Enter date specimen was collected for HCV confirmatory testing.
8. **Test Result:** RNA Positive, RNA negative, confirmatory antibody positive only or confirmatory antibody negative.
9. **Was result provided?** Yes or No. Choose yes if the client was notified of their test results. Sites can also choose yes if conducting an outreach event and utilize the policy in which only positive results will be called out. Choose no for clients who were not notified.
   a. Date Results Provided. Enter date client was provided confirmatory results.
   b. Why were results not provided? Declined notification, did not return/could not locate, obtained results from another agency or other.
10. **Are you providing linkage to care services for this patient?** Yes or No. Choose yes if the client was referred to additional healthcare provider for medical evaluation, a field epidemiologist for partner services or other referral services provided. If yes, please describe the linkage-to-care services that were provided. This must be complete if reimbursement is requested for HCV Linkage-to-Care.

Tests for Co-Infection

	Tests for Co-Infection
* Was the client tested for **Chlamydia**?	⌄
Specimen source:	☐ Urine/vaginal ☐ Rectal ☐ Pharyngeal
* Was the client tested for **Gonorrhea**?	⌄
Why not?	⌄
* Was the client tested for **Syphilis**?	⌄

1. **Was the client tested for Chlamydia?** Yes or No. In order to choose yes, the collection date for the STI testing must occur on the same day as the HIV and/or HCV testing.
   a. If yes; Specimen Source. Select all sources that were tested. Options: urine/vaginal/cervical, rectal or pharyngeal.
   b. If no, Why Not? Reasons for not testing include: patient refused – unable to pay, patient refused – other reason, not recommended by healthcare provider or not offered by CTR site
2. **Was the client tested for Gonorrhea?** Yes or No. In order to choose yes, the collection date for the STI testing must occur on the same day as the HIV and/or HCV testing.
   a. If yes; Specimen Source. Select all sources that were tested. Options: urine/vaginal/cervical, rectal or pharyngeal.

   b. If no, Why Not? Reasons for not testing include: patient refused – unable to pay, patient refused – other reason, not recommended by healthcare provider or not offered by CTR site
3. **Was the client tested for Syphilis?** Yes or No. In order to choose yes, the collection date for the STI testing must occur on the same day as the HIV and/or HCV testing.
   a. If no, Why Not? Reasons for not testing include: patient refused – unable to pay, patient refused – other reason, not recommended by healthcare provider or not offered by CTR site

Hepatitis Vaccine

Hepatitis Vaccine	
* Was hepatitis A and/or B vaccine administered during this session?	⌄
Type of vaccine given: ⊟	⌄ Add New
Date given:	MM/DD/YYYY 📅

1. **Was hepatitis A and/or B vaccine administered during this session?** Yes or No.   Choose yes if hepatitis A or B was administered to client on the same day of the HIV and/or hepatitis C testing. Refer to the CTR Policy and Procedure Manual on who is eligible to receive viral hepatitis vaccination. Only the first dose of vaccine is required to be entered. If client completes series, those subsequent doses along with the first dose in the series are required to be entered into NDIIS and are not required to be entered into Maven.
   a. If Yes:
       i. Type of Vaccine Given. Choose from: Hepatitis A, Hepatitis B, Twinrix (Hepatitis A and Hepatitis B). Choose the appropriate vaccine administered.
       ii. Date Given. Enter date vaccine administered to client.
   b. If No:
       i. Why was vaccine not administered? Choose the answer that most closely represents why the client was not vaccinated for viral hepatitis. All clients that are at risk for or are living with or have a history of hepatitis C should be vaccinated for hepatitis A and B. Reasons for not administering vaccine include: not at risk for HCV, facility doesn't offer vaccine (referring to vaccine available from CTR program), referred to immunization clinic, client indicated they were up to date, verified by provider to be up to date (provider must review vaccination records to verify if their patient is up to date), refused vaccine, private vaccine administered, outreach event, other. If other is selected, please specify why vaccine was not administered.

Sexual Health History

The questions in the sexual health history section are for a client's lifetime and over the past five years. CTR sites should review the timeframes of the risk questions carefully prior to asking and answering these questions. The sexual health history questions are important to assess ever having risk factors and a client's testing history.   CTR sites should utilize the sexual health history questions along with the next section of questions to determine STI testing recommendations for clients.

Sexual Health History	
* Counselor Worker ID:	▼
* Has the client ever reported having sex with a **male**?	▼
In the past five years, did the client report having sex with a **male**?	▼
* Has the client ever reported having sex with a **female**?	▼
In the past five years, did the client report having sex with a **female**?	▼
* Has the client ever reported having sex with a **transgender person**?	▼
In the past five years, did the client report having sex with a **transgender person**?	▼
* Has the client ever reported injection drug use?	▼
In the past five years, did the client reporting Injection Drug Use?	▼
Has the client ever shared injection drug equipment?	▼

1. **Counselor Worker ID: Choose the name of the** staff that performed most of the counseling session as only one counselor can be selected in this field.
2. **Has the client ever reported having sex with a male?** Yes or No.
    a. If yes: In the past **five years**, did the client report having sex with a male? Yes or No.
3. **Has the client ever reported having sex with a female?** Yes or No.
    a. If yes: In the past **five years**, did the client report having sex with a female? Yes or No.
4. **Has the client ever reported injection drug use?**
    a. If yes: In the past **five years**, did the client report injection drug use? Yes or No.
    b. If yes: Has the client ever shared injection drug equipment? Yes or No.

Current Sexual Health Behaviors

The questions in the current sexual health behaviors section refer to behaviors that occurred in the previous 12 months unless otherwise stated. These questions should assist in understanding a client's current risk and provide appropriate STI screenings and further testing recommendations as necessary.

Current Sexual Health Behaviors	
* Client's current sex partners:	☐ Males ☐ Females ☐ Transgender Individuals ☐ Client has not had sex
* How many people has the client had sex with in the past 60 days?	▼
* How often does the client use condoms/other protection?	○ Always ○ Most of the time ○ Not that often ○ Never ○ Client has not had sex in past 12 months
* What type of sex has the client had in the past 12 months or since the clients last CT/GC test?	☐ Vaginal sex ☐ Oral sex - Unspecified ☐ Oral sex - Perform ☐ Oral sex - Receive ☐ Anal sex - Unspecified ☐ Anal sex - Top ☐ Anal sex - Bottom ☐ Client has not had sex in past 12 months
* Has the client used drugs in the past 12 months?	▼
Methods of drug use:	☐ Inject ☐ Smoke ☐ Snort ☐ Ingest ☐ Unknown
* Has the client had anonymous sex partners? (ex.used dating apps or met at a bar)	▼

1. **Client's Current Sex Partners: Select All the Apply.** The options include males, females, transgender individuals or client has not had sex in past 12 months.
2. **How many people has the client had sex with in the past 60 days?** Options include: 0, 1-2, 3-5, >5. The number of partners is asked in the timeframe of the last 60 days because partner services for those diagnosed with chlamydia or gonorrhea occurs for their partners in the previous 60 days.
3. **How often does the client use condoms/other protection?** Always, most of the time (approx. 55 - 90%), not that often (approx. 5% - 50%), never or client has not had sex in the past 12 months.
4. **What type of sex has the client had in the past 12 months or since the client's last CT/GC test?** The options include:
   a. Vaginal sex. Intercourse involving penetration of the vagina by the penis.
   b. Oral sex – Unspecified. Oral sex is sexual activity in which the genitals of one partner are stimulated by the mouth of another.
      i. Oral sex – Perform. The client must be performing oral sex, i.e. putting their mouth on the genitals or rectum of their partner. The individual performing oral sex is at risk for pharyngeal STIs.
      ii. Oral sex – Receive. The client must admit to receiving oral sex, i.e. having their genitals/rectum stimulated by their partner's mouth. If client's only received oral sex and not performed oral sex, they are not at risk for pharyngeal STIs.
   c. Anal sex - Unspecified. Anal sex is sexual activity involving penetration of the anus.
      i. Anal sex – Top. Clients that would be considered the top or insertive partners would be those that insert their penis into the rectum of another individual. All men who have anal sex with females would be considered the top or insertive partner. Individuals who indicate that they are only the top partners for anal sex are not at risk for rectal STIs.

> ii. Anal sex – Bottom. Clients that are the bottom or receptive partner of anal sex are those that have a penis inserted into their rectum. Condomless receptive anal intercourse is a high-risk behavior for STIs. Those engaging in receptive anal sex should be considered rectal STI testing.

5. **Has the client used drugs in the past 12 months?** Yes or No. This would include illegal drugs and misuse of prescription drugs.
   a. If yes, Method of Drug Use. Inject, smoke, snort, inject, unknown.
6. **Has the client had anonymous sex partners?** Yes or No. Yes would apply to client's who have sex with individuals whom they don't know their name/contact information. Client's meeting their partners online, using apps (such as Grindr, Tinder, etc.) or at bars are more likely to have anonymous partners.

Additional HIV & HCV Risk Factors

Additional HIV and HCV Risk Factors	
HIV Risk Factors (check all that apply)	☐ Exchange sex for drugs/money/other ☐ Sex with someone diagnosed with a STD ☐ Previously diagnosed with a sexually transmitted disease (STD) ☐ Sex under influence of drugs or alcohol ☐ Sex with multiple partners ☐ Sex with person living with HIV ☐ Sex with someone who exchanges sex for drugs/money ☐ Victim of sexual assault ☐ Victim of human/sex trafficking ☐ Had sex with a person who injects drugs ☐ Patient requested testing
HCV Risk Factors (check all that apply)	☐ Have HIV infection ☐ Received blood clotting factor before 1987 ☐ Recieved blood transfusion or organ transplant before 1992 ☐ Abnormal liver tests ☐ Mother had HCV infection ☐ Family member HCV positive ☐ Recieving long-term hemodialysis ☐ Received tattoos or body piercings in a non-sterile setting ☐ Had sex with HCV infected individual ☐ Baby Boomer screening (born between 1945 and 1965) ☐ Had sex with a person who injects drugs ☐ Patient requested testing

The additional HIV and HCV risk factors questions are optional. CTR sites shall complete above risk factors questions with information gathered from a risk assessment. Multiple risks can be selected from either list. Unless associated with a date, the above risk factors could have occurred in the past twelve months or since their last HIV or HCV test. These additional risk factors should be completed if the individual is tested more than once per year. Appropriate testing of high-risk individuals is assessed in the quality management plan for CTR sites.

HIV Risk Factors include:
- Exchange sex for drugs/money/other

- Sex with someone diagnosed with a STD
- Previously diagnosed with a sexually transmitted disease (STD)
- Sex under influence of drugs or alcohol
- Sex with multiple partners (i.e. sex partners overlap in encounters or more than one partner in between HIV tests)
- Sex with person living with HIV
- Sex with someone who exchanges sex for drugs/money
- Victim of sexual assault
- Victim of human/sex trafficking
- Had sex with a person who injects drugs
- Patient requested testing *(this option is only to be used if the patient's does not have any risk factors or doesn't disclose risk factors)*

HCV Risk Factors include:

- Have HIV infection
- Received blood clotting factor before 1987
- Received blood transfusion or organ transplant before 1992
- Abnormal liver tests
- Mother had HCV infection (This includes if the client's mother had HCV at the time of delivery or anytime after client was born)
- Family member HCV positive
- Receiving long-term hemodialysis
- Received tattoos or body piercings in a non-sterile setting
- Had sex with HCV infection individual
- Baby Boomer screening (born between 1945 and 1965)
- Had sex with a person who inject drugs
- Patient request testing *(this option is only to be used if the patient's does not have any risk factors or doesn't disclose risk factors)*

PrEP Awareness, Referrals and Eligibility Screening

	PrEPAwareness, Referrals, and Eligibiity Screening
* Has the client ever heard of HIV PrEP?	⌄
* Has the client use PrEP anytime in the previous 12 months?	⌄
Is the client currently taking HIV PrEP?	⌄
* Was the client screened for PrEP elibility?	⌄
* Is the client eligible for a PrEP referral?	⌄
* Was the client referred to a PrEP provider?	⌄
* Was navigation or linkage services provided to assist with linkage to a PrEP provider?	⌄

1. **Has the client ever heard of HIV PrEP?** Yes or No. Select yes if client has had heard the term HIV PrEP and has a basic understanding of HIV PrEP as a HIV prevention tool.
   - Note: This question should be asked prior to discussing HIV prevention options with the client.
2. **Has the client used PrEP anytime in the previous 12 months?** Yes or No. This is based on the client's self-report of PrEP usage. CTR sites do not need to confirm PrEP prescription with client's healthcare provider.
   - If yes: Is the client currently taking HIV PrEP? Yes or No. This is based on the client's self-report of PrEP usage.
3. **Was the client screened for PrEP eligibility?** Yes or No. If client's behaviors were assessed to determine if PrEP is recommended for them, the client was screened for PrEP eligibility. CTR sites should aim to answer yes for all clients as all clients should be evaluated for PrEP every time they are tested for HIV.
   - If yes: Is the client eligible for a PrEP referral? Yes – CDC Criteria, Yes – Local Criteria, No. Based on the client's behaviors, if the client is recommended to be on PrEP, the client is eligible for a PrEP referral.

   - **CDC Criteria for PrEP**

	MSM	**Heterosexual Women and Men**	**Persons Who Inject Drugs**
Substantial Risk of Acquiring HIV Infection	HIV-positive sexual partner Recent (previous 6 months) bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent (previous 6 months) bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive injecting partner Sharing injection equipment
Notes: transgender women have high rates of HIV diagnosis. The CDC Clinical Practice Guidelines does not specify recommendations for transgender individuals, but instead states "Although the effectiveness of PrEP for transgender women has not yet been definitively proven in trials, and trials have not been conducted among transgender men, PrEP has been shown to reduce the risk for HIV acquisition during anal sex and penile-vaginal sex. Therefore, its use may be considered in all persons at risk of acquiring HIV sexually."			

   Reference: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update, A Clinical Practice Guideline, CDC

   - **Local Criteria for PrEP**
     - Most individuals recommended for PrEP will have a risk based on CDC's criteria.
     - Here are a few examples that may be considered local criteria for PrEP, Clients:
       a. Report always using condoms but report a high number of partners or anonymous sex partners
       b. Report no substantial risk for HIV but have partners who do have substantial risk for HIV
       c. Report recreational use of mood-altering substances during sex, including but not limited to alcohol, methamphetamine, cocaine, ecstasy and gamma hydroxybuturate

d. Report injecting substances or having sex partners who inject substances, including illicit drugs, hormones, or silicone.

e. Self-identify as being at risk without disclosing specific risk behaviors.

f. Acknowledge the possibility of or anticipate engaging in risk behaviors in the near future.

- If yes: Was the client referred to a PrEP provider? Yes or No. If the client was provided with the name of a healthcare provider that offers PrEP, this question should be answered yes. The referral could be to another provider or to the CTR site testing the client. If the client was recommended for PrEP and was provided with options on how to seek PrEP services and the client is not interested in PrEP, this referral question should still be answered yes.

  - If yes: Was navigation or linkage services provided to assist with linkage to a PrEP provider? Yes or No. If the CTR site made an appointment for the client with a PrEP provider, this question should be answered yes.

Essential Support Services

Essential support services are those intended to aid in the reduction of HIV infections and improve linkages to and retention in care. Essential support services address the social determinants of health. By assessing these social determinants and providing needed resources and referrals, client's may be provided the tools and security needed to reduce their risk of acquiring HIV or viral hepatitis. Assessing these services can be time intensive, thus the CTR program does not require this section to be completed.   Although this section is optional, CTR sites are encouraged to complete this section if the assessments and referrals are provided.

Essential Support Services	
Was the client assessed for **health benefits navigation and enrollment** needs?	▼
Was the client identified as needing health benefits navigation and enrollment services?	▼
Was the client provided or referred to services for health benefits navigation and enrollment services?	▼
Was the client assessed for **evidence-based risk reduction intervention** needs?	▼
Was the client identified as needing evidence-based risk reduction intervention services?	▼
Was the client provided or referred to evidence-based risk reduction intervention services?	▼
Was the client assessed for **behavioral health** service needs?	▼
Was the client identified as needing behavioral health services?	▼
Was the client provided or referred to behavioral health services?	▼
Was the client assessed for **social services** needs?	▼
Was the client identified as needing social services?	▼
Was the client provided or referred to social services?	▼

1. **Was the client assessed for health benefits navigation and enrollment needs?** Yes or No. Answer yes if the client was assessed to determine if their current level of health insurance is sufficient for their needs.

   - If Yes: Was the client identified as needing health benefits and enrollment needs? Yes or No. Answer yes if the client is need of additional health insurance, identified as having no health

insurance or the client needs assistance in understanding their coverage or health insurance usage.

- If Yes: Was the client <u>provided or referred</u> to services for health benefits navigation and enrollment services? Yes or No. Answer yes if the client was provided or referred to an individual such as a patient navigator that will assist the client in obtaining health insurance or understanding their health insurance.

2. **Was the client <u>assessed</u> for evidence-based risk reduction needs?** Yes or No. The CTR program currently does not provide evidence-based risk reduction interventions, also known as effective interventions. A complete list of CDC designated interventions and strategies are available here: www.cdc.gov/hiv/effective-interventions/a-to-z.html. The answer to this question should always be no.

3. **Was the client <u>assessed</u> for behavioral health service needs?** Yes or No. Promoting emotional health, mental health treatment and substance use disorder treatment can help improve linkage to or retention in HIV medical care, adherence to medication and reduction in HIV risk behaviors. Answer yes, if the client was assessed on their mental or behavioral health. Only asking the substance use questions in the CTR question package is not sufficient to assess an individual for their behavioral health service needs. Some examples of this type of assessment include suicide screening questions, depression scale, surveys on substance, etc.   Mental health surveys and screening tools are available from SAMHSA (Substance Abuse and Mental Health Service Administration).

- If Yes: Was the client <u>identified</u> as needing behavioral health services? Yes or No. Answer yes if the client is identified as having behavioral health service needs such as substance use treatment, mental health care for depression, etc.,
  - If Yes: Was the client <u>provided or referred</u> to behavioral health services? Yes or No. Answer yes if the client was provided or referred to a provider such as social workers, counselors, mental health practitioners, substance use treatment centers, etc.

4. **Was the client <u>assessed</u> for social services needs?** Yes or No. Social Services are essential programs that enable and empower people living with HIV to get appropriate treatment and needed care, including food, shelter, medical support and medication adherence. Unstable housing, inadequate financial resources, inadequate social support, lack of transportation to medical care and other appointments, and other social service needs can interfere with linkage to or retention in HIV medical care, adherence to medication, and reduction in HIV risk behaviors. Answer yes if the client was assessed on their social services needs. Examples of social services include housing, transportation, domestic violence intervention, and employment.

- If Yes: Was the client <u>identified</u> as needing social services? Yes or No. Answer yes if the client is identified as having social services needs such as being unemployed or currently homeless.
  - If Yes: Was the client <u>provided or referred</u> to social services? Yes or No. Answer yes if the client was provided or referred to a provider such as county social services, job service, housing authority, etc.

Additional Questions – Persons Diagnosed with HIV

This section must be completed if clients are confirmed to be HIV positive or if the only test result available is rapid HIV positive.

Additional Questions - Persons Diagnosed with HIV	
* Did client receive individualized behavioral risk reduction counseling?	
* By client's self-report, what was the most unstable housing status experienced in the previous 12 months:	
* Is the client pregnant?	Yes
Has the client received prenatal care during the pregnancy?	

1. **Did client receive individualized behavioral risk reduction counseling.** Yes or No.   Answer yes if the client was counseled using a client-centered approach utilizing motivational interviewing and risk reduction counseling. Motivational interviewing and risk reduction counseling focus the client's current risk behaviors and the client identifies strategies and methods to reduce their risk of acquiring HIV infection.

2. **By client's self-report, what was the most unstable housing status experienced in the previous 12 months?** Literally homeless, stably housed, unstably housed, not asked, declined or unknown.
   - Literally Homeless. According to the U.S. Department of Housing and Urban Development (HUD), literally homeless is defined as one of the following: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
   - Stably Housed. Maintain a permanent residence.
   - Unstably Housed. Are currently housed and not literally homeless or imminently losing their homes, are experiencing housing instability, but may have one or more other temporary housing options; and lack the resources or support networks to retain or obtain permanent housing. Examples include frequent moves because of economic reasons, living in the home of another because of economic hardship, being evicted from a private dwelling or living in a hotel or motel not paid for by other sources.

3. **Is the client pregnant?** Yes, no, not asked, declined to answer, unknown.
   - If yes: Has the client received prenatal care during the pregnancy? Yes, no, not asked, declined to answer, unknown.

Essential Support Services – Persons Diagnosed with HIV

This section must be completed if clients are confirmed to be HIV positive or if the only test result available is rapid HIV positive. These questions ensure that newly diagnosed persons living with HIV obtain the appropriate follow-care and have access to medication.

Essential Support Services - Persons Diagnosed with HIV	
* Was the client screened for the need of **navigation for linkage to HIV medical care**?	⌄
Was the client identified as needing navigation services for linkage to HIV medical care?	⌄
Was the client provided or referred to navigation services for linkage to HIV medical care?	⌄
* Was the client screened for the need of **linkage services to HIV medical care**?	⌄
Was the client identified as needing linkage services to HIV medical care?	⌄
Was the client provided or referred for linkage services to HIV medical care?	⌄
* Was the client assessed for **health benefits navigation and enrollment** needs?	⌄
Was the client ientified as needing health benefits navigation and enrollment services?	⌄
Was the client provided or referred to services for health benefits navigation and enrollment?	⌄
* Was the client assessed if they need **medication adherence support services**?	⌄
Was the client identified to need medication adherence support services?	⌄
Was the client provided or referred to medication adherence support services?	⌄
* Was the client assessed for **evidence-based risk reduction intervention** needs?	⌄
Was the client identified as needing evidence-based risk reduction intervention services?	⌄
Was the client provided or referred to evidence-based risk reduction intervention services?	⌄

1. **Was the client screened for the need of navigation for linkage to HIV medical care?** Yes or No. Answer yes if the client was screened to determine if they needed with assistance locating resources and programs to be linked to HIV medical care. The screening could include if a client needed assistance with determining available resources in their area, such as information on Ryan White Case Managers and other public health programs, but not an infectious disease physician or HIV care provider.
   - If Yes: Was the client identified as needing navigation services for linkage to HIV medical care? Yes or No. Answer yes if the client is in need of navigation services for linkage to HIV medical care.
     - If Yes: Was the client provided or referred to navigation services to linkage to HIV medical care? Yes or No. Answer yes if the client was provided or referred to navigation services for linkage to HIV medical care.
2. **Was the client screened for the need of linkage services to HIV medical care?** Yes or No.
   - If Yes: Was the client identified as needing navigation services for linkage to HIV medical care? Yes or No. Answer yes if the client is need of assistance of navigating the healthcare system to be linked to a HIV care physician.
     - If Yes: Was the client provided or referred to navigation services to linkage to HIV medical care? Yes or No. Answer yes if the client was provided or referred to navigation services such as a Ryan White Case Manager.
3. **Was the client assessed for health benefits navigation and enrollment needs?** Yes or No. "Health benefits navigation and enrollment" is a broader term that includes such things as health insurance,

medication assistance programs (i.e. ADAP), etc. Answer yes if the client was assessed to determine if their current level of health insurance is sufficient for their needs. This question would also be yes if health insurance benefits or coverage was discussed with the client.

- If Yes: Was the client identified as underline needing health benefits and enrollment needs? Yes or No. Answer yes if the client is in need of additional health insurance, identified as having no health insurance or the client needs assistance in understanding their coverage or health insurance usage.
  - If Yes: Was the client provided or referred to services for health benefits navigation and enrollment services? Yes or No. Answer yes if the client was provided or referred to an individual such as a patient navigator that will assist the client in obtaining health insurance or understanding their health insurance.

4. **Was the client underline assessed if they need medication adherence support services?** Yes or No. Answer yes if treatment was discussed with the client and the possibility that they may need assistance with taking daily medication for their HIV infection.

- If Yes: Was the client identified to underline need medication adherence support services? Yes or No. Answer yes if the client is identified as needing support services to ensure they are adherent to treatment regimens. Medication Adherence Support Services are CDC-supported interventions that improve medication adherence and/or viral load among HIV patients who have been prescribed antiretroviral treatment. Services may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.
  - If Yes: Was the client provided or referred to medication adherence support services? Yes or No. Answer yes if the client was provided or referred to a provider such as county social services, job service, housing authority, etc.

5. **Was the client underline assessed for evidence-based risk reduction needs?** Yes or No. The CTR program currently does not provide evidence-based risk reduction interventions, also known as effective interventions. A complete list of CDC designated interventions and strategies are available here: www.cdc.gov/hiv/effective-interventions/a-to-z.html. The answer to this question should always be no.

Behavioral Health Services & Social Services – Persons Diagnosed with HIV

This section must be completed if clients are confirmed to be HIV positive or if the only test result available is rapid HIV positive. These questions ensure that newly diagnosed persons living with HIV obtain the appropriate follow-care, assess behaviors that may transmit HIV and lead to poor health outcomes for those living with HIV. Behavioral health services are programs that help clients enroll in public or private programs promoting emotional health and prevention of mental illnesses and substance use disorders. Services may include, but are not limited to outreach and education on available behavioral health benefit options (e.g., health maintenance organizations, medication assistance programs), eligibility assessment, and assistance with

enrollment. Social Services are essential programs that enable and empower people living with HIV to get appropriate treatment and needed care, including food, shelter, medical support and medication adherence.

Behavioral Health Services & Social Services - Persons Diagnosed with HIV	
* Was the client <u>assessed</u> for **behavioral health services** needs?	⌄
Was the client identified as <u>needing</u> behavioral health services?	⌄
Was the client <u>provided</u> or <u>referred</u> to behavioral health services?	⌄
* Was the client <u>assessed</u> for **social services** needs?	⌄
Was the client identified as <u>needing</u> social services?	⌄
Was the client <u>provided</u> or <u>referred</u> to social services?	⌄

1. **Was the client <u>assessed</u> for behavioral health service needs?** Yes or No. Promoting emotional health, mental health treatment and substance use disorder treatment can help improve linkage to or retention in HIV medical care, adherence to medication and reduction in HIV risk behaviors. Answer yes if the client was assessed on their mental or behavioral health. Only asking the substance use questions in the CTR question package is not sufficient for assessing an individual for their behavioral health service needs. Some examples of this type of assessment include suicide screening questions, depression scale, surveys on substance, etc.   Mental health surveys and screening tools are available from SAMHSA (Substance Abuse and Mental Health Service Administration).
   - If Yes: Was the client <u>identified</u> as needing behavioral health services? Yes or No. Answer yes if the client is identified as having behavioral health service needs such as substance use treatment, mental health care for depression, etc.
     - If Yes: Was the client <u>provided or referred</u> to behavioral health services? Yes or No. Answer yes if the client was provided or referred to a provider such as a social worker, counselor, mental health practitioner, substance use treatment center, etc,
2. **Was the client <u>assessed</u> for social services needs?** Yes or No. Unstable housing, inadequate financial resources, inadequate social support, lack of transportation to medical care and other appointments, and other social service needs can interfere with linkage to or retention in HIV medical care, adherence to medication, and reduction in HIV risk behaviors. Answer yes if the client was assessed on their social services needs. Assessing social services needs should include current housing status, employment status, transportation, domestic violence intervention and other social service needs along with barriers to these needs.
   - If Yes: Was the client <u>identified</u> as needing social services? Yes or No. Answer yes if the client is identified as having social services needs such as being unemployed, currently homeless.
     - If Yes: Was the client <u>provided or referred</u> to social services? Yes or No. Answer yes if the client was provided or referred to a provider such as county social services, job service, housing authority, etc.

Completing an Event

Event Date
In order to have an accurate description of the event in Maven, CTR sites should complete the event date (manual override). In this field, CTR sites should enter the session date and the event type (manual override) should be selected as lab test date.

Investigation Status
When all of the data entry associated with that testing event is entered, view the administrative question package. The investigation status should be changed to completed and then click save.

Additional Functions in MAVEN

Searching for an Event

To view an event that has already been entered or to see if an event has been previously entered, search for that event prior to initiating data entry.   When searching for an event, searches are most often based on first and last name. To be inclusive, use the * feature when searching. For example, if looking for an event for Jonathan Smith, type Sm* in the last name field and Jon* in the first name field. The * feature then allows the search to focus on all names that have Jon as the first three letters of the first name and Sm as the first two letters last name. In Maven, at a minimum there must two letters and the * in the last name and one letter and the * in the first name in order to perform a search.

Searches can also be done on an event ID. Event IDs are not considered personal health information and can be emailed between persons. The HIV.STI.Viral Hepatitis prevention coordinator may use the event ID to communicate questions about an event with Maven users.

When searching for a person and they appear in the results, click on the event ID to view that particular event.

Updating or Entering an Address

If the address is not entered at time of event creation, if there is a data entry error or there is a need to update the address of an existing event, addresses are updated in the persons tab. Once in the persons tab, select the option edit address.

Click edit address and the below screen shall appear.

When updating the address, always enter the appropriate start date. The start date would be the earliest date in which it was known that the person lived at that address. For example, if someone was tested on January 12, 2017 for HIV and that was the first time they were in the clinic; the start date would be 01/12/2017. After entering the start date, complete the street, city, state, zip code and county. The remaining fields do not need to be completed.

Select Contact Point

If correct address is not appearing in the demographic or CTR question package, there is a feature called Select Contact Point available. The Select Contact Point is in the demographic package and is a button directly above the street address field. When the button is selected, all of the addresses associated with that person will be listed. Review the options, find the option that should be associated with that event and choose select as official address. The CTR and demographic question packages should update based on the chosen address. This feature often needs to be used in individuals that move from out of state to North Dakota or vice versa or have a long history of events in Maven.

Deduplication

The below screen appears when there are two individuals or events within Maven that appear to be identical. The best option to choose is create new case and person and check the box 'mark as pending deduplication'.

A. **Create New Case and Person**. Use this option if staff is unsure if the person entered matches the record. If person has already been entered and the match is listed, click the cancel button and refer to section in this manual 'Creating an Event for Existing Person'.

B. **Existing Events**. Do not deduplicate an event that has already been entered. Reminder: each time a client is tested on a separate collection date, a new event should be created.

Creating an Event for Existing Person

To avoid deduplication, a person that has been tested for HIV and/or HCV at your CTR site and previously entered into Maven, create an event using an existing person. To do that, follow these steps:

Step 1. Choose the create event icon and choose the disease as CTR – Hep/HIV/STD. Then choose the option at the bottom of that screen called select person. Once that option is selected, the search box will appear.

Step 2. Search for the person being entered. When searching, all potential matches will be listed from Maven, regardless of what condition they may have or which facility has entered the person. Make sure to choose a person that matches by date of birth and address. The address may be a previously known address as well. Once the correct person has been identified, double click on their name or highlight their name and choose select.

Step 3. After selecting the appropriate match, the information will fill in the remainder of the fields in the create event screen. The fields will be grayed out as they will not be editable at that time. If an address needs to change, that would need to occur in the persons tab. See section in this document entitled Updating or Entering an Address. Click save and then proceed to enter all required CTR information.

Questions or Concerns

If you have any questions or concerns, please contact the HIV.STI.Viral Hepatitis Prevention Coordinator.