**Attachment 11 Referral Script**

|  |  |
| --- | --- |
| **I heard you say earlier that you would prioritize:*** [list primary, secondary and tertiary barriers]

[referral type] **may be able to help with:*** [primary barrier]
 |  |

**No warm hand-off now / No re-scheduling**

|  |  |
| --- | --- |
| **Would you have time for us to reach out to them right now?**\* must provide value |  Yes  No  |
| **Warm handoff for primary referral** |
| **I understand. Would you like to schedule a different time when we can call together?**\* must provide value |  Yes  No  |
| **I understand. Could I give you the number of** [referral type] **to help you with** [name barrier**]:** \* must provide value |  Yes No  |
| *If yes:***Let me know when you're ready for me to give you this information.***Wait until participant is ready.***The contact information is:*** [referral name]
* [referral facility]
* [referral phone number]

**Are there any other concerns that you would like to talk about today?***Discuss as needed.***It’s been great thinking together about ways to help you take your HIV medication. HIV medicine is lifesaving, and it can also prevent HIV transmission if taken regularly. We care about your health. We want to help with any barriers to medication you may have. We appreciate that we can work together on this.****You have a good plan here. I might check-in with you again down the road, to see how things are going.***If no:***Are there any other concerns that you would like to talk about today?***Discuss as needed.***It’s been great thinking together about ways to help you take your HIV medication. HIV medicine is lifesaving, and it can also prevent HIV transmission if taken regularly. We care about your health. We want to help with any barriers to medication you may have. We appreciate that we can work together on this.****You have a good plan here. I might check-in with you again down the road, to see how things are going.** |
| **Thanks again. I really appreciate your time.** *End call.* |

 *RETURN to Phase 1 or Phase 2 interview document to track referral.*

**No warm hand-off now / Re-scheduling**

|  |  |
| --- | --- |
| **Would you have time for us to reach out to them right now?**\* must provide value |  Yes  No  |
| **Warm handoff for primary referral** |
| **I understand. Would you like to schedule a different time when we can call together?**\* must provide value |  Yes* No
 |
| Click to select a date  Click to select a time |
| **Great. I’m glad we have that scheduled. You may want to contact the provider yourself in the meantime. In case you do, could I give you the number?**\* must provide value |  Yes No  |
| *If yes:***Let me know when you're ready for me to give you this information.***Wait until participant is ready.***The contact information is:*** [referral name]
* [referral facility]
* [referral phone]

**Thanks again. I really appreciate your time. I’ll call you back at** [participant’s phone number] **on** [scheduled date] **at** [scheduled time]**.***If no:***Thanks again. I really appreciate your time. I’ll call you back at** [participant’s phone number] **on** [scheduled date] **at** [scheduled time]**.** |

**Warm hand-off now**

|  |  |
| --- | --- |
| **Would you have time for us to reach out to them right now?**\* must provide value |  Yes* No
 |
| **Cold handoff for secondary / tertiary referrals** |
| **Great! Before we reach out, could I give you other resources to help with:*** [list secondary and tertiary barriers]

\* must provide value |  Yes No  |
| *If yes:*[Recommended resource]**Let me know when you’re ready for me to give you this information.***Wait until participant is ready.***[**referral type**] can help you with** [name barrier]**. Their contact information is:*** [referral name]
* [referral facility]
* [referral phone]

**I’m glad that I could give you that information.** *Move on to warm hand-off**If no: Move on to warm hand-off* |
| **Warm handoff for primary referral** |
| **Let's think again about** [list primary barrier]**. As I said before, [**referral type**] may be able to help with this.**  |
| **Let’s call** [referral name] **now.****If we get disconnected, I will call you back at this number, or** [participant’s phone number].**Let me also give** [referral name]**'s contact information first. Let me know when you're ready for me to give you this information.***Wait until participant is ready.***The contact information is:*** [referral name]
* [referral facility]
* [referral phone]

**Alright, let's call [**referral name**] together.***Dial* [referral phone number]*.* |

**Reaches referral**

|  |  |
| --- | --- |
| *Did the call reach the* [referral]*?*\* must provide value |  Yes No  |
| **Hello. My name is** [Linkage Coordinator’s name] **and I'm calling on behalf of Virginia Medicaid. As part of a quality improvement initiative, Virginia Medicaid is supporting members in receiving the support services that they need.** |
| **I have someone on the line who could use some assistance with** [name barrier].*State barrier in generic terms only.* |
| **Would you be able to help connect them with benefits that would help** [name barrier]**?** *State barrier in generic terms only.**Dialogue as needed. Only limited information about the participant should be provided.* |
| **Thanks so much.**[participant’s name]**, it’s been great talking with you. I might check-in with you again down the road, to see how things are going. Feel free to reach out to me at** [Linkage Coordinator’s phone number] **if I can help with anything else.***End call.* |

*RETURN to Phase 1 or Phase 2 interview document to track referral.*

**Does not reach referral / reschedules warm hand-off**

|  |  |
| --- | --- |
| *Did the call reach the* [referral]*?*\* must provide value |  Yes No  |
| [referral type] **may be able to help with:*** [name barrier]

It would be great to call your provider together. Is there another time we can call them together?\* must provide value |  Yes No  |
| Click to select a dateToday  Click to select a timeNow  |
| **Great. I’m glad we have that scheduled. You may want to contact your provider yourself in the meantime. In case you do, could I give you the number?**\* must provide value |  Yes No  |
| *If yes:***Let me know when you're ready for me to give you this information.***Wait until participant is ready.***The contact information is:*** [referral name]
* [referral facility]
* [referral phone]

**Thanks again. I really appreciate your time. I’ll call you back at** [participant’s phone number] **on** [scheduled date] **at** [scheduled time]**.***If no:***Thanks again. I really appreciate your time. I’ll call you back at** [participant’s phone number] **on** [scheduled date] **at** [scheduled time]**.***End call.* |

*RETURN to Phase 1 or Phase 2 interview document to track referral.*

**Does not reach referral / does not reschedule warm hand-off**

|  |  |
| --- | --- |
| *Did the call reach the* [referral type]*?*\* must provide value |  Yes No  |
| [referral type] **may be able to help with [**name barrier**]:**It would be great to call your provider together. Is there another time we can call them together?\* must provide value |  Yes No  |
| **I understand. Could I give you the number of** [referral type] **to help you with:** * [name of barrier]

\* must provide value |  Yes No  |
| *If yes:***Let me know when you're ready for me to give you this information.***Wait until participant is ready.***The contact information is:*** [referral name]
* [referral facility]
* [referral phone]

**Are there any other concerns that you would like to talk about today?***Discuss as needed.***It’s been great thinking together about ways to help you take your HIV medication. HIV medicine is lifesaving, and it can also prevent HIV transmission if taken regularly. We care about your health. We want to help with any barriers to medication you may have. We appreciate that we can work together on this.****You have a good plan here. I might check-in with you again down the road, to see how things are going.***If no:***Are there any other concerns that you would like to talk about today?***Discuss as needed.***It’s been great thinking together about ways to help you take your HIV medication. HIV medicine is lifesaving, and it can also prevent HIV transmission if taken regularly. We care about your health. We want to help with any barriers to medication you may have. We appreciate that we can work together on this.****You have a good plan here. I might check-in with you again down the road, to see how things are going.***End call.* |

 *RETURN to Phase 1 or Phase 2 interview document to track referral.*