

Early Intervention Services Standards of Care

Definition:

Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:

- HIV Testing and Targeted counseling
- Referral services
- Linkage to care
- Health education and literacy training that enable clients to navigate the HIV system of care

Limitations:

All four of the above components must be present, but Ryan White Part B funds can only be used for HIV testing as necessary to supplement, not supplant, existing funding.

Services:

Early Intervention Services (EIS) are the provision of a combination of services that include HIV/AIDS:

- Counseling
- Testing
- Referrals
- other clinical and diagnostic services designed and coordinated to bring individuals with HIV disease into the local HIV continuum of care.

These services must focus on expanding key points of entry and documented tracking of referrals.

Counseling, testing, and referral activities are designed to bring HIV-positive individuals into Outpatient Ambulatory Medical Care. The goal of EIS is to decrease the number of underserved individuals with HIV/AIDS by increasing access to care. EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care. Individuals found to be HIV-negative should be referred to appropriate prevention services.

Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
<p>Agency License</p>	<p>The agency’s facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of HIV Early Intervention Services, including phlebotomy services.</p>
<p>Agency Policies and Procedures</p>	<p>The agency shall have policies/procedures for each of the following:</p> <ul style="list-style-type: none"> • Patient rights and responsibilities, including confidentiality guidelines • Patient grievance policies and procedures • Patient eligibility requirements • Data collection procedures and forms, including data reporting • Guidelines for language accessibility <p>Agency will have a policy that:</p> <ul style="list-style-type: none"> -Defines and describes EIS services (funded through Ryan White or other sources) that include and are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for clients to help them navigate the HIV care system -Specifies that services shall be provided at specific points of entry -Specifies required coordination with HIV prevention efforts and programs -Requires coordination with providers of prevention services -Requires monitoring and reporting on the number of HIV tests conducted and the number of positives found -Requires monitoring of referrals into care and treatment
<p>Entry into care According to HRSA National Monitoring Standards, key points of entry will be established.</p>	<p>Agency/staff will establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who test positive.</p>

<p>Health Education and Literacy Training Curriculum According to the HRSA National Monitoring Standards health education and literacy training will be defined</p>	<p>Agency will develop/use an approved health education curriculum to provide client: -Education concerning the HIV disease process, risk reduction, and maintenance of the immune system -Literacy training to help client navigate the HIV care system.</p>
<p>HIV Testing and Targeted Counseling According to the HRSA National Monitoring Standards all four components must be present. Part B funds can only be used for HIV testing to supplement, not supplant, existing funding.</p>	<p>If Ryan White Part B funds are used for HIV testing, agency must document the reason(s) necessary to supplement existing funding.</p>
<p>Staff Qualifications</p>	<p>Staff providing care and/or counseling services to clients participating in the Early Intervention program must be trained to provide these services to recently diagnosed HIV/AIDS clients and to PLWHAs who know their status and are not in care.</p> <p>All agency staff that provide direct-care services shall possess: -Advanced training/experience in the area of HIV/infectious disease -HIV early intervention skills and abilities as evidenced by training, certification, and/or licensure, and documented competency assessment -Skills necessary to work with a variety of health care professionals, medical case managers, and interdisciplinary personnel.</p> <p>Supervisors must possess a degree in a health/social service field or equivalent experience.</p>
<p>Staff Training</p>	<p>Within three (3) months of hire, all staff must complete a minimum of sixteen (16) hours of training regarding the target population and the HIV service delivery system in the service area, including but not limited to: -The full complement of HIV/AIDS services available within the HSDA -How to access such services [including how to ensure that particular subpopulations are able to access services (i.e., undocumented individuals)] -Eligibility for other sources of funding under entitlement and benefit programs other than Ryan White services.</p>

	<p>Each staff will complete a minimum of 12 hours of training annually to remain current on HIV care.</p> <p>Evidence of training will be documented in the staff personnel records.</p>
<p>Supervision</p>	<p>Each agency must have and implement a written plan for supervision of all Early Intervention staff.</p> <p>Supervisors must review a 10 percent sample of each staff member's client records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.</p> <p>Each supervisor must maintain a file on each staff supervised and hold supervisory sessions on at least a monthly basis. The file must include, at a minimum:</p> <ul style="list-style-type: none"> -Date, time, and content of the supervisory sessions -Results of the supervisory case review addressing at a minimum completeness and accuracy of records, compliance with standards, and effectiveness of service.

Standards of Care

Standard	Measure
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> - Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a “zero income” statement) -Documentation of state residency -Documentation of proof of HIV positivity -Photo ID or two other forms of identification -Acknowledgement of client’s rights <p>Agencies should attempt to obtain all relevant eligibility information from the referral source before providing services to client. If unsuccessful, the client may receive up to two encounters.</p> <p>If HIV testing is performed as part of EIS, no eligibility documentation is required.</p>
<p>Payor of Last Resort</p>	<p>Before assistance is provided there should be written documentation in the client’s file that Ryan White/State Services funding is being used as the payor of last resort.</p> <p>If HIV testing is performed as part of EIS, agency must document use of Ryan White/State Services funding as a supplement to other funding sources.</p>
<p>Early Intervention Services</p>	<p>EIS will include identification of individuals at points of entry and access to services and provision of:</p> <ul style="list-style-type: none"> -HIV Testing and Targeted counseling -Referral services -Linkage to care -Health education and literacy training that enable clients to navigate the HIV system of care

<p>-HIV Testing and Targeted Counseling According to the HRSA National Monitoring Standards clients will receive HIV testing and targeted counseling.</p> <p>The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen for HIV infection in adolescents and adults aged 15-65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p>	<p>Staff providing HIV testing-</p> <ul style="list-style-type: none"> -Shall be familiar with DSHS HIV/STD Policy #2013.02, “ <i>The Use of Testing Technology to Detect HIV Infection</i> ” http://www.dshs.state.tx.us/hivstd/policy/policies/2013-02.shtm) prior to performing HIV testing -Shall assess risk for and provide counseling for risk-reduction -Shall at a minimum, ensure that HIV testing is performed through the use of blood samples (either finger stick or venipuncture). <ul style="list-style-type: none"> • Best practice is to immediately collect sample via venipuncture and submit for full algorithm testing – start with 4th generation test.
<p>-Linkage According to the HRSA National Monitoring Standards clients will be linked to medical care within three (3) months of testing positive for HIV.</p>	<p>Staff will ensure that participants testing positive for HIV through preliminary testing shall be linked to and assisted in obtaining a confirmatory HIV test and/or linked to and assisted in obtaining an initial appointment with an HIV medical provider.</p> <ul style="list-style-type: none"> -Individuals who are eligible for Ryan White /state service funding testing positive through blood testing will be referred directly to a Ryan White Based HIV medical provider (with a specific MOU), in lieu of completing a confirmatory test. <p>Staff will refer individuals who test HIV-negative to HIV prevention services.</p> <ul style="list-style-type: none"> -Generally, non-infected individuals are not eligible for HIV care services funded by the Ryan White HIV/AIDS Program -Staff will refer participant to clinicians who may be able to prescribe Pre-exposure prophylaxis, or PrEP using non-Ryan White/State Services funds.
<p>-Referral and Follow-up According to the HRSA National Monitoring Standards clients will receive referral services.</p>	<p>Staff will refer individuals who test positive to health care and supportive services.</p> <p>EIS will be provided at or in coordination with documented key points of entry</p> <ul style="list-style-type: none"> -EIS services are coordinated with HIV prevention efforts and programs. <p>Staff will promote coordinated HIV case management and medical care efforts and collaborate with medical care providers to ensure clients with HIV are able to obtain HIV medical care.</p> <ul style="list-style-type: none"> -Staff will provide ongoing coordinated activities that promote engagement in HIV medical care, as appropriate.

	<p>-Efforts may include coordinating with HIV medical case management providers.</p> <p>-Staff will follow-up with client/medical provider to ensure that client has attended a routine HIV medical care visit within 3 months of HIV diagnosis.</p> <p>Staff will refer individuals who test negative to health education/risk reduction programs and support groups.</p> <p>Staff will document activities in the client primary record progress notes.</p>
<p>-Health Education and Literacy Training According to the HRSA National Monitoring Standards clients will receive health education.</p>	<p>Staff will provide health education and literacy training according to established curriculum that enables clients to navigate the HIV system</p>
<p>Documentation by Agency</p>	<p>The following will be documented by the agency: Provision of all four required EIS service components, with Part B or other funding</p> <ul style="list-style-type: none"> -Numbers of HIV tests and positives, as well as where and when Part B-funded HIV testing occurred -HIV testing activities and methods to meet CDC and state requirements -Number of referrals for health care and supportive services -Number of referrals from key points of entry to EIS programs -Training and education sessions held to help individuals navigate and understand the HIV system of care.
<p>Documentation in the Clients Record</p>	<p>The following will be documented in the client's primary care record:</p> <ul style="list-style-type: none"> -Client eligibility for services (no documentation required if EIS is funding HIV testing). -Services provided -Progress notes outlining services, referral, and follow-up of referral.

References

DSHS HIV/STD Policy #2013.02, “ *The Use of Testing Technology to Detect HIV Infection*”
<http://www.dshs.state.tx.us/hivstd/policy/policies/2013-02.shtml>

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A
April 2013. p. 10-11.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
April, 2013. P. 10-11.