

TABLE OF CONTENTS

Introduction

Definition

Purpose

Goals

Objective

Key Activities

Requirements

1.0 ARIES

2.0 Intake

2.1 Client Eligibility

2.2 Client Consents and Notifications

2.3 Client Registration

2.4 Screening for Service Needs & Acuity

3.0 Recertification

4.0 Care and Treatment

5.0 Service Access, Management, and Closure

6.0 Grievances

7.0 Client Rights, Responsibilities, & Confidentiality

8.0 Staff Requirements and Qualifications

9.0 Cultural and Linguistic Competency

10.0 Fiscal Responsibility

11.0 Licensure and Assurance

12.0 Continuous Quality Improvement

References and Published Guidelines

Introduction

This document describes the “Early Intervention Services” category which is funded by the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care document (USOC) also released by the County of Santa Clara HIV Commission and the County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Early Intervention Services and must be followed by any provider receiving RW funding for this service category. The Recipient is responsible for initiation of use of these standards (through their service contracting process) and on an ongoing monitoring of compliance at the individual service provider level throughout the funding cycle.

HRSA Definition: Early Intervention Services (EIS) is designed to identify individuals who are living with HIV and link them into care as quickly as possible. This is done through: outreach, counseling and testing and information and referral. The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather a stand-alone service.

EIS includes the provision of the following three activities:

- Identification of people who did not previously know they were living with HIV, and linkage into medical care,
- Provision of additional information and education on health care coverage options, and
- Reengagement of people who already know they are living with HIV into medical care.

Purpose: The purpose of the Early Intervention Services Standards of Care is to establish a minimum set of quality expectations to ensure uniformity of services across the San Jose Transitional Grant Area.

Goals: EIS is intended to identify people at the earliest point possible in the course of their HIV infection, and to quickly link them to medical and support services necessary to support treatment adherence and maintenance in medical care.

Objective: EIS is intended to identify people who are unaware of their HIV-positive status or those who know their status but have fallen out of care so that they may become aware of and be enrolled in care and treatment services.

Key Activities: EIS must include the following five components. These components must be available in the service area, even if not directly provided by the contractor or provider:

- **Targeted HIV Testing** to help persons who are unaware of their HIV infection status learn of their HIV status and receive referral to HIV care and treatment services if found to living with HIV, or to HIV prevention services, including PrEP if appropriate based on ongoing risk, for those found to be HIV negative. Testing should be coordinated with local HIV prevention programs to avoid duplication. Testing paid for by EIS cannot take the place of testing efforts that could be paid for by other sources.
- **Referral / Linkage** to improve HIV care and treatment services at key points of entry. Eligible clients must be referred to medical care, case management, benefits counseling, and other services necessary using a warm hand off where possible. Documentation of that referral must be in the client file and available upon request.
- **Outreach:** Outreach is intended to identify people with unknown HIV status or those who know their status but have fallen out of care, so that they may become aware of and be enrolled in care and treatment services. Outreach should:
 - Utilize local HIV surveillance data to locate individuals who have not yet been linked to care,
 - Utilize ARIES data or local medical data to identify clients with missed appointments or who have fallen out of care,
 - Be coordinated with HIV prevention programs to avoid duplication of effort.
 - Focus on priority populations known to be at disproportionate risk based on local epidemiologic data, including partners of people living with HIV, and
 - Be conducted when/where people at high risk of HIV infection will be reached.
- **Health Education / Risk Reduction:** The purpose of health education and risk reduction services is to educate clients living with HIV on how to reduce the risk of transmitting HIV to others. EIS staff should provide education and informative materials about these and related topics, including testing and the availability of related HIV services.

- **Partner Services:** Partner Services information should be offered, and referrals made for clients according to established processes.

Key Activities Monitoring:

HIV Testing – HIV testing must be performed in compliance with State of California standards and regulations; this will be monitored via submission of the staffing budget for this service category. Coordination with local outreach/prevention programs will be monitored via desk audit of program budget forms.

Referral / Linkage – Information about referrals and related follow-up will be monitored through ARIES; data must be recorded in the Referral tab of either location in the Referral Date, Outcome, and Outcome Date fields.

Outreach – Utilization of local HIV surveillance data for outreach, coordination with local outreach programs, focusing on priority populations for outreach, scheduling of outreach to occur where/when people at high risk for HIV are present, and the availability and distribution of educational/informational materials will be monitored through observation and discussion during site visits.

Partner Services – Existence of a protocol and process for Partner Services referral and counseling will be monitored by submission of policy/protocol documentation to San Jose TGA. Implementation of the protocol (i.e. that clients are offered Partner Services information and referrals) will be monitored through observation and chart review during site visits.¹

Documentation - Documentation of client contacts and overall program results will be monitored in ARIES Outreach Services Module or ARIES.

Requirements

1.0 ARIES

Standards identified in Universal Standards of Care (USOC 1)

2.0 Intake

Standards identified in Universal Standards of Care (USOC 2)

3.0 Recertification

Standards identified in Universal Standards of Care (USOC 3)

4.0 Care and Treatment

4.1 Service Characteristics

EIS must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients. Provider has the responsibility of complying with USOC 4.	
4.1.1	Frequency: EIS can be provided on a one-time-only or short-term basis only. Staff should follow-up on referrals and linkages within 10 days and connect to primary medical care within 30 days of initial intake. Longer-term services should be provided through other service categories. If EIS staff continue to have contact with the client following these initial services, the client must be screened for eligibility as described in the <u>Universal Standards of Care</u> and transitioned to a different service category.
4.1.2	Service Coordination: Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort. The services paid for RW under this standard cannot take the place of HIV prevention services offered by other programs. Funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Ryan White funds will supplement and not supplant existing funds for testing.
4.1.3	Priority Populations: Services must be focused to populations and communities known to be at disproportionate risk of HIV infection. Broad-scope awareness activities for the general public, such as transit ads, are NOT considered focused services.
4.1.4	Key Locations: Services should be conducted at times and places where there is a high probability that people living with HIV will be reached. Examples of this include offering services at specific establishments frequented by people likely to have participated in high-risk behavior and offering services at times outside of normal business hours.
4.1.5	HIV education: Clients should always be provided with HIV risk reduction and prevention education, information about partner services, and referrals to the HIV service delivery system including clear information on how to access those services.
4.1.6	Quantifiable: Providers should obtain client information and keep a record of each contact, including information/education provided and any referrals or linkages.

4.2 HIV Testing & Results Counselling

#	Standard	Measure
4.2.1	<p>Eligibility: Unlike all other categories, some EIS may be provided without eligibility screening. These include:</p> <ul style="list-style-type: none"> • HIV Testing • Outreach services • Initial referral services 	Documentation in client record.
4.2.2	<p>HIV Testing: HIV testing is designed to help those who do not know their HIV status learn whether they are living with HIV, and receive referrals to HIV care and treatment services if they are diagnosed with HIV.</p>	Documentation that HIV testing and counseling activities meet local, state, and federal requirements HIV test data enter into LEO
4.2.3	<p>HIV Counselling for HIV-negative individuals will include the following:</p> <ul style="list-style-type: none"> • Health education • Risk Reduction <p>Referral to HIV prevention services</p>	Documentation entered into LEO
4.2.4	<p>HIV Counseling for people living with HIV will include the following: Health education regarding HIV, risk Reduction counseling, maintenance of a healthy immune system, disclosure to partners and support systems, importance of accessing medical care and medications</p>	Documentation entered into LEO, ARIES, and Client record.
4.2.5	<p>Referral/Linkage: It is designed to improve HIV care and treatment services at key point of entry; building strong relationships with care and treatment providers able to quickly see new patients is critical to success.</p>	Referral should be documented in client record. Referral entered into ARIES
4.2.6	<p>Access and linkage to HIV Care and Treatment Services: It is designed to ease connection to RW services as needed. Clear linkages, with documented Memoranda of Understanding (MOUs) when possible, are required to encourage the integration of these service categories.</p>	Documentation in client record. Referral must occur within 3 days of notification of HIV status. Documentation in client record Referral entered into ARIES
4.2.7	<p>Outreach Services and Health Education is intended to identify those who do not know their HIV status but are at high risk of HIV infection, or know they are living with HIV but are not yet engaged in care.</p>	Documentation in client record.

4.3 Referral & Linkage Services

	Standard	Measure
4.3.1	<p>Individuals <u>with a reactive HIV test result</u> will receive referrals to services critical to achieving optimal health within 3 days of notification of HIV status.</p> <p>Referral process requires to includes documentation of the following:</p> <ul style="list-style-type: none"> • Date of referral, • Evidence of client acceptance or refusal of the referral(s), and • Active steps to ensure follow-up by clients who accept the referrals(s). 	<p>Documentation in the client record.</p> <p>Documentation in the client record</p> <p>Referral entered into ARIES</p>
4.3.2	<p>Clients who have tested positive for HIV through testing will be linked to and assisted in scheduling an appointment with a medical provider for further care and treatment.</p>	<p>Successful linkage to outpatient/ambulatory health services is measured as attendance to the actual medical appointment.</p>
4.3.3	<p>EIS programs will ensure that clients are connected to primary medical care within 30 days of initial intake</p>	<p>Documentation of first medical visit within 30 days</p>
4.3.4	<p>Clients who may require further HIV care and treatment must be referred to additional services such as HIV Outpatient/Ambulatory Health Services, Home and Community-based Health Services, and/or Medical Case Management.</p>	<p>Documentation in the client record.</p> <p>Referral entered into ARIES</p>
4.3.5	<p>Clients who are successfully linked to primary medical care providers or outpatient/ambulatory health services must have their cases closed with a case closure summary documented in their record. See Universal Standard of Care for further information on Case Closure.</p>	<p>Documentation in the client record</p> <p>Service closure summary, including reason for closure and applicable notifications and progress notes, shall be documented in client record.</p>
4.3.6	<p>Referral to other services such as medical care, case management and dental treatment should be made as indicated. Regular contact with the client's primary care provider and other providers will ensure integration of services and better client care.</p>	<p>Documentation in the-client record.</p> <p>Referral entered into ARIES</p>

4.4 Client Monitoring

While EIS is intended to be short-term, staff should follow-up on referrals and linkages within **ten (10) days** to verify the client has been established in that service. At least three (3) attempts should be made to verify linkage to the service before considering the client lost to follow-up. Once successful linkage is verified, future follow-up should be conducted by other providers or under a different service category. These efforts must be documented.

Monitoring:

Client Monitoring – Information about referrals and related follow-up will be monitored through ARIES; data must be recorded in the Referral tab of either location in the *Referral Date*, *Outcome*, and *Outcome Date* fields.

5.0 Service Access, Management, and Closure

Standards identified in Universal Standards of Care (USOC 5)

6.0 Grievances

Standards identified in Universal Standards of Care (USOC 6)

7.0 Client Rights, Responsibilities, & Confidentiality

Standards identified in Universal Standards of Care (USOC 7)

8.0 Staff Requirements and Qualifications

8.1 Education/Experience/Supervision

Provider has responsibility to comply with USOC 8.

There are no minimum standards for EIS staff. Regardless of education/training, staff should be experienced in some of all of the following:

- Outreach
- HIV counseling and testing
- Prevention case management
- Health education

All EIS staff must be trained and knowledgeable about HIV, and familiar with available HIV resources in the area. They should have good communication skills and ideally be culturally and linguistically competent for the community served. Staff providing HIV testing must comply with all State of California rules and regulations, including:

- Meeting state requirements for qualifications and/or certification,
- Obtaining informed consent,
- Appropriate test kit training and proficiency testing, and
- Case reporting and documentation.

Monitoring

Education/Experience/Supervision

Staff experience meeting the minimum requirements for service provision in this category must be kept in personnel files, with hire date for review during site visits.

Test counselors – All staff conducting testing must be in compliance with State of California rules and regulations.

Individual supervision and clinical guidance available to staff will be monitored through discussion during site visits.

8.2 Staff Orientation and Training

Initial: All staff providing EIS must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, including HIV transmission, care, and prevention
- HIV counseling and testing and privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care, including access to PEP and PrEP
- Cultural sensitivity/competency trainings related to the delivery of HIV services

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

9.0 Cultural and Linguistic Competency

Standards identified in Universal Standards of Care (USOC 9)

10.0 Fiscal Responsibility

Standards identified in Universal Standards of Care (USOC 10)

11.0 Licensure and Assurance

Standards identified in Universal Standards of Care (USOC 11)

12.0 Continuous Quality Improvement

Standards identified in Universal Standards of Care (USOC 12)

References and Published Guidelines:

1. California Department of Public Health (CDPH) Office of AIDS (OA) HIV Care Program (HCP) Standards of Care: Early Intervention Services (EIS) Version 1.0, June 10th, 2018
2. For a comprehensive overview of references, guidelines and resources please see the official website for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
3. Ryan White Title I Standards of Care for Early Intervention Services. January 31, 2008.
4. California State Office of AIDS (OA) a division within California Department of Public Health, Center for Infectious Diseases, last modified August 29, 2012
5. San Jose, CA TGA – Definitions of Early Intervention Services for Eligible Services *Ryan White HIV/AIDS Treatment Extension Act of 2009*, July 1, 2011, Page 2.
6. HIV/AIDS Bureau, Division of Science and Policy, Health Resources and Services Administration, Instructions for Completing the 2007 Ryan White HIV/AIDS Program Annual Data Report, November 29, 2007
7. Ryan White Title II Manual: Early Intervention Services (2003) which may be found at <http://hab.hrsa.gov/tools/title2/t2SecVIIIChap4.htm>
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9. Ryan White Title III Manual (1999) which may be found at <http://hab.hrsa.gov/tools/title3.htm>
10. Standards of Care and Service: Early Intervention Service/SAFE-T-Net (Support and Advocacy for Entry and Transitions) , Riverside/San Bernardino EMA, January 2005
11. Early Intervention Services Standards of Care Austin TGA Ryan White Program. July 13th, 2018.
12. Seattle TGA Ryan White Program Standards Early Intervention Services. March 11th, 2019.
13. Ryan White HIV/AIDS Program Standards of Care for the Oakland Transitional Grant Area. June 2016
14. Early Intervention Services Standards of Care for HIV Care Services in Orange County, March 14th, 2018
15. San Antonio Transitional Grant Area/Health Service Delivery Area Standards of Care for HIV/AIDS Services, January 25th, 2018 which may be found at <http://hiv210.org/wp-content/uploads/2018/05/2018-01-25-Standards-of-Care.pdf>