



# Nevada Office of HIV/AIDS Ryan White Part B Program Standard of Care Early Intervention Services

## I. HRSA Service Definition

Early intervention services (EIS) for Part B include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. Ryan White HIV/AIDS Programs (RWHAP) Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP Part B EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV infected
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools, please contact the Grantee Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

## II. Service Goals and Objectives

To increase access to quality HIV services for clients newly diagnosed with HIV, new to Nevada, or out-of-care.

- A. Find clients living with HIV but unaware of their status.
- B. Ensuring that newly diagnosed PLWH are connected to services as early as possible
- C. Connecting new Nevada residents living with HIV into RWHAP services to connect them to the care.
- D. Reaching out to clients marginally engaged in care or clients who are out of care to ensure access to services
- E. Moving clients towards self-management



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## III. Currently Funded Early Intervention Services

- A. Targeted HIV Counseling and Testing
- B. Linkage to Care
- C. Health Education
- D. Client Finding
- E. Health and Wellness Engagement/Reengagement (RiC)

## IV. Early Intervention Services Eligibility

The following eligibility criteria are specific to Early Intervention Services:

- A. Unaware of Diagnosis: individuals who test positive in coordination with a HIV Prevention/Testing program with an EIS/Outreach worker present to assist in client navigation
- B. Newly Diagnosed: individuals who are within the first three months of their initial HIV diagnosis
- C. Out of Care Individuals: (1) individuals who have not picked up their prescribed medication(s) through their enrolled program at day 45 after their last pick-up; (2) have not received a HIV related service within six months of prior contact; (3) individuals who have not received a service greater than 3 months after diagnosis; and (4) individual who has lapsed in RWPB Enrollment

In order to assist in delivering essential services to individuals living with HIV in the most effective manner, the Nevada Office of HIV/AIDS – Ryan White Part B program is authorizing under its granted responsibility the ability for the subgranted Eligibility and Enrollment Providers to allow retroactive eligibility for up to 30 days for EIS Services.

## V. Service Delivery

### Targeted HIV Counseling & Testing (Item A)

Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV. Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts and HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources. Testing must occur in a targeted manner where there is a higher likelihood to find individuals living with HIV who are unaware of their disease status. Testing must occur within population demographics that have a higher burden of new HIV infections. Services include primary testing, confirmatory testing, pre-test counseling and post-test counseling.



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## **Linkage to Care (Item B)**

Linkage activities assist the clients in accessing services including making appointments for the following indicated: outpatient ambulatory health services, medical case management, and/or mental health services.

## **Health Education (Item C)**

Provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include: Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention; Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage); Health literacy; and Treatment adherence education. Health Education/Risk Reduction services cannot be delivered anonymously. Retention in Care is focused on the next lab appointment, doctor visit, or medication pick-up while Risk Reduction is focused on the remaining barriers to retention. Linkage activities assisting the clients in accessing support services fall under this service name.

## **Client Finding (Item D)**

Client Finding Activities must comply with HRSA/HAB policies, standards, and definitions of Outreach Services. Specifically broad scope activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" would not meet the intent of the law. Activities must be planned and delivered in coordination with the State and local jurisdiction's HIV Prevention Program, must be directed and targeted to known populations to be at disproportionate risk for HIV infection; and conducted in a manner to quantitatively evaluate its effectiveness.

## **Health & Wellness Engagement/Reengagement (Retention in Care) (Items E)**

Initial contacts are made through the Retention in Care Project for clients who might be marginally connected to care by having an alternate payer source other than the Nevada ADAP for their medications or who have lapsed in their Nevada Ryan White HAP enrollment. These can be via telephone, digital, in-person, etc. At least one contact or two attempts to contact must be made with each client in the Retention in Care Project with the result of that contact being captured in the RiC Subform in CAREWare.

Staff will complete a standardized contact and short assessment with all clients to determine readiness and need for services, taking into account the following factors: (1)



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barriers to enrollment in RWPB and adherence to medications and medical care; (2) history of adherence, treatment, and opportunistic infections; and (3) the sufficiency of self-management and to provide referrals, when appropriate, to prevent lapses in care.

## Case Closure

EIS programs will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action. All attempts to contact the client and notifications about case closure will be documented in the client file or CAREWare, along with the reason for case closure.

Cases may be closed when the client:

- Has linked to medical care or met the established milestones and is being transferred to another service provider for Outpatient/Ambulatory Medical Care
- Is deceased
- Has relocated out of the service area
- No longer requires the services
- Decides to discontinue the service
- Is improperly utilizing EIS
- Client expresses desire to end RWPB services
- Client is not responsive within 90 days of last contact

## Referrals

EIS programs must develop policies and procedures for referral to all health and social service providers in the HIV/AIDS continuum of care. All referrals must be tracked in CAREWare and documented in the client's chart/file.

## VI. Licensing, Knowledge, Skills, and Experience

Early Intervention Services for PLWHA must be provided by either a licensed Registered Nurse; a Disease Investigator; or a college graduate with a four year degree or higher in either Behavioral Science, Bioscience, or other health care related field.

## VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded Early Intervention Services. It is expected that all providers follow these standards as well as the universal programmatic and administrative standards of care. Provider organizations and staff may exceed any of these standards as part of the program delivery.



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## VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

## IX. References and further reading

All Part B funded providers should read their individual subgrants including but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Office of HIV Prevention and Care regarding the Nevada Ryan White Part B Program.

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Standards of Care, 2014-2015.](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

## X. Revision Schedule

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## XI. Contact

For further information or clarification please contact the Nevada Office of HIV Prevention and Care, Ryan White Part B Program Care Services Specialist at (702) 486-5665.