



## Norfolk TGA Ryan White Part A EARLY INTERVENTION SERVICES (EIS) SERVICE STANDARD

### SERVICE CATEGORY DEFINITION

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#### **Early Intervention Services (EIS):**

Includes 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. All four components to be present, but Part A funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding.

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

- Targeted HIV testing (not funded through Ryan White Part A) to help the unaware learn their HIV status and receive referrals 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
- 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, Substance Abuse Care, and Mental Health Services
- Outreach services and Health Education / Risk Reduction related to HIV diagnosis Services should be targeted to the following populations:
  1. Newly Diagnosed: Client has HIV Diagnosis during the current Grant Year
  2. New to Care: Client that was diagnosed but never had a care marker (Doctor visit, CD4 count, Viral Load Test, Antiretroviral medication)
  3. Out of Care: Client that was previously in care but does not have a care marker up to 12 months or more.
  4. Unaware of HIV status: Client is unaware of their HIV status and have not been tested in 12 months or more.
- EIS programs must have signed linkage agreements to work with key points of entry.
- Given that EIS leads EIIHA (Early Identification of Individuals with HIV/AIDS) efforts, EIS programs must coordinate with prevention services, counseling, and testing centers, as well as other RW Subrecipient's.



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- EIS clients who are active and meet EIS goals should be transitioned to Medical Case Management or Non-Medical Case management within 6 months of initial service.

### CLIENT INTAKE AND ELIGIBILITY

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All Subrecipient's are required to have a client intake and eligibility policy on file. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A—Norfolk TGA Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients must:

- ◇ Live in the Norfolk TGA (Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Hampton, Newport News, Poquoson, Williamsburg, York County, James City County, Gloucester County, Matthews County, Isle of Wight and Currituck County, North Carolina)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 400% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

### PERSONNEL QUALIFICATIONS

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Any staff providing Early Intervention Services (EIS) must have documented in their personnel record(s):

1. At least 2 years' basic knowledge of HIV/AIDS and/ or infectious disease and can work with vulnerable targeted populations and subpopulations
2. All EIS staff must complete a six (6) hour introductory training on HIV within ninety (90) days of employment.



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3. All EIS staff will receive at least twelve (12) hours of HIV specific continuing education units on a yearly basis.
4. All EIS staff will have at least one (1) hours of cultural diversity training a year.

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

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The goal of EIS is to facilitate connection to and linkage with Outpatient/Ambulatory Medical Care and support services for individuals who are living with HIV but not yet aware of their HIV status, and/or the newly diagnosed, erratically in care, and/or out of care.

Clinical Quality Improvement outcome goals for EIS include:

- 100% of all EIS client files include documentation of referral to health care and supportive services.
- 80% of EIS clients are linked to care as documented by at least one medical visit, viral load or CD4 test within 60 days of first visit/service.

## SERVICE STANDARDS, MEASURES, AND GOALS

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Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of 6 hours of HIV introductory training, annual 12 hours of HIV specific CEU's, and annual 1 hours of cultural competency training.	100%
2. Subrecipient's have established MOUs with key points of entry into care to facilitate access to care for those who test positive.	Documentation of current contract year MOUs on file with all collaborating points of entry.	100%



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3. Subrecipient's providing EIS coordinate project activities with HIV prevention efforts and programs.	Documentation that Subrecipient's work in partnership with prevention services as to not duplicate any service activities.	100%
4. Subrecipient's providing EIS document and track all referrals to and from the program.	Documentation of the number of referrals from key points of entry to the EIS program and to health care and supportive services from EIS made available for review.	100%
5. EIS clients receive health education and literacy training that enables them to better navigate the HIV system of care.	Documentation of health education and literacy training is included in the file of all clients receiving services in the measurement year.	100%
6. EIS clients are referred to health care and supportive services.	Documentation of referrals to health care and supportive services are included in the file of all clients receiving services in the measurement year.	100%
7. Clients are transitioned out of EIS once EIS objectives are met and/or client is proven to be in stable medical care.	Documentation that the client has been referred and/or transferred out of EIS services once noted as stably in medical care.	80%
8. EIS clients are linked to medical care	Documentation that the client had at least one medical visit, viral load, or CD4 test within 60 days of first EIS visit/service.	80%
9. Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Norfolk TGA CAREWare Performance Measure	80%



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### CLIENTS RIGHTS AND RESPONSIBILITIES

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Subrecipient's providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

### CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

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Subrecipient's providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipient's must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Norfolk Part A managed, CAREWare Database.

### CULTURAL AND LINGUISTIC COMPETENCY

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Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

### CLIENT GRIEVANCE PROCESS

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Each Subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

### CASE CLOSURE PROTOCOL

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Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the Subrecipient must honor the request from the client.