

EARLY INTERVENTION SERVICES

Norfolk Transitional Grant Area
Grant Year 2020/21



Service Category Definition – Early Intervention Services

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

HRSA RWHAP Parts A and 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 living with HIV
 - 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

Personnel Qualifications

Early Intervention services will be provided by staff who meet the minimum requirements and qualifications listed in this section.

1. At least 2 years basic knowledge of HIV/AIDS and/ or infectious disease and be able to 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.
3. All EIS staff will have at least one (1) hours of cultural diversity training a year.

All Early Intervention Services staff must complete yearly, a minimum training regimen that includes at least 6 continuing education units (CEU's). If CEU's are attainable, prior authorization for alternate training sources must be approved by the Recipient prior to enrollment in training. CEU's may include, but are not limited to, the following areas:

1. HIV case management standards; **AND/OR**
2. AIDS Drug Assistance Program requirements; **AND/OR**
3. Health Insurance Premium and Cost Sharing Assistance program; **AND/OR**
4. HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training); **AND/OR**

EARLY INTERVENTION SERVICES

Norfolk Transitional Grant Area
Grant Year 2020/21



5. Cultural competency training; **AND/OR**
6. Medicaid, Medicare, and Marketplace training/updates; **AND/OR**
7. Health education, risk-reduction, and harm reductions; **AND/OR**
8. STI prevention strategies, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP); **AND/OR**
9. Access to and knowledge of all RWHAP core and support services in the TGA; **AND/OR**
10. Access to and knowledge of non-RWHAP funded services that ensures that the RWHAP remains the payer of last resort.

Subrecipient Responsibility

All EIS sub-recipients must adhere to the following:

- Test, Link, Refer and Educate clients in the targeted demographics MSM of Color, Youth 18-30 years of age, and Transgender.
- Establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who test positive
- Document provision of all four required EIS service components, with Part A or other funding
- Document and report on numbers of HIV tests and positives, as well as where and when Part A-funded HIV testing occurs
- Document the number of referrals for health care and supportive services
- Document referrals from key points of entry to EIS programs
- Document training and education sessions designed to help individuals navigate and understand the HIV system of care
- Establish linkage agreements with testing sites where Part A is not funding testing but is funding referral and access to care, education and system navigation services
- Obtain written approval from the grantee to provide EIS services in points of entry not included in original scope of work

EARLY INTERVENTION SERVICES

Norfolk Transitional Grant Area

Grant Year 2020/21

Norfolk TGA Care Continuum Performance Measures

(Appendix B: Norfolk TGA Care Continuum Performance Measures)

Standard	Measure
Utilize an evidence based collaborative EIS model that includes prevention.	Written description of model. Evidence of partnerships, collaboration with prevention and other referral agencies (MOU, contract, business agreement).
Conduct targeted outreach and HIV testing and counseling per CDC guidelines or partner with a testing agency or receive referrals from testing agency.	Number and types of outreach conducted. Number of clients that test positive and/or are referred for EIS under Ryan White Part A.
Identify erratically in care/out of care clients without a care marker in the last 12 months	Number and types of outreach contacts; number of clients identified.
Link eligible newly diagnosed and erratically in care/out of care clients to medical care.	Documentation of eligibility for Ryan White Part A Services. Documentation that the client had at least one medical visit, viral load, or CD4 test within 60 days of first EIS visit/service.
Eligible clients are referred to other core medical and supportive services.	Documentation of eligibility for Ryan White Part A Services. Documentation of referrals to health care and supportive services in the file of all clients receiving services in the measurement year. Number and types of referrals.
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.	Documentation of health education and literacy training is included in the file of all clients receiving services in the measurement year.
Clients are actively 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.
Follow up is conducted after clients are transitioned out of EIS	Evidence of follow-up within 45 days after transfer from EIS
Services are provided by trained professionals.	Documentation of annual 6 hours of HIV specific CEU's.

EARLY INTERVENTION SERVICES

Norfolk Transitional Grant Area

Grant Year 2020/21

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/Description	Numerator	Denominator	Exclusions	Goal
Percentage of early intervention patients who have a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	The number of early intervention patients with a viral load <200 copies/mL at last test during the 12-month measurement period.	All patients with at least one EIS visit during the 12-month measurement period.	None	85%

Approved
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