Early Intervention Services (EIS)

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Early Intervention Services (EIS):

Counseling individuals with respect to HIV/AIDS; testing (not funded through Ryan White Part A); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

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, and Substance Abuse Care
- Outreach services and Health Education / Risk Reduction related to HIV diagnosis

Services should be targeted to the following populations:

- Newly diagnosed
- Receiving other HIV/AIDS services but not in primary care
- Formerly in care – dropped out
- Never in care
- Unaware of HIV status

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 Part A providers.

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

◊ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
◊ Have an HIV/AIDS diagnosis
◊ Have a household income that is at or below 500% 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

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PERSONNEL QUALIFICATIONS

An individual providing Early Intervention Services (EIS) must have a basic knowledge of HIV/AIDS and/or infectious disease and be able to work with vulnerable targeted subpopulations as documented through personnel records.

All early intervention staff must be certified by the Ohio Department of Health as an HIV Prevention Counselor and Tester as evident through certification on file, or, if partnering with an outside testing agency, have the partnering agency's staff certification on file.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Early Intervention Services (EIS) is to bring identified high risk clients into or back into medical care through intensive short-term case management services.

Clinical Quality Improvement outcome goals for EIS are:

♦ 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 90 days of first visit/service.

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SERVICE STANDARDS

	Standard	Measure	Goal
1	* Early Intervention Services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable targeted subpopulations as documented through staff personnel records.	100%
2	Agencies providing EIS include testing, referral, linkage and education program components into their project workplans.	Documentation of the provision of all four required service components with Part A funding or other funding partnerships available for review.	100%
3	Agencies providing EIS have established memoranda of understanding (MOUs) with key points of entry into care and linkage agreements with partnering testing agencies.	Documentation of all executed MOUs and linkage agreements available for review.	100%
4	Agencies providing EIS coordinate project activities with HIV prevention efforts and programs.	Documentation that agency's work in partnership with prevention services as to not duplicate any service activities.	100%
5	All EIS HIV testing activities meet CDC and State testing requirements.	* Documentation of ODH HIV Prevention Counselor and Tester certification or equivalent for staff or staff from formal partnering agency made available for review.	100%
6	Agencies providing EIS document and report all administered HIV tests and positive screenings.	Documentation of monthly tracking of administered HIV tests and positives made available for review.	100%
7	Agencies providing EIS 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%
8	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%
9	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%
10	* 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%
11	EIS clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within 90 days of first EIS visit/service.	80%
12	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 Cleveland TGA CAREWare Performance Measure.	80%

* Indicates Local TGA Standard of Care
All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency 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

Agencies 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). Agencies 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, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each agency 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

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

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