Early Intervention Services
Service Standard

HRSA Definition: Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:

- 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; and
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

Note: All four components must be present in the EIS program.

Limitations: Ryan White HIV/AIDS Program (RWHAP) Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate *and* RWHAP funds will supplement, ***not supplant***, existing funds for testing. RWHAP Part B funds cannot be used to purchase at-home testing kits.

Services: EIS services are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for clients to help them navigate the HIV care system. EIS services require coordination with providers of prevention services and should be provided at specific points of entry.

Counseling, testing, and referral activities are designed to bring individuals with HIV into Outpatient/Ambulatory Health Services (OAHS). The goal of EIS is to decrease the number of underserved individuals with HIV by increasing access to care. EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care. Individuals found to be HIV-negative should be referred to appropriate prevention services.

HRSA Program Guidance: 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. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP 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 OAHS, Medical Case Management (MCM), and Substance Use Care; and
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Performance Measure
HIV Testing: Agencies providing HIV testing will ensure the following: • Staff will be familiar with the DSHS HIV/STD Policy 2013.02 located at: http://www.dshs.texas.gov/hivstd/policy/policies/2013-02.shtm; • At a minimum, ensure that HIV testing is performed through the use of blood samples (either finger stick or venipuncture); • Maintain records of number of HIV tests conducted in each measurement year; and • Maintain records of test results with documentation that indicates whether the client was informed of their status. State Services funds may be used to purchase CLIA-approved in-home testing kits.	Percentage of HIV positive tests in the measurement year. *(HRSA HAB Measure)* Percentage of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year. *(HRSA HAB Measure)* Percentage of agencies that have documented evidence of CLIA-approved testing kits purchased and logs to track use of these testing kits.
Results Counseling: Results counseling will be offered to all clients regardless of the result of the HIV test performed. Results counseling will include discussion of risk reduction education and general health education provided to the client. Results counseling for people living with HIV will include: • Health education regarding HIV • Risk Reduction counseling • Maintenance of immune system	Percentage of clients offered results counseling as documented in the primary client record.

• Disclosure to partners and support systems • Importance of accessing medical care and medications. Results counseling for HIV-negative individuals will include: • Health education • Risk Reduction • Referral to HIV prevention services	
Linkage to Care: Clients testing positive for HIV through preliminary testing will be linked to and assisted in scheduling an appointment with a medical provider of the client's choosing. Successful linkage to outpatient/ambulatory health services is measured as attendance to the actual medical appointment with a prescribing provider.	Percentage of clients who tested positive who were linked to outpatient/ambulatory health services in the measurement year. Percentage of people living with HIV, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis. *(HRSA HAB Measure)* Percentage of people living with HIV, who were homeless or unstably housed in the measurement period, who attended a routine HIV medical care visit within three (3) months of HIV diagnosis. *(HRSA HAB Measure)*

EIS Care Planning: Persons living with HIV will have care plans developed during the time they are receiving services through EIS programs. Care plans will include:
• Problem Statement (Need)
• Goal(s) – suggest no more than 3 goals
• Intervention
  ○ Task(s)
  ○ Referral(s)
  ○ Service Deliveries
• Individuals responsible for the activity (EIS staff, client, family)
• Anticipated time for each task
	Percentage of clients accessing EIS services that have a care plan developed as documented in the primary client record.
	
	Percentage of clients accessing EIS services that have a care plan updated and/or revised as documented in the primary client record.

The care plan is updated with outcomes and revised or amended in response to changes in the client's life circumstances or goals. As EIS programs are centered to assist clients in engaging in medical care rapidly after testing positive, care plans should be updated at least monthly, or more often as goals are achieved.	
Progress Notes: Progress notes will be maintained in each client's primary record with documentation of the assistance the EIS staff provided to the client to help achieve the goal of a successful linkage to OAHS services.	Percentage of clients accessing EIS services that have documented progress notes showing assistance provided to the client in the primary client record.
Referrals and Follow-up: EIS staff will assist the clients with referrals to necessary services to achieve successful linkage to care. Referrals will be documented in the client's primary record and, at a minimum, should include referrals for services such as: • OAHS • MCM • Medical transportation, as applicable • Mental Health, as applicable • Substance Use Treatment, as applicable • Any additional services necessary to help clients engage in their medical care All referrals made will have documentation of follow-up to the referral in the client's primary record. Follow-up documentation should include the result of the referral made (successful or otherwise) and any additional assistance the	Percentage of clients accessing EIS services with documented referrals in the primary client record initiated in a timely manner with client agreed participation upon identification of client needs. Percentage of clients with documented referrals declined by the client in the primary client record. Percentage of clients accessing EIS services that have documentation of follow-up to the referral including appointment attended and the result of the referral in the primary client record.

EIS staff offered to the client.	
Transition/Case Closure: Clients who are successfully linked to active MCM services and/or OAHS must have their cases closed with a case closure summary narrative documented on the criteria and protocol outlined below. Common reasons for case closure, as applicable, include: • Client is referred and successfully linked to MCM services; • Client relocates outside of the service area; • Client chooses to terminate services; • Client is lost to care or does not engage in services; • Client incarceration is greater than six (6) months in a correctional facility; • Client death. Transition criteria: • Client has completed EIS goals and has been successfully linked to MCM services • Client is no longer in need of EIS services (client declines EIS assistance). Client is considered non-adherent with care if three (3) attempts to contact client (via phone, text, home visit, e-mail, and/or written correspondence) are unsuccessful and the client has been given 30 days from initial contact to respond.[1] Case closure proceedings should be initiated by the agency 30 days following the 3rd attempt. *Make sure appropriate Releases of*	Percentage of EIS clients with closed cases that include documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal case closure/graduation summary) in the primary client record system. Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable).

[1] After three unsuccessful attempts are made to contact and re-engage the client, EIS staff should work with their local Disease Intervention Specialist (DIS) workers.

Information and consents are signed by the client and meet requirements of Texas Medical Record Privacy Act HB 300 regarding electronic dissemination of protected health information (PHI). Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter) when trying to re-engage a client, as appropriate. Agencies must ensure that they have releases of information and consent forms that meet the requirements of Texas Medical Record Privacy Act HB 300 regarding the electronic dissemination of PHI.	

References

DSHS HIV/STD Policy #2013.02, *"The Use of Testing Technology to Detect HIV Infection"* http://www.dshs.texas.gov/hivstd/policy/policies/2013-02.shtm.

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 10-11.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
April, 2013. P. 10-11. Accessed February 14, 2018 at: https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf

HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Clarification Notice 16-02, https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters