

Las Vegas Transitional Grant Area Planning Council

Early Intervention Services Standards of Care



Originated	Ratified
March 2011	November 2012

1. HRSA Service Definition

Early intervention services for Parts A and B include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, and tests 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.

1.2 Key Definitions:

The Las Vegas Transitional Grant Area (TGA) has designated the following definitions in an effort to standardize language across all programs for both the community being served and the staff providing these services.

As used herein, the term:

Grantee: Ryan White Part A Las Vegas TGA-Clark County Social Services.

Client: includes the terms “patient” and “consumer”.

Provider: includes the terms “service provider”; “agency”; “organization” and “subgrantee”.

2. Service Goals and Objectives

2.1 Las Vegas Transitional Grant Area (TGA) Early Intervention Services Service Goal:

Increase access to high quality HIV services for clients not in care and clients who have fallen out of the continuum of care.

2.2 Las Vegas Transitional Grant Area (TGA) Early Intervention Services Service Objectives:

1. Find and enroll clients infected with HIV but unaware of their status in the EIS program.
2. Find, educate and enroll into the EIS program no less than 5% of the out of care population, with an emphasis on individuals representing the MSM, IDU and Hispanic populations.

3. Key Services

1. One encounter with EIS staff for newly enrolled individuals in the current grant year.

4. Eligibility

4.1 Early Intervention Services

Presumptive eligibility is determined only by Early Intervention Services. Due to the nature and mission of the EIS program and the clients it services, EIS clients are to be determined to be presumptively eligible for Part A services, until which time the standard eligibility requirements can be fulfilled not to exceed a period of six months. Upon official determination of eligibility for Part A services the EIS client will either be referred to Part A service providers or other community service providers.

4.2 Part A

The following eligibility criteria is to be used for determining if a client is eligible for Part A services. This documentation must be verified during each eligibility assessment and re-assessment period. Every potential Part A client must have an initial eligibility assessment to ensure that they are eligible to receive a Part A service and will undergo an eligibility re-assessment every six months to ensure that the client's status has not changed. All Part A clients must meet the following criteria regardless of their service needs to be eligible for Part A services.

1. Proof of HIV Infection
2. Proof of Nevada or Arizona Residency
3. Proof of Identification
4. Proof of Household
5. Proof of Income Level
6. Asset Test (Regarding Income Determination)
7. Miscellaneous Provisions

5. Baseline Evaluation

5.1 Client Intake and Initial Assessment

Intake is required for all clients who request or who are referred for HIV/AIDS EIS services. Client intake should be completed in the first contact with the potential client. EIS services should also extend to at-risk partners and family members of clients, regardless of their HIV status to include, but not limited to; confirmatory testing, health education, HIV transmission risk reduction and prevention, short-term family or couples counseling and linkages to pediatric services for the children of clients.

5.2. Short Term Intensive Case Management

EIS programs should provide short term intensive client-centered case management services to help link people living with HIV to health care and psychosocial services (see Medical Case Management standard of care for a description of Intensive Medical Case Management Medical-Nursing).

5.3 Medical Evaluation, Monitoring and Treatment

Medical evaluation, monitoring and treatment are important components of the integrated multi-service model that constitute Early Intervention Services. EIS programs may confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs will ensure that referrals are made to medical providers who provide diagnostic and therapeutic measures for preventing and treating the deterioration of the immune system and related conditions that conform to the most recent clinical protocols. At a minimum these services include regular medical evaluations; appropriate treatment of HIV infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions. Medical services must be provided on-site or through referral to another facility offering the required service(s). Approved health care professionals for these services include Physicians, Nurse Practitioners (NPs) and/or Physician Assistants (PAs), Registered Nurses (RNs) will provide primary HIV nursing care. Practitioners must utilize established practice guidelines when providing these services (see Outpatient/Ambulatory Medical Care standard of care).

5.4 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 internal referrals must be tracked in CAREWare and external referrals documented in the client chart.

5.5 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 met the established milestones and is being transferred 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

6. Clients Rights; Confidentiality and Program Specific Forms

6.1 Clients Rights and Confidentiality

All providers' staff should be able to document the following in terms of clients' rights and confidentiality for each Part A funded client that are receiving services. In addition, this documentation shall be available for program monitoring compliance by the grantee designated staff:

1. All provider staff will attend HIPAA training as well as any State or County confidentiality trainings offered.
2. The provider will provide assurances and a method for protection of client rights in the process of care provision.
3. The provider will provide assurances and a method for protection of client confidentiality (in accordance with Nevada State law as well as with HIPAA) with regard to medical information transmission, maintenance and security.
4. The provider will provide assurances regarding the provision of culturally appropriate care to its clients. Specifically, the providers' staff must have appropriate training, supervision and/or experience with caring for those groups most affected by the epidemic. This training may be provided within the providers' organization as well as any other grantee recommended trainings.
5. Respect, confidentiality and equal access to all clients will be assured.

6.2 Program Specific Forms

1. A Statement of Consumer Rights
2. Sanction policy and/or Zero Tolerance Information
3. Notice of Privacy Practices for each individual agency

4. Booklet of information regarding community resources (compiled by the Part A Grantee or another reputable source)

7. Grievance Procedures-Part A

All providers will ensure that:

1. Each client will receive a copy of a Ryan White Part A grievance procedure upon eligibility and acceptance as a Part A client. The grievance procedure will clearly indicate the process of a grievance regarding Ryan White Part A service(s) only with final appeal directly to the Part A grantee office.
2. Grievance procedures will be signed by each client with a signed copy included in the clients Part A files.
3. The grievance procedure will be reviewed with each client no less than one time annually and no more than two times per year.

8. Client Satisfaction

Client satisfaction surveys as well as other provider methods will be monitored at minimum on an annual basis for each provider site. The program indicator is as follows:

- 75% of clients will report being satisfied or very satisfied with the Ryan White Part A services they have received for their HIV status over the past 12 months.

9. Access, Care Coordination and Provider Continuity

- ❖ EIS programs should make available mental health and psychosocial service provided by Master's level social workers and/or appropriate licensed healthcare providers or counselors to include; counseling and crisis intervention services offered as needed and provided in accordance with PHS Guidelines, comprehensive psychosocial assessment of all new clients.
- ❖ All providers, regardless of type of service that they are funded to provide (core or support) will ensure that (medical) case coordination and collaboration between providers will occur in order to ensure that all of the client's needs are being met, identify any potential for needs to go unmet and measure the progress of the clients care.
- ❖ Providers will document the following regarding access to and continuity of care:
 - Care/action plans that will include timeframes for delivery of services (this should be documented in the client's chart).
 - Procedures for making, receiving and tracking referrals to/from other providers must be developed and implemented and will include follow-up procedures.

- Procedures for providing feedback to referring providers when a client is referred from another provider.
- For all those providers that are providing Part A services, with the exception of outpatient ambulatory medical services, verification that a client is currently receiving primary medical care should be documented in the client's chart.

10. Fees

All providers must adhere to the negotiated fees as stated in the contract between the provider and the Part A grantee. Any changes to fees, specifically for an increase, must receive prior approval by the grantee in order to assure that the grant can substantiate the increase in costs as well as maintain access for eligible clients. Decrease in fees must also be reported so that expansion to serve more clients can be reviewed and implemented if applicable.

11. Licensing, Knowledge, Skills and Experience

Staff providing Early Intervention Services must either be a licensed RN; Disease Investigator; or a college graduate with a four year degree or higher in either Behavioral/Bioscience or other health care related field plus field experience.

12. Program Data and Reporting

Program data for each Ryan White Part A funded program will be collected and reported through CAREWare, the Ryan White client level data collection system. This data will be used to monitor program progress as well as clinical outcomes. This data should also be reflected in each of the client's individual client charts.

13. Quality Assurance and Service Measures

13.1 Quality Management and Assurance

1. All providers will have written quality-assurance activities and methods that can identify any areas that may require improvement and action steps required to strategically improve these areas.
2. The provider organization will provide for methods to monitor services areas in need of improvement.
3. Regular utilization review of the clinical measures and data for individual clients will be conducted to ensure client's progress is being monitored. Utilization review decisions will be clinically based on best practices and consistent with emerging

national standards.

13.2 Service Indicators and Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys. Providers should refer to the Las Vegas TGA Quality Management Plan for the most up to date indicators, measures and outcomes.

Agency Compliance Measures for Early Intervention Services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually. Providers should refer to the Las Vegas TGA Quality Management Plan for the most up to date indicators, measures and outcomes.

14. Clinical Standards

The Client Level Outcome Measures are a reflection of our client's progress as they access Early Intervention Services. The following Client Level Outcome Measure and percentage goal will be assessed annually:

In Medical Care

- 75% of clients that are in medical care (at least one medical visit per measurement period).

Most Recent CD4 Stable

- 50% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$).

Most Recent Viral Load Undetectable

- 25% of clients with at least one viral load within the measurement year will be considered undetectable (<50). (Please note that clients in care through EIS services are not receiving any HIV/AIDS medication and therefore will

generally not have an undetectable viral load.)

15. Summary

These service specific standards shall be followed by all funded providers that provide Part A 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.

16. Recommendations

All Part A 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 A contracts to meet the expectations of their deliverables.

17. References and further reading

All Part A funded providers should read their individual Part A contracts as well as but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Part A office regarding the Part A program in the Las Vegas Transitional Grant Area. All referenced materials for standards are listed under the Universal Programmatic and Administrative Standards of Care.

18. Appendices

Not Applicable.