

Standards of Care

MARCH 2011



Early Intervention Services (EIS)

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

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, to diagnose the extent of immune deficiency, and 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.

II. Goals of Service

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

III. Objectives

- Find and enroll clients infected with HIV but unaware of their status in the EIS program.
- 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.

IV. 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.

1. Agency Compliance Measures

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.

2. Client Level Outcome Measures

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.)

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible services are in our TGA in Early Intervention Services in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

HIV Test Results for PLWH/A

- 75% of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year.

V. Service Standards

A. ELIGIBILITY REQUIREMENTS

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.

B. EARLY INTERVENTION SERVICES SERVICE ACTIVITIES

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.

| Early Intervention Services Standards | Early Intervention Services Standards Agency Compliance Indicators |
|--|--|
| <p>Intake will include:</p> <ul style="list-style-type: none"> ✓ Standardized Ryan White Part A Client Registration Form ✓ Client Acuity | <p>Ryan White Part A Client Registration Form</p> <ul style="list-style-type: none"> ○ 85% of clients entering the system through EIS services will have a registration form completed and documented in their chart during their first appointment. For any returning clients that are already enrolled in Part A services through an eligibility agency-a SNHD face sheet or other means of tracking personal data will be accepted for the EIS clinic only. <p>Complete Client Acuity Form</p> <ul style="list-style-type: none"> ○ 85% of clients entering the system through EIS services will have a client acuity form completed and documented in their chart during their first appointment. <p>Initial CD4 and Viral Load Results Documented</p> <ul style="list-style-type: none"> ○ 85% of clients entering the system through EIS services will have an initial CD4 T-cell count and Viral Load documented in the client chart. |

Additionally, all clients will be provided, and sign if necessary, the following:

- ✓ A Statement of Consumer Rights
- ✓ Sanction policy and/or Zero Tolerance Information
- ✓ Explanation of the grievance policy
- ✓ Notice of Privacy Practices for each individual agency
- ✓ Booklet of information regarding community resources (compiled by the Part A Grantee or another reputable source)

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.

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).

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).

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. 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