Early Intervention Services

Health Resources & Services Administration (HRSA) Definition: Early intervention services (EIS) for Parts A and B include identification of individuals at points of entry and access to services and provision of HIV testing and targeted counseling, referral services, linkage to care, and health education and literacy training that enable Consumers to navigate the HIV system of care. Part A funds are only used as necessary for HIV testing to supplement, not supplant, existing funding. 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 HIV-infected.
    - These testing services must be coordinated 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 include 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.

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 A and B recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

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

Note: The RWHAP Part A and RWHAP Part B EIS programs ensure that RWHAP funds will supplement, not supplant, existing funds for testing. HIV testing is adequately funded through existing federal, state, and local funds, therefore the RWHAP Part A and the RWHAP Part B EIS programs do not conduct HIV testing.

Eligibility: Clients shall meet eligibility requirements as defined in the System-Wide Service Standards.

1.0 Agency Policies and Procedures

The Agencies shall have Policies and Procedures to ensure that the services are accessible to all eligible clients. The Agency policy and procedures will ensure compliance with the following Standards.

1.0 Agency Policies and Procedures

	Standards		Measures
1.1	The agency shall maintain information about each EIS Coordinator's case load, which includes, at a minimum: • the assigned EIS coordinator • number of cases per full-time equivalent (FTE)	1.1	Documentation in agency record
1.2	EIS Coordinators and EIS Supervisors shall receive 15 hours of training annually and topics shall include: • Establishing rapport and a professional relationship with the client; • Methods of engaging individuals; • Special issues relating to working with the HIV/AIDS affected/infected population; • Confidentiality/HIPAA and professional ethics; • Knowledge of public assistance programs, eligibility requirements, and benefits; and,	1.2	Documentation of the training subject matter, date(s) of attendance, and hours in training shall be in the training record. Training Certificates shall be in the personnel file.

	• The Agency's emergency plan, disaster relief resources, and planning and procedures. • AETC ten (10) Medical Case Management Modules. Modules available at https://www.seaetc.com/modules/ Training shall also include, but not be limited to, cultural sensitivity issues, case management issues, bio-psychosocial issues surrounding the HIV disease, and any other training proposed by the Recipient.	
1.3	All EIS Coordinators shall meet at least one of the following staff qualifications: • associate or bachelor level degree in a social science or health discipline and at least one (1) year of case management experience; • an individual with an associate or bachelor degree in disciplines other than health or social science shall have at least one (1) year of direct HIV/AIDS case management experience. • 2 years of verifiable experience case managing individuals with HIV at an established agency can substitute on a year-for-year basis for an Associate degree. **Note: Use of this qualification must be preapproved by the recipient**	1.3 Appropriate degrees, licensure and/or certification in personnel file
1.4	All EIS supervisors must meet the following requirement: Hold a Master level degree in the fields of mental health, social work, counseling, nursing with a mental health focus,	1.4 Appropriate degrees, licensure and/or certification in personnel file.

	sociology or psychology, with at least six (6) months case management experience and appropriate credentials, unless otherwise approved by the Recipient. **Note: This requirement may be waived by the recipient.**		
1.5	EIS supervisors shall have six (6) additional hours of leadership training; including, but not limited to: • Cultural competency for clients and staff; • Ethics in managing staff; • Research; and Clinical quality management in developing staff performance improvement plans for client needs.	1.5	Documentation of the training shall be in the employee (supervisor) training record. Training certificates shall be in the employee file.
1.6	EIS Coordinators shall actively participate in team meetings or case conferences for the clients in order to improve assessment and to sustain retention in care. • Supervisors shall maintain a file on EIS Staff and hold Supervisory sessions at least monthly in order to ensure service standards are met.	1.6	Documentation in the approved electronic database management system or staff file shall include: • the date of the case conference/meeting; • names and titles of participants; • issues and concerns; and/or, follow-up plans.
1.7	EIS agencies shall demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV related or other needed services.	1.7	Current Memorandum of Agreements (MOA) on file.
1.8	EIS agencies shall maintain appropriate relationships with Key Points of Entry (KPOE), as defined by HRSA, into the health care system.	1.8	Current MOA(s) on file.
1.9	EIS agencies shall conduct outreach activities for potential clients to promote the availability of services. Outreach activities shall include but are not limited to: • Participation in health fairs; • Participation in community events;	1.9	Documentation of outreach activities in the approved electronic database management system.

	• Collaboration with other providers; and, • Posting of flyers for potential clients.		
1.10	EIS agencies shall develop an outreach plan and provide evidence of such arrangements to the recipient upon request.	1.10	Outreach plan available upon request.

2.0 EIS Client Linkage to Care and Performance Measures

EIS Coordinators shall complete an Acuity assessment of each client to determine their level of need. The assessment shall be documented in the approved electronic database management system. A care plan shall be developed, in collaboration with the client that specifies the process of linking the client to care.

2.0 EIS Client Linkage to Care and Performance Measures

	Standards		Measures
2.1	***Newly Diagnosed***: An individual care plan shall be developed with the participation of the client within 72 hours of the client's positive result. The care plan shall be based on prioritized identified needs, acuity level, and shall address client's cultural needs.	2.1	Care Plan for newly diagnosed client documented in the approved electronic database management system.
2.2	***Lost to Care/Return to Care:*** An individual care plan shall be developed with the participation of the client within 72 hours of the client's first encounter with EIS (initial intake). The care plan shall be based on prioritized identified needs, acuity level, and shall address client's cultural needs.	2.2	Care Plan for Lost to Care/Return to Care client documented in the approved electronic database management system.
2.3	A care plan shall be developed that includes: • Goals and objectives specific to the process of linking clients to care;	2.3	Care plan with all required elements documented in the approved electronic database management system. Barriers to care and follow up

	• Identification of a responsible party for each goal and objective; and • A timeframe for the monitoring and assessment of clients progress.		services are documented in the approved electronic database management system at least every two weeks for care linkage. Progress note entries in the approved electronic database management system shall document the assistance provided to client to achieve each goal.
2.4	Care plans shall be maintained and updated by EIS staff with the client as each goal is achieved.	2.4	Care plans are updated at least monthly, or at each interval that goals are achieved.
2.5	EIS Coordinators shall determine the need for medical transportation and facilitate the appropriate conveyance.	2.5	All bus passes and door to door vouchers shall be recorded in the approved electronic database management system
2.6	EIS Coordinators shall ensure that all clients are linked to Outpatient/Ambulatory Health Services within 30 days of the initial intake. Linkage to Outpatient/Ambulatory Health Services is defined as a successful attendance to an appointment. Clients who are linked to care through a Test and Treat appointment must have successful attendance to a follow up visit. **Note: Ideally, all clients should be successfully linked to OAHS within three (3) months of initial intake to EIS.**	2.6	Documentation of first medical visit scheduled in the approved electronic database management system.
2.7	EIS coordinators shall coordinate referrals and track linkages and outcomes of clients to at least medical and case management services. All referrals will be documented in PE the documents submitted with	2.7	Documentation of referrals in the approved electronic database management system. All referrals documented in the approved electronic database management system per the standard.

	the referral.		
2.8	EIS Coordinators will provide Client education concerning the HIV disease process, risk reduction, maintenance of the immune system, disclosure/support, and importance of adherence to treatments and medications.	2.8	Documentation of education provided in EIS Episode of Care and case notes.
2.9	EIS Coordinators will ensure that Clients returning to care (those lost to care or out of care more than 6 months) are linked to OAHS within 30 days of the initial EIS intake date.	2.9	Documentation of first medical visit scheduled within 30 days of EIS intake for OOC clients in the approved electronic database management system.

3.0 Documentation

All EIS providers are required to maintain accurate documentation in order to submit data on EIS activities in the Ryan White Part A/B Electronic Database Management System). The submission requirements are detailed within the contract.

3.0 Documentation

	Standards		Measures
3.1	EIS Coordinators shall be assigned within three (3) days of a request or documentation of a reactive HIV Rapid Test.	3.1	The approved electronic database management system shall reflect the name of the assigned Coordinator and date of assignment.
3.2	EIS Coordinators shall obtain documentation of confirmatory test results within 15 days of completion of confirmatory test. A list of acceptable confirmatory test can be found in the Orlando Service Area System Wide Service Standard.	3.2	Documentation shall be uploaded to the approved electronic database management system.
3.3	EIS Coordinators shall obtain Release of Information (ROI) from clients in order to obtain documentation of confirmatory test results from the appropriate test sites within 15 days of confirmatory	3.3	Signed ROI Form and documentation of Test Results uploaded in the approved electronic database management system.

test.	

4.0 Discharge/Graduation from Early Intervention Services

Clients who have achieved successful linkages to either OAHS or MCM services OR are no longer engaged in HIV treatment and care services should have their cases closed based on the criteria and protocol outlined in the agency's Early Intervention Services Policies and Procedures Manual.

4.0 Discharge/Graduation

Standards		Measures	
4.1	Upon termination of active Early Intervention Services, a client's case shall be closed and the record shall contain a discharge summary documenting the case disposition and offer of an exit interview.	4.1	Upon discharge clients shall receive a transition plan that outlines available resources and instructions for follow-up. Documentation of discharge shall be in the approved electronic database management system.
4.2	All attempts to contact the client and notification about case closure shall be communicated to the case manager, if applicable.	4.2	Documentation of attempts to contact clients about case closure in the approved electronic database management system.
4.3	Cases may be closed when the client: • Has achieved successful linkage to OAHS services; • Has become ineligible for services; • Is deceased; • No longer needs the services; • Decides to discontinue the services; • The service provider is unable to contact the client thirty (30) days after expired eligibility or five (5) attempted documented contacts; or, • Is found to be improperly utilizing the service or is	4.3	Documentation of case closure in the approved electronic database management system.

	asked to leave the agency.		
4.4	Supervisor approval is required for all case closures.	4.4	Documentation of supervisor approval in the approved electronic database management system.
4.5	Clients who have been successfully linked to OAHS services will be graduated from EIS and transitioned to MCM services, as applicable. Graduation criteria include: • Client has achieved successful linkage to OAHS services; or • Client is no longer in need of EIS services (e.g., client is capable of resolving needs independent of medical case management services).	4.5	Documentation of the client's graduation from EIS services is noted in the approved electronic database management system.