

# Ryan White Part B

## Early Intervention Services (EIS)

### Service Standard

Important: Prior to reading service-specific standards, please read the HRSA/HAB National Monitoring Standards—Universal, HRSA/HAB National Monitoring Standards—Part B, and the Universal Standards outlined in this document.

#### HRSA Definitions (PIN 16-02)

Early Intervention Services for Part A and B must be provided as defined in the RWHAP legislation -2651 e of the Public Health Service Act.

#### 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 B recipients are expected to provide each of the activities as defined in the following four service categories (all do not need to be funded by Ryan White):

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if HIV positive.
  - 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 and directs clients (in person, via telephone and written/other type of communication) to needed core medical or support services.
- 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. Outreach Services are:
  - Coordinated with local and state HIV prevention outreach programs to avoid duplication of effort;
  - Targeted to population known through local epidemiologic data, review of service utilization data or strategic planning or HIV infection and/or exhibiting high-risk behavior;
  - Designed to provide quantified program reporting of activities and outcomes for local evaluation of effectiveness;

- Planned and delivered in processes, known to be at disproportionate risk for HIV infection;
- Health Education/Risk Reduction is related to the education of clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include:
  - Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention; and
  - Education on health insurance coverage options, health literacy and Treatment Adherence education.

### Purposes

- To decrease the number of underserved individuals with HIV/AIDS by increasing access to care
- To increase the percentage of individuals with HIV-infection who are aware of their status and seeking care

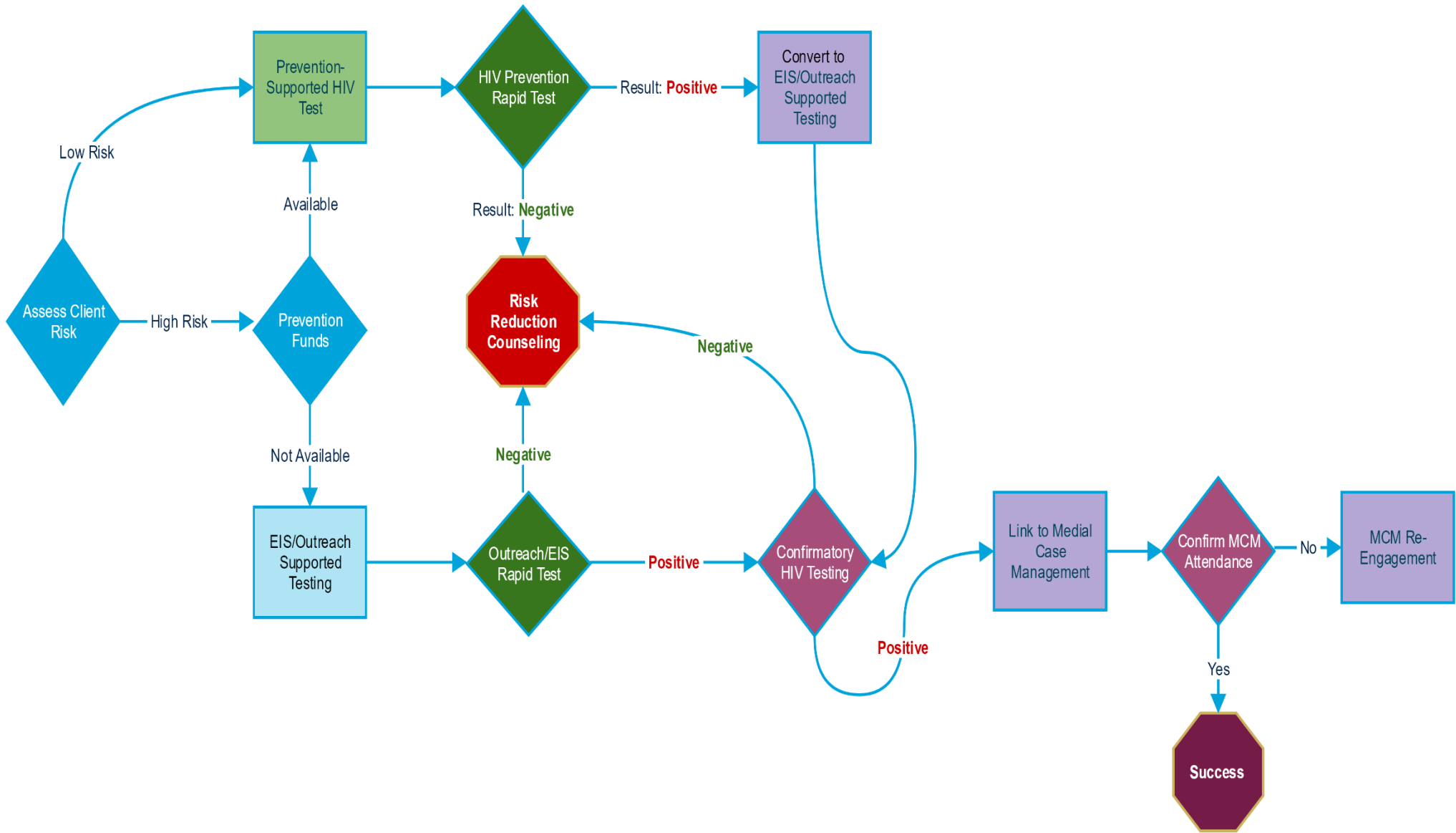
### Outcomes

- Increase the number of individuals who are aware of their HIV status
- Increase the number of HIV-positive individuals who are in medical care
- Create linkage agreements (MOU/MOAs) and make referrals; work with key points of entry to create connections between services; and provide referral to additional services to meet immediate needs
- Increase the number of HIV-negative individuals referred to services that contribute to keeping them HIV-negative
- Identify primary medical care providers, which may include referral medical case management (MCM), entry into substance abuse treatment and/or HIV treatment adherence counseling.
- Provide education on the HIV service-delivery system
  - How to work with clinicians
  - How to handle HIV-related problems and issues
  - How to manage disease progression

### Target Populations

- Unaware of Diagnosis: Individuals who test positive in coordination with a HIV Prevention/Testing program with an EIS/Outreach worker present to assist in client navigation
- Newly-Diagnosed: Individuals who are within the first three months of their initial HIV diagnosis
- Out-of-Care Individuals:
  - who do not have a viral load or CD4 test on record within the last 12 months
  - who have not received an HIV-related service within six months of prior contact
  - who have not received a service after three months post initial diagnosis

## Key HIV Testing Service Components/Activities Flowchart



### HIV Testing and Targeted Counseling

Standard	Measure	Documentation
1.1.a. Clients are screened by risk factor(s) to determine eligibility and appropriateness for HIV testing.	Completion of HIV test.	Result of HIV test is filed in database and in the client's file.
1.1.b. Providers operate in accordance with state and federal guidelines for HIV Testing and Counseling	Providers complete Counseling, Testing, and Referral Services (CTRS) training and have Clinical Laboratory Improvement Amendments (CLIA) waivers	CTRS training certificates and/or CLIA waivers are in personnel file.

### Intake and Eligibility

All sub-recipients are required to have a client intake and eligibility policy on file. Eligibility must be completed at least every six months. Eligible clients must have:

- Proof of Residency
- Proof of HIV status
- Proof of Income: Household income that is at or below 500% of the Federal Poverty Level (FPL) for Aids Drug Assistance Programs (ADAPs).

Standard	Measure	Documentation
2.1.a. The client's eligibility for Ryan White Part B services is determined. Applicants must: <ul style="list-style-type: none"> <li>• Be diagnosed with HIV</li> <li>• Live in Montana</li> <li>• Apply through the MT DPHHS or one of the seven contracted agency's Ryan White Medical Case Management services</li> <li>• Have an individual or family income at or below 500% of the Federal Poverty Level (FPL)</li> </ul>	2.1.a. Provide proof of income, changes in insurance coverage, or any changes in residency every six months for recertification. Additionally, clients that file taxes must submit their most current 1040 tax return forms as proof of income or one of the other acceptable forms of income as defined by the MT ADAP.	2.1.a. Proof of income, changes in insurance coverage, tax returns (if applicable) or any changes in residency are included in the client's file.

2.1.b. Client agrees to participate in the insurance option that best meets the client's medical needs and for which the client is eligible.	2.1.b. Agreement with client to participate in the most appropriate insurance option	2.1.b. Signed agreement in client file
2.2. Ryan White Part B funds are used as the payer of last resort.	2.2. Ryan White Part B funds will not be utilized to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by another payment source.	2.2 Denial of Medicaid and/or other programs' coverage of RW medications and/or services.

### Referrals

Standard	Measure	Documentation
2.1.a. If HIV test is positive, the coordination of referrals will include addressing clients' barriers to care such as transportation, mental health issues, chemical health needs, or basic needs such as housing and nutrition.  2.1.b. If test is negative, referrals are made for prevention services.	Assessment of client need Denial of Medicaid and/or other programs' coverage of RW medications and/or services. ds and/or barriers to care	Number and type of referrals are documented in Formstack.
2.2. If HIV +, referrals to medical case management, mental health, and outpatient substance abuse treatment services should be made when needs are identified.	Referrals to providers are made.	Referrals documented in file.
2.3 If HIV+, referral, coordination, and follow-up to HIV-related medical care should always occur for individuals out of care.	Linkage to needed care will be confirmed with primary care provider.	Documentation of confirmed linkage in client file and/or Formstack.

Linkage to Care

Standard	Measure	Documentation
3.1 Linkage agreements in place for outpatient/ ambulatory health services and HIV Prevention services.	Referrals and MOUs are established.	Copies of MOUS are made available. Referrals are documented in the client chart.
3.2 HIV-positive clients are referred to a primary medical care provider or an infectious disease provider for initial lab work.	Linkage to provider(s) are established within 30 days.	Referral date(s) and date of initial lab work are documented in the client chart.
3.3 HIV positive clients are referred to medical case management, substance abuse treatment and other core medical services, as needed.	Case management and/or other services are established within 30 days.	Referral date(s) and provider(s) documented in the client chart.
3.4 HIV negative clients are referred to HIV prevention and/or Pre-exposure prophylaxis programs (PrEP).	Referral to prevention occurs within 30 days.	Referral date is documented in the client chart.

Health Education and Risk Reduction

Standard	Measure	Documentation
4.1.a. Conduct an individual assessment of client's knowledge of HIV risk transmission, disease progression and the health care delivery system.	4.1.a. Completed and dated assessment	4.1.a. Assessment placed in client file
4.1.b. Based on the results of the assessment, provide health education and literacy training on areas that will support both HIV positive and negative clients to meet their health goals.	4.1.b. Individual appointments and/or health education sessions are conducted	4.1.b. Health education session are documented in client chart.
4.2.a. Coordination of referrals will include addressing clients' barriers to	4.2.a. Client needs are identified.	4.2.a. and b. Individual client records, client level data, and quarterly reports reflect

<p>care such as transportation, mental health issues, chemical health needs, or basic needs such as housing and nutrition.</p> <p>4.2.b. Referrals to medical case management, mental health, and outpatient substance abuse treatment services should be made when needs are identified.</p> <p>4.2.c. Referral, coordination, and follow-up to HIV-related medical care should always occur for individuals out of care.</p>	<p>4.2.b Confirmation of referrals.</p> <p>4.2.c .Linkage to needed care will be confirmed with primary care provider.</p>	<p>referrals, and follow-up to confirm linkage to care.</p> <p>4.2 Confirmation with primary care provider is noted in client file.</p>
<p>4.3.a. Direct service staff will develop a plan with individual clients for how they will follow up post-referral.</p> <p>4.3.b. When information is to be shared, direct service staff will request a signed release of information from the client to allow them to follow up, as appropriate, with referral resources.</p> <p>4.3.c. Staff must confirm linkage to primary HIV care and/or medical case management with provider agency.</p>	<p>4.3.a. Follow-up plans must be developed for referrals.</p> <p>4.3.b. Completed and current Release of Information (ROI) --or a note that client declined.</p> <p>4.3.c. Notation(s) of confirmed linkage(s).</p>	<p>4.3.a. Plans are in client file.</p> <p>4.3.b. and c. Client record includes a dated, signed release of information form that are not more than one year old (if information is to be shared or has been) and notation of confirmation of linkages.</p>

## 5.0 Staff Qualifications

Standard	Measure	Documentation
5.1 Staff providing EIS services must be adequately trained to provide these services to person who have been recently diagnosed or who know their status but are not in care.	5.1. Resume's /applications for employment reflect requisite experience and education.	5.1 Items placed in personnel file
5.2 All agency staff that provide direct-care services shall possess: required certification as a state-approved CTRS prevention counselor.	5.2. CTRS certification	5.2. Certificates are included in personnel file.

## 6.0 Grievance Policy

### Purpose

To ensure that consumers may voice a complaint or grievance

### Procedures

All Ryan White providers must have a grievance policy that is posted in the facility. Additionally, all clients will receive a copy of the grievance procedure. The first step in filing a grievance is with the *agency providing the service*. Clients are expected to attempt resolution at the local level. If, however, clients are unable to resolve the issue, they may pursue a second step—filing a grievance with the State Health Department. Within 30 days of the local determination, consumers may file the complaint or grievance in writing (See Appendix A for a sample form for the form) to:

Montana DPHHS  
HIV/STD Program, Ryan White Part B  
Attn: HIV Treatment Coordinator  
1400 Broadway  
Helena MT 59601

An applicant may submit a complaint on the following grounds:

- The client believes the sub-recipient is not treating them fairly.
- The client believes the sub-recipient is not providing quality services.
- The client was denied services.



The applicant (client) must state all the facts and arguments for the appeal in the form provided (Appendix A), to include detailed descriptions of the action the client is appealing and the relief or correction the applicant is requesting. The form *must* be signed by the client.

Standard	Measure	Documentation
6.1.a. Agency has a current Grievance Policy that aligns with the state requirements.	6.1 a and b. Client has signed and dated the Grievance policy, indicating and understanding of the policy.	6.1 a. Written grievance policy and procedure on file, available in language/format appropriate to populations served.
6.1.c. Agency posts Grievance Policy easily visible to clients.		6.1.b. Current Grievance Procedure form signed and dated by client and located in client's record.
		6.1.c. Grievance policy is posted in the agency where clients may view it.

## 7.0 Cultural and Linguistic Competency

The National Standards on Culturally and Linguistically Appropriate Services (CLAS) requires agencies to make available easily understood patient-related materials. Providers are encouraged to post signage in the languages of the commonly encountered group(s) represented in the service area.

Purpose: Providers will reduce barriers to care or increase access to care through the provision of culturally and linguistically appropriate services.

Standard	Measure	Documentation
7.1.a. Health services are culturally and linguistically competent, client-guided and community based.	7.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted;	7.1. a. and b. Notes regarding staff cultural and linguistic experience/competence
	7.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and	

	linguistically appropriate services;  7.1.c. List of cultural competency trainings completed by staff.	7.1.c. Completed trainings documentation in personnel files.
7.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	7.2. Interpreter(s) is/are available.	7.2. A list of interpreters on file.

### 8.0 Client Rights and Responsibilities

National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.

Standard	Measure	Documentation
8.1.a. Services are available and accessible to any individual who meets program eligibility requirements.  8.1.b. All providers shall comply with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act.  8.1.c. All providers shall adopt a non-discrimination policy prohibiting based on the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV.	8.1.a. Providers are aware of eligibility requirements and non-discrimination policies.	8.1.a., b., and c. Written eligibility requirements and non-discrimination policy on file.

<p>8.2.a Client's Rights and Responsibilities policy is explained to client.</p> <p>8.2.b. A copy of Client's Rights and Responsibilities is provided to each client. Client rights include:</p> <ul style="list-style-type: none"> <li>• Be treated with respect, dignity, consideration, and compassion;</li> <li>• Receive services free of discrimination;</li> <li>• Be informed about services and options available.</li> <li>• Participate in creating a plan of services;</li> <li>• Reach an agreement about the frequency of contact the client will have either in person or over the phone.</li> <li>• File a grievance about services received or denied;</li> <li>• Not be subjected to physical, sexual, verbal and/or emotional abuse or threats;</li> <li>• Voluntary withdraw from the program;</li> <li>• Have all records be treated confidentially;</li> <li>• Have information released only when: <ul style="list-style-type: none"> <li>• A written release of information is signed;</li> <li>• A medical emergency exists;</li> </ul> </li> </ul>	<p>8.2.a. Clients sign and date a copy of the policy.</p> <p>8.2.b. Current Client's Rights and Responsibilities form signed and dated by client, indicating the client's understanding of her/his rights and responsibilities.</p>	<p>8.2.a. Written policy on file.</p> <p>8.2.b. Signed copy located in client's record.</p>
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<ul style="list-style-type: none"> <li>• There is an immediate danger to the client or others;</li> <li>• There is possible child or elder abuse</li> </ul>		
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### 9.0 Secure Client Records, Privacy and Confidentiality

Standard	Measure	Documentation
9.1 Client confidentiality is ensured	<p>9.1.a. Client confidentiality policy that includes a Release of Information (ROI)</p> <p>9.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance</p>	<p>9.1.a. Written and signed client confidentiality policy on file at provider agency</p> <p>9.1.b. HIPPA documentation is on file and posted where clients can view it.</p>
9.2 Client's consent for release of information is determined.	9.2 Current Release of Information Form signed and dated by client and provider representative	9.2 Signed and dated ROI located in client file. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months.
9.3 Electronic patient records are protected from unauthorized use.	<p>9.3.a. Each client file is stored in a secure location.</p> <p>9.3.b. Electronic files are password-protected</p>	<p>9.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel.</p> <p>9.3.b. Electronic files are password protected with access limited to appropriate personnel.</p>
9.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	9.4. All staff that handle client-identifying information document	9.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

10.0 Quality Management

Standard	Measure	Documentation
EIS activities ensure that clients are connected to primary medical care	Clients are connected to care within 30 days of EIS intake	Notes/documents provided in the client file demonstrating the connection to care

Performance Measures

- Numbers of persons testing positive
- Number of clients testing positive and brought into care
- Number of clients returned to care

Numerator: Number of newly enrolled clients

Denominator: Number of EIS clients

Data Source: Client charts, CAREWare

Goal: 75% of newly enrolled EIS clients will have their first medical visit within 30 days of their EIS intake in their client files.

**APPENDIX A**  
**CLIENT COMPLAINT FORM**

I, \_\_\_\_\_ (grievant), am requesting resolution of a complaint filed under the grievance procedures outlined by MT State Health Department, Ryan White Program regarding \_\_\_\_\_ (name of agency), located in \_\_\_\_\_ (city/county).

**Statement of Grievance:**

Be sure to include relevant parties, action, specific occurrences—dates and times—and location(s). Attach documentation if appropriate.

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**Prior Attempts to Resolve** (please include dates and parties involved): \_\_\_\_\_

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**Resolution Sought** (clearly describe the relief or corrective action you are requesting): \_\_\_\_\_

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**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Contact Info** (phone and/or email). Please include the best time(s) to reach you. \_\_\_\_\_

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1. *Submit the original of this form and copies of any supporting documentation to the agency.*
2. *Maintain a complete copy for your personal records.*

