

# Seattle TGA Ryan White Program Standards

## Early Intervention Services

*Approved by the Planning Council 3/11/19*

**HRSA Definition:** (From the RWHAP legislation, 2651(e) of the Public Health Service Act):

(e) Specification of Early Intervention Services-

(1) IN GENERAL- The early intervention services referred to in this section are--

(A) counseling individuals with respect to HIV/AIDS in accordance with section 2662;

(B) testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS;

(C) referrals described in paragraph (2);

(D) other clinical and diagnostic services regarding HIV/AIDS, and periodic medical evaluations of individuals with HIV/AIDS; and

(E) providing the therapeutic measures described in subparagraph (B).

(2) REFERRALS- The services referred to in paragraph (1)(C) are referrals of individuals with HIV/AIDS to appropriate providers of health and support services, including, as appropriate--

(A) to entities receiving amounts under part A or B for the provision of such services;

(B) to biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or

(C) to recipients under section 2671, in the case of a pregnant woman.

(3) REQUIREMENT OF AVAILABILITY OF ALL EARLY INTERVENTION SERVICES THROUGH EACH RECIPIENT-

(A) IN GENERAL- The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that each of the early intervention services specified in paragraph (2) will be available through the recipient. With respect to compliance with such agreement, such a recipient may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements with public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area, under which the entities provide the services.

(B) OTHER REQUIREMENTS- Recipients described in--

(i) subparagraphs (A), (D), (E), and (F) of section 2652(a)(1) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of paragraph (1) directly and on-site or at sites where other primary care services are rendered; and

(ii) subparagraphs (B) and (C) of section 2652(a)(1) shall ensure the availability of early intervention services through a system of linkages to community-based primary care providers, and to establish mechanisms for the referrals described in paragraph (1)(C), and for follow-up concerning such referrals.

**Program Guidance:**

The elements of EIS often overlap with other services 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 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.

**Seattle TGA Definition (includes directives):** Programs in this category must address one of the populations of color disproportionately affected by HIV within the TGA: Foreign Born Blacks, African Americans, Latinx, Native American/Alaskan Native, or Pacific Islander.

**1.0 General Standards**

	STANDARD	MEASURE
1.1	Program adheres to Seattle TGA Ryan White Program General Standards	Part A site visit documents adherence

**2.0 EIS – HIV Testing & Targeted Counseling Services**

	STANDARD	MEASURE
2.1	Part A funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Ryan White funds will supplement and not supplant existing funds for testing.	Fiscal monitoring site visits document adherence.
2.2	HIV Testing and Counseling providers will operate in accordance with local, state, and federal guidelines and adhere to standards appropriate for the setting where services are being delivered: <ul style="list-style-type: none"> <li>• Public Health Settings</li> <li>• Health Care Settings</li> <li>• Outreach or Social Network Settings (e.g. bathhouses)</li> </ul>	Documentation that HIV testing and counseling activities and methods meet local, state, and federal requirements.
2.3	Rapid testing must adhere to established quality assurance guidelines and protocols.	Documentation that HIV rapid testing activities and methods meet CDC and state requirements.
2.4	Client-level data (except for residence within the TGA) is not required for clients whose HIV status is negative or unknown.	Documentation in the client record.
2.5	Client-level data is required for all individuals who receive a reactive HIV test result.	Documentation in the client record.

### 3.0 EIS – Referral & Linkage Services

	STANDARD	MEASURE
3.1	Agencies operating in non-clinical settings must establish memoranda of understanding (MOUs) with key points of entry into care (i.e. FQHCs, Public Health clinics, private clinics) to facilitate access to health care for those individuals with a reactive HIV test result.	MOUs available for inspection during contract monitoring site visits.
3.2	All individuals <b>with a reactive HIV test result</b> will receive referrals to services critical to achieving optimal health within 3 days of notification of HIV status.	Documentation in the client record that active referrals to critical care services were made. Documentation must include: <ul style="list-style-type: none"> <li>• Date of referral</li> <li>• Evidence of client acceptance or refusal of the referral(s)</li> <li>• Active steps to ensure follow-up by clients who accept the referral(s)</li> </ul>
3.3	All individuals <b>with a reactive HIV test result</b> must be offered voluntary partner counseling and referral services delivered by a provider approved by PHSKC.	Documentation in the client record that partner services were offered to the client. Documentation must include: <ul style="list-style-type: none"> <li>• Date of referral to partner services</li> <li>• Evidence of client acceptance or refusal of the referral</li> </ul>
3.4	All individuals <b>with a reactive HIV test result</b> are linked to health care and supportive services within 30 days of referral.	Documentation in the client record of linkage to care services/EIS programs. Documentation must include: <ul style="list-style-type: none"> <li>• Date of linkage to care</li> <li>• Evidence of client acceptance or refusal</li> <li>• Active steps to ensure follow-up by clients who accept the services.</li> </ul>
3.5	Linkage to Care services will include all of the following: <ul style="list-style-type: none"> <li>• <b>Intake</b> that includes collection of required demographic and eligibility data and evaluates client’s medical and psychosocial needs as well as potential barriers to accessing services</li> <li>• <b>Initial Laboratory testing</b> (for newly diagnosed individuals or those out of care more than 12 months)</li> <li>• <b>Referrals</b> to primary care and support services based on individual needs</li> <li>• <b>Follow-up, Transition and Case Closure</b> (based on client need) All individuals who have a reactive HIV test result and refuse referrals to services critical to achieving optimal health, will be contacted by the agency within 30 days to determine barriers (e.g. cultural competency, stigma, etc.) and make a client focused plan for resolution.</li> </ul>	Documentation in the client record includes: <ul style="list-style-type: none"> <li>• Completed Intake</li> <li>• Initial Laboratory test results</li> <li>• Referrals to all primary care and support services</li> <li>• Linkage completed for clients who accept referrals</li> <li>• Case notes summarizing all follow-up, transition, and case closure (as applicable).</li> </ul>

#### 4.0 EIS – Health Education & Literacy Services

	STANDARD	MEASURE
4.1	Health education and literacy training offered to clients to enable them to navigate the HIV care system.	Documentation in the client record that training and education sessions were offered.
4.2	<p>When providing health education and literacy training, agency will develop/use a health education curriculum which provides the client:</p> <ul style="list-style-type: none"> <li>• Education concerning the HIV disease process, risk reduction, and maintenance of the immune system</li> <li>• Literacy training to help client navigate the HIV system of care</li> <li>• Community resources including, at a minimum, the following:               <ul style="list-style-type: none"> <li>○ HIV health care providers in the Seattle TGA</li> <li>○ HIV support services available in the Seattle TGA</li> <li>○ Mental health resources in the Seattle TGA (as appropriate)</li> <li>○ Chemical dependency resources in the Seattle TGA (as appropriate)</li> <li>○ Resources for newly HIV diagnosed individuals</li> </ul> </li> </ul>	Documentation in the client record that required health education and literacy information was provided to the client.

#### 5.0 Case Closure

	STANDARD	MEASURE
5.1	Please refer to the General Standards wherein the agency follows its case closure policies.	Documentation in client record

#### Dates Revised:

7/25/16  
 10/23/17  
 11/26/18  
 1/28/19