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## SERVICE STANDARDS FOR EARLY INTERVENTION SERVICES (EIS)

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Approved by the Planning Council	May 20, 2015	June 19, 2019	February 19, 2020		

### I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)<sup>1</sup> such that the clients of this service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management.

### II. GOAL

The goal of Early Intervention Services (EIS) is to assist People Living with HIV/AIDS (PLWHA) in identifying and addressing barriers to the initiation of, participation in and adherence to on-going HIV outpatient/ambulatory medical care. In addition, EIS is to ensure that people testing HIV-positive receive necessary HIV-related services as early as possible in order to interrupt or delay progression of HIV disease. EIS service providers also strive to integrate the complex network of services (proactive and therapeutic) for their patients and move a client toward self-management.

### III. DEFINITION

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act

### IV. KEY SERVICE COMPONENTS AND ACTIVITIES

- Early Intervention Services (EIS) is the identifying, informing, referring and linkage of ALL newly diagnosed individuals to care within three months of diagnosis.
- Early Identification of Individuals with HIV/AIDS (EIIHA) emphasizes EIS on the following target groups: MSM of Color, Youth/Young Adults (13 to 24 years of age) and people 45 and older.
- EIIHA services are funded under EIS.

### V. INDICATORS/PERFORMANCE MEASURES

Documentation of client being diagnosed with HIV/AIDS within the past 12 months and never linked to care. Documentation of client being referred and linked to medical care within three months. Linkage is defined as one of the following:

- a medical care visit with a professional with prescribing privileges
- CD4 count and viral load results documented
- HIV-related prescription for medication

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*"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."*

## **VI. PROVIDER AGENCY POLICIES AND PROCEDURES**

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency
- B. Staff must meet minimum qualifications detailed in the job description and service standards
- C. Services will be provided through the facility or through a written affiliation agreement
- D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years
- E. **Confidentiality Policy** - All EIS providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA requirements
- F. There will be a private confidential office space for seeing clients
- G. **Cultural and Linguistic Competence** - Agency will ensure that culturally and linguistically appropriate services are available and be able to provide services that are culturally sensitive and in the client's preferred language or arrange for a competent interpreter
- H. **Americans Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met
- I. **Client Consent** – Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid. The client must be notified of the release of information
- J. **Grievance Policy** -The EIS provider must review the policy with the client and provide a copy in a language and format the client can understand
- K. The Agency must have a written **Emergency Plan** which includes procedures for fire, bomb threat, evacuation, accidents and natural disasters
- L. Service providers should receive continuing education in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as "Prevention with Positives"
- M. A **Quality Assurance Plan** shall be developed for patient care which is specific to case management. This plan shall be reviewed annually
- N. Agencies must maintain linkages among other agencies to better coordinate service provision
- O. The agency must demonstrate input from clients via a client satisfaction survey or similar method

## **VII. ACCESSIBILITY/STANDARDS OF SERVICE**

- A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs
- B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate
- C. There will be no barriers due to language differences between EIS provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a competent interpreter
- D. Eighty percent (80%) of all persons seeking services will see a EIS provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file

## **VIII. CLIENTS RIGHTS AND RESPONSIBILITIES**

- A. Agencies funded for EIS shall have the ability to provide service in the client's native language when twenty percent (20%) or more of their clients prefer another language and must provide information for clients in appropriate languages or arrange for a competent interpreter
- B. All written materials should be printed in a language that is understandable to the client and should be written at no higher than a 5th grade level

- C. The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client's language or explained to the client in the client's preferred language
- D. The agency will have a Consent for Services and Release of Records Form, which is dated and time limited, signed by the client or person legally able to give consent. This form will be signed by the client after reviewing the initial "Service Plan" and when the client is reassessed and/or when the plan is updated or changed
- E. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand
- F. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws
- G. All new clients will receive HIV/AIDS orientation and be provided with educational materials in their native language, when possible, and in a culturally appropriate manner
- H. Clients have the right to refuse services

## IX. PROCESS

- A. Client Eligibility Determination and Initial Certification
- B. Intake
- C. Development of an individualized EIS care plan
- D. Implementation of an individualized EIS care plan
- E. Case Closure/Discharge
- F. Case Transfer

- A. **Client Eligibility Determination and Initial Certification** – To determine client eligibility for Ryan White Service. Documentation is required.
  - 1. Proof of HIV+ status to determine eligibility for Ryan White Part A funding
  - 2. Summary of medical benefits/insurance
  - 3. Verification of insurance status
  - 4. Employment status
  - 5. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty level [FPL])
  - 6. Living arrangements/ Household size
  - 7. County of residence
- B. **Intake** to be completed by the Medical Case Manager.
- C. **Development of an individualized EIS care plan**
  - 1. Set realistic, measurable and mutually acceptable goals for medical case management and treatment adherence
  - 2. Identify actions needed to attain each goal
  - 3. Identify timelines for achieving goals
- D. **Implementation of an individualized EIS care plan**
  - 1. Schedule appointment for medical visit
  - 2. Schedule appointment for lab tests
  - 3. Refer for Core Services in CHAMP
  - 4. Contact provider(s) to set up appointment(s)
  - 5. Refer for Support Services in CHAMP
  - 6. Contact provider(s) to set up appointment(s)
  - 7. Arrange for transportation, if required
  - 8. Follow up to remind client of appointment(s)
  - 9. Reschedule missed appointment(s)

#### **E. Case Closure/Discharge**

1. The EIS provider must document date and reasons for closure of case including but not limited to: no contact, client request, client moves out of service area, client died, and client ineligible for services
2. Reasonable efforts must be made to retain the client in medical care by phone, letter and/or any communication method agreed upon by client. These efforts must be documented in the client's record
3. The EIS provider will make appropriate referrals and provide contacts for follow-up
4. A summary of the services received by the client must be documented for the client's record

#### **F. Case Transfer**

1. The EIS provider should facilitate the transfer of client records/information, when necessary
2. The client must sign a consent form to transfer records which is specific and dated

### **X. DOCUMENTATION**

Written documentation to be included in client record:

1. Client's name and unique identifier number
2. Proof of HIV+ status
3. Signed initial and updated individualized EIS care plan
4. Evidence of consent for services
5. Progress notes detailing each contact with or on behalf of the client. These notes should include date of contact and names of person providing the service
6. Evidence of the client's understanding of his/her rights and responsibilities
7. Signed "Consent to release information" form. This form must be specific and time limited

### **XI. ENGAGEMENT AND RETENTION OF CLIENTS**

Document the best way to retain client in care and be aware of barriers that are preventing the client from accessing care. Foster an ongoing relationship with client.

#### **Procedure to be followed for missed appointments**

1. EIS provider will contact the client within 2 days of missed appointment to determine if there was a reason why the client did not keep appointment and to facilitate rescheduling of appointment.
2. EIS provider will attempt to reach the client no less than 2 times during a one-week period.
3. If the EIS provider is unable to reach the client, a letter (certified), e-mail, or other designated method of communication will be used to contact the client stating that an appointment has been missed and requesting that the client contact the agency to set up another appointment.
4. The EIS provider should contact other agencies which are providing services to the client, if known, to verify client status. This information may be available in the CHAMP system (CHAMP lookup).
5. The EIS provider may make a home visit if not prohibited by agency policy.
6. With prior approval of the client, the EIS provider will contact the emergency contact.

### **XII. PERSONNEL QUALIFICATIONS**

*Either medically credentialed professionals or other health care providers who are part of the clinical care team.*

#### **Qualifications/Training**

1. Education: Minimum of a high school diploma/GED or 3 years of social services/health care related experience
2. HIV experience/training, preferred

3. EIS provider must complete the Ryan White Medical Case Management Certification program
4. Ongoing education/training of a minimum of six (6) hours per year in related subjects
5. Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure
6. Annual staff evaluation/review

**XIII. RWHAP Part A EIS services must include the following four (4) components:**

1. 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 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
2. Referral services to improve HIV care and treatment services at key points of entry
3. Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

**XIV. Program Guidance: [HIV/AIDS BUREAU POLICY 16-02]**

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.

HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA 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 living with HIV
    - 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