STANDARDS OF CARE

Los Angeles County Commission on HIV

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EARLY INTERVENTION PROGRAM (EIP) SERVICES

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EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Early Intervention Programs (EIPs) offer services for individuals living with HIV and their "at-risk" partners and family members. EIP services are distinct from standard ambulatory care in their attempt to identify and support people who are newly identified as HIV-positive or are entering treatment through a team approach. This approach combines mental health psychosocial, health education, case management, medical and risk reduction services in the continuum of care for people living with HIV.

EIP services provided include:

- Mental health and psychosocial support
- Health education
- Case management and referral
- Medical evaluation, monitoring and treatment
- Nutrition assessment and referral
- HIV transmission risk assessment and reduction
- Outreach

The goals of EIPs include:

- Moving a client toward self-management
- Ensuring that people testing positive receive services as early as possible
- Interrupting or delaying the progression of HIV disease
- Preventing and treating opportunistic infections
- Promoting optimal health
- Interrupting further HIV transmission

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All EIP services will be provided in accordance with current medical and nursing practice in the field of HIV, the California Business and Professions Code, as well as local laws and regulations.

Medical professionals will be licensed to practice by the state of California. Psychosocial services will be provided by a professional mental health provider.

Facilities providing EIP services must be licensed and Medi-Cal-certified.

SERVICE CONSIDERATIONS

General Considerations: EIPs will be patient-centered, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions

and receive accurate answers regarding services provided by EIP practitioners and other professionals to whom they are referred.

All EIP services will be culturally and linguistically appropriate to the target population. EIP services will also be extended to "at-risk" partners and family members of clients, regardless of their HIV status to include: 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.

Outreach: Programs providing EIP services will conduct innovative outreach activities to potential clients and HIV service providers to promote the availability of and access to EIP services.

Bridge Project: Bridge workers will interface between community-based services and/or HIV test sites and HIV care and treatment services to increase the number of people of color living with HIV enrolled in comprehensive HIV treatment and prevention services.

Intake: Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client.

EIP services promote optimal health.

Mental Health and Psychosocial Support: In addition to medical monitoring, EIPs will make available mental health and psychosocial support services performed by a Master's degree-level social worker and/or other appropriate licensed health care provider or counselor.

Health Education: Patient education is the responsibility of all EIP practitioners. Patient education is ongoing and must be part of each patient visit. All patients will be offered HIV/AIDS and general health education with knowledge assessments at regular intervals. EIPs will also use risk assessment and behavior change strategies to promote health maintenance.

Case Management and Referral: EIPs will provide client-centered case management services to help link people living with HIV to health care and psychosocial services.

Referral: It is critical that EIPs collaborate and implement formal relationships with other providers to provide the full spectrum of HIV services for their patients, especially if the program does not provide the services onsite. Referrals to other health care and social service professionals are made as the patient's health status indicates and/or when the needs of the patient cannot be met by the EIP's established range of services.

Medical Evaluation, Monitoring and Treatment: EIPs must confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs must 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 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.

Initial Assessment and Reassessment: The initial assessment of HIV-infected individuals must be comprehensive in scope (including physical, sociocultural and emotional assessments) and may require two to three outpatient visits to complete.

Follow-Up Treatment Visits: EIP practitioners must include HIV prevention and treatment messages in each follow-up patient encounter.

Medication Services: Medications should be provided to interrupt or delay the progression of HIV-disease, prevent and treat opportunistic infections, and promote optimal health. Patients should be referred to an approved AIDS Drug Assistance Program (ADAP) enrollment site for eligibility screening.

Antiretroviral (ARV) Therapy: Antiretroviral therapy will be prescribed in accordance with the established guidelines based upon the Department of Health and Human Services' Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents

Standard Health Maintenance: EIP practitioners will discuss general preventive health care and health maintenance with all HIV-infected patients routinely, and at a minimum, annually.

Complementary, Alternative and Experimental Therapies: EIP practitioners must discuss at regular intervals complementary and alternative therapies with patients, discussing frankly and accurately both their potential benefits and potential harm.

Nutrition Therapy: EIP health care professionals should screen all patients for nutrition concerns and provide a written prescription for all at-risk patients for nutrition therapy within six months of becoming an active patient in the EIP.

HIV Transmission Risk Assessment and Reduction: EIPs will assess all patients for HIV transmission risk behaviors. Based on this assessment, patients may be provided with education, risk reduction strategies or appropriate risk reduction interventions such as substance abuse counseling and behavior change support.

Positive Changes Program: The Positive Changes program aims to prevent the transmission of HIV by addressing the multiple factors (e.g., homelessness, mental health issues, substance abuse) that affect the sexual and drug use behaviors of high-risk HIV-positive and negative individuals. Positive Changes will use a risk reduction specialist who will provide highly individualized and intensive risk reduction counseling.

AIDS Drug Assistance Program (ADAP): As appropriate, EIP staff will help clients enroll for ADAP services or refer them to local enrollment sites and participating pharmacies.

Patient Retention: Programs shall strive to retain patients in EIP services. A broken appointment policy and procedure to ensure continuity of service and retention of patients is required.

Patient Records: Patient records (including health, psychosocial, health education, risk behavior and case management records) will be kept in detail consistent with good medical and professional practice in accordance with the California Code of Regulations.

Case Closure: Case closure is a systematic process for disenrolling clients or families from EIP services. The process includes formally notifying patients of pending case closure and completing a case closure summary to be kept on file in the patient record.

STAFFING REQUIREMENTS AND QUALIFICATIONS

EIP medical services will be provided by a multidisciplinary team consisting of a primary care provider (at the level of a state of California-licensed physician, Nurse Practitioner (NP), and/or Physician's Assistant (PA), a Registered Nurse (RN), other appropriate licensed health care providers and a professional mental health provider.

At minimum, all EIP services staff will provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. When possible, staff will be selected who have prior experience interacting with the target population. Staff will complete an agency-based orientation before providing services. All new staff must receive HIV/AIDS education within the first three months of employment. Programs are expected to budget costs for HIV/AIDS continuing education for all appropriate staff.

EARLY INTERVENTION PROGRAM (EIP) SERVICES

SERVICE INTRODUCTION

Early Intervention Programs (EIPs) offer services for individuals living with HIV and their "at-risk" partners and family members. EIP services are distinct from standard ambulatory care in their attempt to identify and support people who are newly identified as HIV-positive or are entering treatment through a team approach. This approach combines mental health psychosocial, health education, case management, medical and risk reduction services in the continuum of care for people living with HIV. The underlying philosophy in EIP services is similar to that of chronic disease management in which patient self-management is emphasized over medical management. Although services of this kind have historically been called EIPs, there is no expectation that a client would be discharged later in the disease process; rather, services would benefit clients at all levels of HIV illness.

EIP services include:

- Mental health and psychosocial support
- Health education
- Case management and referral
- Medical evaluation, monitoring and treatment
- Nutrition assessment and referral
- HIV transmission risk assessment and reduction
- Outreach

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goals of EIP services include:

- Moving a client toward self-management
- Ensuring that people testing positive receive necessary HIV-related services as early as possible
- Interrupting or delaying the progression of HIV disease
- Preventing and treating opportunistic infections
- Promoting optimal health
- Interrupting further HIV transmission by providing the background for appropriate behavioral change

Recurring themes in this standard include:

- EIP services will be patient-centered. Patients will be fully educated, informed and part of the decision-making process.
- EIP service providers must strive to help integrate the complex network of services for their patients.
- HIV risk prevention education and adherence counseling must be part of every patient encounter.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee patients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including

- *Early Intervention Program Services Contract Exhibit*, Office of AIDS Programs and Policy
- *Medical Outpatient-Specialty Standard of Care*, Los Angeles County Department of Health Services, Commission on HIV
- *Ambulatory/Outpatient Medical Care Services Special Rate Study*, Department of Health Services, Office of AIDS Programs and Policy, 2004
- *Ambulatory/Outpatient Medical Care Contract Exhibit*, Office of AIDS Programs and Policy
- *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, Department of Health and Human Services
- *Primary Care Approach to the HIV-Infected*, New York State AIDS Institute
- *AIDS Drug Assistance Program Service Description*, Department of Health Services, Office of AIDS Programs and Policy
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Portland (in development) and Las Vegas

EIP strives to move a client towards self-management.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All EIP services will be provided in accordance with current medical and nursing practice in the field of HIV, published standards of care, Commission on HIV guidelines and procedures, and in accordance with California Business and Professions Code, as well as local laws and regulations. Programs will follow California Department of Public Health (CDPH) Office of AIDS/Early Intervention Program protocols, guidelines and advisories.

Services will be provided by health care professionals with requisite training in HIV/AIDS, including physicians, Physician Assistants (PAs) and/or Nurse Practitioners (NPs). Such practitioners will be licensed to practice by the state of California. Psychosocial services will be provided by a professional mental health provider.

Facilities providing EIP services must be:

- Licensed as a medical clinic facility, approved through the County of Los Angeles, Department of Public Health, Health Division for Licensing and Certification, in cooperation with the CDPH
- Approved as an enrollment site by the CDPH and by the Los Angeles County, Department of Public Health, OAPP
- Compliant with HIPAA and with the requirements of Title 17 and Title 22 of the California Code of Regulations

- Licensed and Medi-Cal-certified by the County of Los Angeles, Department of Public Health, Health Division for Licensing and Certification in cooperation with CDPH and must comply with current federal and State standards for such programs

Many medical facilities are also accredited by the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) and/or are designated as federally qualified health care (FQHC) facilities by the federal Department of Health and Human Services. While JCAHO accreditation and FQHC status are not required, HIV/AIDS EIPs are developed, implemented and monitored with similar administrative and clinical capacities and competencies characteristic of clinics that are JCAHO-accredited and/or FQHCs (or FQHC Look-a-Likes). (See the California Primary Care Association www.cpca.org and National Association of Community Health Centers, Inc. www.nachc.com).

DEFINITIONS AND DESCRIPTIONS

Case management services are client-centered services that link people living with HIV with appropriate health care and psychosocial services in a coordinated fashion.

Health assessment is an evaluation of the client's health status and health care needs through medical history, physical examination, laboratory evaluation and medical eligibility determination by a clinician.

Transmission risk reduction services include assessment of HIV transmission risk behaviors at regular intervals, education, risk reduction strategies and appropriate interventions.

Licensed primary health care professional is a physician, Physician Assistant (PA) and/or Nurse Practitioner (NP) providing primary HIV medical care. Such person will be licensed to practice by the state of California.

Linked referrals assist patients in accessing services including making an appointment for the indicated service.

Major assessment is the comprehensive visit or series of visits that take place at a minimum of every six months for each client and include health assessment, psychosocial assessments, health education assessments, risk assessment and case management assessment.

Marginally engaged in care is not having received any EIP-related services for six months or failing to keep two or more sequential appointments within any of EIP's core services.

Mental health/psychosocial services include psychosocial assessments at regular intervals, development of an individualized treatment plan, counseling and crisis intervention.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

As the HIV-positive population changes in the United States, many programs struggle with engaging and retaining people living with HIV into treatment, and prevention services. Especially challenging has been engaging people of color and those living with substance abuse and mental health issues (Molitor et al., 2005). For the multiply diagnosed, treatment barriers include stigma associated with multiple illnesses, separate funding streams and lack of coordination between medical, mental health, and substance abuse treatment facilities (Calysn, et al., 2004). To successfully engage newly diagnosed clients into care, programs must provide counseling that is appropriate and convenient to access and ensure that HIV care facilities and support services are available (Galvan, Bing & Bluthenthal, 2000).

HIV outreach and early intervention services have proven to be an effective model to engage "hard-to-reach" clients (Tinsman, et al., 2001). A 2002 Boston study reported that outreach services were instrumental in connecting youth to care, including HIV information and referral services, prevention and risk assessment, health services, case management and mental health services (Woods et al., 2002).
Outreach and early intervention are not only important in initially connecting hard-to-reach populations to services, but also necessary for retaining them in care over time. A 2003 multisite study showed that at least two outreach contacts were necessary to significantly enhance retention (Harris et al., 2003). A California project reports that an average of 3.2 contacts occurred between the outreach worker and client before the first referral was made, further demonstrating the effort needed to engage and link hard-to-reach clients to care (Molitor et al., 2005).

The treatment of HIV, now considered a chronic disease, is costly and time-consuming in its complexity and requires expertise and significant time for comprehensive assessment (Metsch, et al., 2004). Special attention must be given to the treatment of ethnic minorities, women and the poor. The HCSUS study found inferior patterns of care in blacks and Latinos compared with whites, the uninsured and Medicaid-insured compared with the privately insured, women compared with men, and other exposure groups compared with men who had sex with men (Shapiro, et al., 1999). A San Francisco study found that only about 30% of its HIV-infected urban poor took combination highly active antiretroviral medications compared with 88% of HIV-infected gay men (Bamberger, et al., 2000).

Adherence to medication is crucial to successful HIV treatment (Friedland & Williams, 1999). Inconsistent adherence can cause resistance to prescribed medications as well as to other medications in the same classes as those in a patient's regimen (Bamberger, et al., 2000).The initial antiretroviral regimen offers the optimum opportunity to control HIV replication. The first choice of therapy should be selected with future options in mind (Kuritzkes, 2004). If, however, the patient develops resistance to antiretrovirals, resistance testing can help guide the clinician in the choice of future therapies (Gallant, 2000).

Janssen and Valdiserri (2004) report CDC estimates of more than 15,000 HIV infections occurring in the United States annually from people who already know they are infected. While HIV-positive patients may be relatively well-informed about HIV transmission and prevention, focus groups have reported having difficulty in using that information (Fischer, et al., 2004). In an analysis of behavioral surveillance data from HIV-positive men who have sex with men (MSMs) interviewed in 12 states between 1995 and 2000, Denning and Campsmith (2005) found that one fifth of HIV-positive MSMs who had a single steady male partner with negative or unknown serostatus engaged in unprotected anal intercourse. Such data demonstrate that medical care providers must integrate prevention interventions into the routine care of their patients living with HIV (Janssen & Valdiserri, 2004; Fischer, et al., 2004).

California EIPs have been used as a model for programs striving toward equity in access to HIV care across racial, ethnic and socioeconomic groups (Molitor, Walsh, & Leigh, 2002). EIP interventions, like the Bridge Project, can effectively link marginalized HIV-positive persons to care services. A 2005 study (Molitor, et al., 2005) demonstrated that nearly half of persons of color and over 40% of injection drug users began receiving services at an EIP site after receiving a first contact with a peer staff member. Nearly 60% of clients referred to EIP were successfully linked to the program.

SERVICE COMPONENTS

EIP services include:

- Mental health and psychosocial support
- Health education
- Case management and referral
- Medical evaluation, monitoring and treatment
- Nutrition assessment and referral
- HIV transmission risk assessment and reduction (Positive Changes program)
- Outreach (Bridge Project)

All EIP services will be culturally and linguistically appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction.) Client concern over the loss of confidentiality is a barrier to accessing HIV-related services. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Services will be provided to individuals living with HIV who are residents of Los Angeles County and meet Ryan White eligibility requirements. People living with HIV who are enrolled in EIP and have transitioned to appropriate medical care outside of EIP may remain in the program to receive non-medical services.

EIP services will also be extended to at-risk partners and family members of clients, regardless of their HIV status to include (but not be limited to):

- Confirmatory testing
- Health education
- HIV transmission risk reduction and prevention
- Short-term family or couples counseling
- Linkages to pediatric services for the children of clients

EIPs will be patient-centered, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions and receive accurate answers regarding services provided by EIP practitioners and other professionals to whom they are referred. Such patient-practitioner discussions are relationship-building and serve to develop trust and confidence. Patients must be seen as active partners in decisions about their personal health care regimen. Practitioners are directed to patient-oriented HIV/AIDS care and prevention websites such as Project Inform (www.projectinform.org) and The Body (www.thebody.com) for more information about discussing HIV/AIDS from a patient-centered approach.

EIP medical services must be provided consistent with United States Public Health Service treatment guidelines (www.aidsinfo.nih.gov/). Providers are also directed to the *Medical*

Outpatient-Specialty Standard of Care, developed by the Commission on HIV (http://hivcommission-la.info/cms1_039170.pdf), for further information on expected standards in the provision of medical care. Other established practice guidelines, standards and protocols, may be used to provide state-of-the-art prevention and care services for all patients, including:

- Johns Hopkins AIDS Service (www.hopkins-aids.edu)
- New York Department of Health AIDS Institute (www.hivguidelines.org)
- HIV/AIDS Bureau (www.hab.hrsa.gov)
- Center for Disease Control Division of AIDS Prevention –Treatment (www.cdc.gov)

OUTREACH (BRIDGE PROJECT)

Programs providing EIP services will conduct innovative outreach activities to potential clients and HIV service providers to promote the availability of and access to EIP services. Programs will work in collaboration with health care and support services providers, as well as HIV testing sites. The purpose of outreach activities will be to identify appropriate clients from hard-to-reach populations for EIP services to increase the number of people living with HIV who use such services. Programs are referred to the *Outreach Standard of Care*, developed by the Los Angeles County Commission on HIV for further guidance in the provision of outreach services.

BRIDGE PROJECT

The Bridge Project aims to increase the number of people of color living with HIV that are enrolled in comprehensive HIV treatment and prevention services and to re-engage those people who are or have been enrolled in EIP services, but are marginally engaged in care. Bridge workers will interface between community-based services and/or HIV test sites and HIV care and treatment services. While it is expected that most clients will ultimately enroll in EIP, the Bridge worker will help clients enroll in treatment that best fit their particular needs.

The duties of the Bridge worker include (at minimum):

- Outreach to hard-to-reach and underserved populations
- Assessment of a client's readiness to move into more active engagement with treatment services
- Being an advocate for the client, helping the client understand treatment options, supporting treatment decisions and eliminating barriers to treatment and adherence

STANDARD	MEASURE
Peer support programs will outreach to potential clients and providers.	Outreach plan on file at provider agency.
Programs will collaborate with primary health care and supportive service providers.	Memoranda of Understanding on file at the provider agency.
Bridge workers will work to increase numbers of people of color in care and to re-engage those lost to care through: • Outreach • Assessment of readiness to engage • Advocacy and support	Program review and monitoring to confirm.

INTAKE

Intake is required for all clients who request or are referred to HIV/AIDS EIP services. Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. The intake process also acquaints the client with the range of services offered and determines the client's interest in such services. Client intake will be completed in the first contact with the potential client The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

As part of the intake process, the client file will include the following information (at minimum):

- Written documentation of HIV status
- Proof of Los Angeles County residency
- Verification of financial eligibility for services
- Date of intake
- Client name, home address, mailing address and telephone number
- Emergency and/or next of kin contact name, home address and telephone number

Required Forms: Programs must develop the following forms in accordance with state and local guidelines.

Completed forms are required for each patient and will be kept on file in the patient record:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should indicate the type of information that can be released).
- Limits of Confidentiality (confidentiality policy)
- Consent to Receive Services
- Patient Rights and Responsibilities
- Patient Grievance Procedures

STANDARD	MEASURE
Intake process is begun during first contact with patient.	Intake tool in patient file to include (at minimum): • Documentation of HIV status • Proof of Los Angeles County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
Confidentiality policy and Release of Information is discussed and completed.	Release of Information signed and dated by patient on file and updated annually.
Consent for Services completed.	Signed and dated Consent in patient file.
Patient is informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in patient file.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In addition to providing medical monitoring, EIPs will make available mental health and psychosocial support services performed by a Master's degree-level social worker and/or

other appropriate licensed health care provider or counselor. Services will be provided in accordance with the National Association of Social Workers' Code of Ethics (http://www.socialworkers.org/pubs/code/code.asp). Mental health and psychosocial services will include (but not be limited to):

- Comprehensive psychosocial assessment of all new clients, including:
  - Mental health or substance use issues
  - Patient's adjustment to HIV disease and illness
  - Patient's understanding of diagnosis and treatment
  - Recommended treatment
  - Barriers to treatment adherence
- Periodic psychosocial reassessments as indicated by changes in patient status or at minimum every six months
- Development of an individualized psychosocial treatment plan

Individual, group, couple, family and/or counseling and crisis intervention services may also be offered for those patients who are experiencing acute or ongoing psychological distress. Such services will usually be provided on a regularly scheduled basis with special arrangements made for non-scheduled visits at the time of crisis. All mental health services will be provided in accordance with the Commission on HIV's *Mental Health, Psychotherapy Standard of Care*, 2005 (http://hivcommission-la.info/cms1_044407.pdf).

STANDARD	MEASURE
EIPs will make available mental health and psychosocial services provided by Master's degree-level social workers and/or appropriate licensed health care providers or counselors, to include: • Comprehensive psychosocial assessment of all new patients • Reassessments at minimum every six months • Individualized treatment plan	Documentation of mental health and psychosocial services on file in patient medical chart.
Counseling and crisis intervention services will be offered as needed and provided in accordance with the *Mental Health, Psychotherapy Standard of Care*.	Program review and monitoring to confirm.
Services will be provided in accordance with NASW Code of Ethics.	Program monitoring to confirm.

HEALTH EDUCATION

To promote patient self-management, programs are encouraged to work in partnership with clients to develop and track health self-management goals in such critical areas as:

- Adherence
- Exercise
- Substance abuse
- Sexual risk management
- Nutrition
- Oral health

All patients will be offered HIV/AIDS and general health education with knowledge assessments at regular intervals. EIPs will use risk assessment and behavior change strategies to promote health maintenance.

Health education will be offered through individual and group health education sessions including the following topics (at minimum):

- Risk of infection

- Safer sex methods
- Alternative therapies
- Substance misuse and treatment
- Legal issues

Patient education is the responsibility of all EIP practitioners and must be part of each patient visit. Patients should be fully educated about their medical needs and treatment options within the standards of medical care. EIP practitioners will document the patient education encounter and content in the medical record.

STANDARD	MEASURE
Patients will be offered health education services and knowledge assessments in individual and group formats.	Record of health education services on file in patient medical record.
Patient education about medical needs and treatment options should be part of each visit.	Record of education encounters on file in patient medical record.

CASE MANAGEMENT AND REFERRAL

EIPs will provide client-centered case management services to help link people living with HIV to health care and psychosocial services.

Case management services will include:

- Assessing patient strengths, emerging needs and resources in the areas of mental health and psychosocial support; health education; case management and referral; medical evaluation, monitoring and treatment; nutrition assessment and referral; HIV transmission risk assessment and reduction; and outreach. Assessments will be completed at intake and every six months or when dictated by patient need.
- Developing a service plan to include patient goals and methods for reaching these goals. Service plans will be developed with the patient and updated quarterly at minimum.
- Providing appropriate referrals and resources. Case managers will advocate on the patient's behalf to ensure accessibility to services. Case managers will follow up with referrals and interventions to ensure linkage.
- Maintaining regular client contact based upon client need. Telephone contact (or documented attempts) will be made at least once a month. Face-to-face contact (or documented attempts) will be made at least once per quarter. If, however, it is determined that the client no longer needs such regular contact, the frequency of contact will be notated in the client's Individual Service Plan (ISP).
- Counseling and advocacy, particularly during times of crisis
- Assisting with patient problem-solving and questions
- Taking part in other patient-related activities, including:
  - Case conferences (30% of cases every quarter or 100% for caseloads of less than 30)
  - Charting and documentation
  - Attending meetings and case management task force
  - Providing and/or receiving patient-care related supervision
  - Participating in training
  - Developing and revising HIV information and resources

For a comprehensive description of case management services, please refer to the Commission on HIV's *Psychosocial Services Case Management Standard of Care* (http://hivcommission-la.info/cms1_044739.pdf).

STANDARD	MEASURE
EIPs will provide case management services for all patients, including: • Assessment (completed at intake and every six months) • Service plan • Linked referrals and resources • Client contact • Counseling and advocacy • Problem-solving assistance • Other patient-related activities	Documentation of case management activities on file in patient record to include: • Assessment • Service plan • Referrals and follow-up • Record of contacts or attempts • Record of counseling and advocacy • Record of other activities
Case managers will case conference 30% of caseload quarterly (or 100% for caseloads of 30 or less).	Record of case conferences on file at provider agency and in individual patient record.

REFERRAL

EIPs must collaborate and implement formal relationships with other providers to provide the full spectrum of HIV services for their patients, especially if the programs do not provide the services onsite. Referrals to other health care and social service professionals are made as the patient's health status indicates and/or when the needs of the patient cannot be met by the EIP's established range of services.

EIPs must develop written policies and procedures that facilitate referral to all health and social service providers in the HIV/AIDS continuum of care. All referrals must be tracked and monitored. The results of the referrals must be documented in the patient's medical record.

Crisis intervention services may also be offered.

As indicated, patients will be referred to the following services (at minimum):

- ADAP
- Drug resistance testing
- Medical case management (see the Commission on HIV's *Medical Outpatient-Specialty Standard of Care*)
- Psychosocial case management
- Medical specialties
- Psychiatric and mental health services
- Treatment education services
- Substance abuse services
- Partner counseling and referral

An annual referral to oral health care is required (see the Commission on HIV's *Oral Health Care Standard of Care*).

STANDARD	MEASURE
EIPs must develop policies and procedures for referral to all health and social service providers in the HIV/AIDS continuum of care.	Referral policies and procedures on file at provider agency.
All referrals will be tracked and monitored.	Record of linked referrals and results on file in patient medical record.

STANDARD	MEASURE
As indicated, patients will be referred to (at minimum): • ADAP • Drug resistance testing • Medical case management • Psychosocial case management • Medical specialties • Psychiatric/mental health • Treatment education • Substance abuse services • Partner counseling and referral • Oral health care (required annually)	Record of linked referrals and results on file in patient medical record.

Services include regular medical evaluations.

MEDICAL EVALUATION, MONITORING AND TREATMENT

Medical evaluation, monitoring and treatment are important components of the integrated multiservice model that constitutes EIPs. EIPs must confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs must 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 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 onsite or through referral to another facility offering the required service(s). Approved health care professionals for these services include physicians, NPs and/or PAs, except where indicated.

Practitioners must use established practice guidelines when providing these services. Practitioners are directed to the following additional resources for the provision of medical evaluation and clinical care services:

- *Medical Outpatient-Specialty Standard of Care*, 2005, Los Angeles County Commission on HIV
- Department of Health and Human Services AIDS Guidelines www.aidsinfo.nih.gov

STANDARD	MEASURE
Medical services will be provided by physicians, NPs and/or PAs. RNs will provide primary HIV nursing care.	Policies and Procedures Manual and medical chart review to confirm.

INITIAL ASSESSMENT AND REASSESSMENT

The initial assessment of HIV-infected individuals must be comprehensive in its scope, including physical, sociocultural and emotional assessments and may require two to three outpatient visits to complete. Unless indicated more frequently by a patient's changing health condition, a comprehensive reassessment should be completed at minimum every six months. The staff member responsible for completing the initial assessment and reassessments will use assessment tools based on established HIV practice guidelines. Staff will immediately refer patients for whom EIP services are not suitable to a more appropriate level of care.

An initial assessment and biannual reassessment for HIV-infected patients should include:

- General medical history

- Comprehensive HIV-related history, including a psychosocial history
- Sexual and substance abuse histories
- Comprehensive physical examination

When obtaining the patient's history, the practitioner should use vocabulary that the patient can understand, regardless of education level. Also included in the process are case management, mental health, health education and risk reduction assessments completed by appropriate staff (see below).

FOLLOW-UP TREATMENT VISITS

Following standards of care for HIV prevention and treatment, early intervention practitioners must include the following in each follow-up patient encounter:

- Providing brief HIV prevention messages (asking patients about risk behaviors, and positively reinforcing patient's report of risk reduction behavior)
- Asking patients about problems and concerns with treatment adherence and making suggestions to support adherence
- Asking patients about their social living conditions, ensuring that lack of housing, food, or other social needs do not become a barrier to treatment adherence
- Providing patient education on HIV disease, symptoms, medications and treatment regimens to increase patient participation in treatment decision-making (see www.IHI.org for Institute for Healthcare Improvement guidelines on "Self-Management"). Patient education on medications will include instructions, risks and benefits, compliance, side effects and drug interaction
- Building and maintaining patient relationships, increasing the likelihood that patients may ask for needed emotional support, or talk with practitioners about substance abuse issues

A discussion of contraception shall occur with a female client on every visit. If the client should become pregnant, the medical provider shall discuss pregnancy and treatment options and refer her for transmission risk reduction services, if appropriate. If the EIP does not have expertise in working with pregnant women, such clients should be referred to a clinic that can provide specialized, appropriate prenatal care for HIV-positive women.

STANDARD	MEASURE
Each patient encounter will include: • HIV prevention messages • Treatment adherence counseling and support • Social living conditions review • Patient education on HIV disease, symptoms, medications and treatment regimens • Contraception discussions for women	Follow-up notes in patient chart to confirm.

MEDICATION SERVICES

Medications should be provided to interrupt or delay the progression of HIV-disease, prevent and treat opportunistic infections, and promote optimal health. Patients should be referred to an approved ADAP enrollment site (http://lapublichealth.org/aids/adap/ADAPEnrollmentSites-2005.pdf) for eligibility screening. Patients eligible for ADAP will be referred to a participating pharmacy for prescriptions on the ADAP formulary. If the patient requires medications not listed on the ADAP formulary, the EIP is responsible for ensuring the patient will be provided the medications. For a more detailed discussion of ADAP services, please see AIDS Drug Assistance Program (ADAP) on page 18.

STANDARD	MEASURE
Patients requiring medications will be referred to the ADAP enrollment site.	ADAP referral documented in patient medical chart.
Programs must ensure patients will be provided necessary medications not on ADAP formulary.	Patient medical chart to document.

ANTIRETROVIRAL (ARV) THERAPY

Antiretroviral therapy will be prescribed in accordance with the established guidelines based upon the Department of Health and Human Services' Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents (www.aidsinfo.nih.gov/). The decision to begin ARV treatment must be a collaborative one between patient and EIP practitioner. All patients will be given a readiness assessment (e.g., http://www.hivguidelines.org/public_html/center/best-practices/treatment_adherence/pdf/treat_adherence_full.pdf, New York AIDS Institute Clinical Guidelines, Best Practices, Promoting Adherence to HIV Antiretroviral Therapies, pp. 9-10) prior to being prescribed ARV. Patients should be informed and helped to understand the changes in lifestyle and body image, as well as the side effects that may accompany ARV treatment. Patients will be given the time necessary to make an informed decision about initiating treatment. Such collaborative decision-making processes must be documented in the patient medical record.

Decisions to begin ARV therapy should be based on an assessment of four major factors:

- The patient's risk of progression to illness or death if left untreated;
- The patient's willingness and ability to adhere to the therapy prescribed;
- The presence of adherence obstacles; and
- The risk of long-term toxicity.

Antiretroviral treatment is recommended for patients who feel ready to adhere to drug treatment and for whom barriers to adherence have been addressed to ARV regimens meeting any of the following criteria:

- CDC-defined AIDS
- HIV-related signs or symptoms
- CD4 count less than 350cells/mm
- HIV viral load (RT-PCR or bDNA) greater than 100,000 copies/mL* (*Department of Health and Human Services (DHHS) Guidelines will continue to be followed in the event of guideline revision)

STANDARD	MEASURE
ARV therapy will be prescribed in accordance DHHS *Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents*.	Program monitoring to confirm.
Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

STANDARD HEALTH MAINTENANCE

EIP practitioners will discuss general preventive health care and health maintenance with all HIV-infected patients routinely and, at a minimum, annually. Programs shall strive to provide preventive health services consistent with the most current recommendations of the US Preventive Health Services Task Force (see http://www.ahrq.gov/clinic/prevnew.htm for current guidelines). Patients should be taught how to perform breast and testicular self-examinations.

STANDARD	MEASURE
Practitioners will discuss health maintenance with patients annually (at minimum).	Annual health maintenance discussions will be document in patient medical chart.

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

EIP practitioners must discuss at regular intervals complementary and alternative therapies with patients, discussing frankly and accurately both their potential benefits and potential harm. Practitioners may consult the NIH National Center for Complementary and Alternative Medicine (http://nccam.nih.gov) for more information. Patients can be referred to the New Mexico AIDS InfoNet (http://AIDSinfonet.org) for "patient-friendly" information on complementary and alternative therapies.

STANDARD	MEASURE
Practitioners must discuss at regular intervals complementary and alternative therapies with patients.	Record of discussion on file in patient medical record

NUTRITION THERAPY

Because it is critical that EIP practitioners help patients guard against malnutrition and wasting, nutrition therapy is a central component of the Public Health Service Standard of Care. The physician, NP, PA or registered dietician (RD) should screen all patients for nutrition concerns and provide a written prescription for all at-risk patients for nutrition therapy within six months of becoming an active patient in the EIP. In addition, patients will be referred to an RD for the following conditions:

- Physical changes and weight concerns
- Oral/Gastro-Intestinal (GI) symptoms
- Metabolic complications and other medical conditions (diabetes, hyperlipidemia, hypertension, pregnancy, etc.)
- Barriers to nutrition, including living environment and functional status
- Behavioral concerns or unusual eating behaviors
- Changes in diagnosis requiring nutrition intervention

A referral to nutrition therapy must include:

- A written prescription with the diagnosis and desired nutrition outcome
- Signed copy of patient's consent to release medical information
- Completed Nutrition Screen and Referral Criteria form from the Commission's *Medical Nutrition Therapy Standard of Care*
- Results from nutrition-related lab assessments

All programs providing nutrition therapy (including medical outpatient services sites) must adhere to the Commission on HIV's *Nutrition Therapy Standard of Care* (2005).

STANDARD	MEASURE
EIP practitioners should screen all patients for nutrition concerns.	Record of screening for nutrition related problems on file in patient medical chart.
EIP practitioners will provide a written prescription for all at-risk patients for nutrition therapy within six months of them becoming active patients.	Record of linked referral on file in patient medical chart.

STANDARD	MEASURE
When indicated, patients will also be referred to nutrition therapy for: • Physical changes/weight concerns • Oral/GI symptoms • Metabolic complications and other medical conditions • Barriers to nutrition • Behavioral concerns or unusual eating behaviors • Changes in diagnosis	Record of linked referral on file in patient medical chart.
Referral to nutrition therapy will include: • Written prescription, diagnosis and desired nutrition outcome • Signed copy of patient's consent to release medical information • Completed Nutrition Screen and Referral Criteria form • Results from nutrition-related lab assessments	Record of linked referral on file in patient medical chart.
EIPs providing nutrition therapy will do so in accordance with the Commission on HIV's *Medical Nutrition Therapy Standard of Care.*	Program review and monitoring to confirm.

HIV TRANSMISSION RISK ASSESSMENT AND REDUCTION (POSITIVE CHANGES PROGRAM)

As a part of the initial comprehensive assessment and, at minimum, every six months thereafter, patients will be assessed for HIV transmission risk behaviors. Based on this assessment, clients may be provided with education, risk reduction strategies or appropriate risk reduction interventions such as substance abuse counseling and behavior change support. Those clients assessed as being at high risk for HIV transmission and who have significant difficulty initiating or sustaining lower risk behavior will be referred to the Positive Changes program for more intensive services.

POSITIVE CHANGES PROGRAM

The Positive Changes program aims to prevent the transmission of HIV by addressing the multiple factors (e.g., homelessness, mental health issues, substance abuse) that affect the sexual and drug use behaviors of high-risk HIV-positive and negative individuals.

Positive Changes will use a risk reduction specialist who will provide highly individualized and intensive risk reduction counseling. The emphasis of these risk reduction services is on harm reduction and incremental change. In collaboration with the patient, the risk reduction specialist will develop a risk reduction plan which details gradual steps toward the goals that the client identifies and believes are attainable. The Positive Changes program defines any movement in the direction of reducing risk as a success.

STANDARD	MEASURE
EIP patients will be assessed at intake and, at minimum, every six months thereafter for HIV transmission risk behaviors. Clients may be provided with risk reduction services based on assessed needs.	Risk behavior assessments and record of services on file in patient medical record.
As appropriate, high transmission risk clients will be referred to Positive Changes.	Referral to Positive Changes on file in patient medical record.
Positive Changes risk reduction specialist will develop risk reduction plan and counsel patients to reduce transmission risk.	Risk reduction plan on file in patient medical record, along with record of risk reduction counseling services.

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

The California ADAP provides drugs that prolong quality of life and delay the deterioration of health to people living with HIV who otherwise could not afford them. ADAP is administered statewide by the Ramsell Corporation (www.ramsellcorp.com/client/ca/). To access the ADAP drug reimbursement services, patients must be enrolled through local enrollment sites.

Patients who apply for ADAP services have the following rights (found in the statement of client rights at www.ramsellcorp.com/client/ca):

- Information on eligibility requirements;
- Confidentiality;
- Right to appeal;
- Non-discrimination;
- Courteous and respectful service; and
- Grievance.

ELIGIBILITY, EDUCATION AND ENROLLMENT

ADAP services are supervised by local site enrollment coordinators. Under the supervision of enrollment coordinators, eligibility staff:

- Screen patients for eligibility for service
- Provide basic education about services
- Provide patients with information on drug formularies and pharmacy sites
- Address patient grievances
- Maintain documentation
- Recertify patient eligibility annually, or more frequently, if needed

Eligibility staff will use established screening protocols and guidelines, including required documentation found at www.cdph.ca.gov/programs/aids/Pages/OAADAP and www.ramsellcorp.com/client/ca/. After patient eligibility has been established, staff will ensure that patients are successfully enrolled in ADAP for receiving drug reimbursement services.

REFERRAL TO ADAP PHARMACIES AND ADDITIONAL ENROLLMENT SERVICES

Staff will provide eligible patients with a list of approved medications on the ADAP formulary (www.cdph.ca.gov/programs/aids/Documents/ADAP-Formulary022208.pdf) and a list of participating ADAP pharmacies (www.ramsellcorp.com/client/ca/). Patients who are relocating in Los Angeles County or California will be provided with information on other local enrollment sites and ADAP coordinators (www.lapublichealth.org/aids/adap/enrolmentsites.htm, www.ramsellcorp.com/client/ca/ and www.cdph.ca.gov/programs/aids/Pages/OAADAP).

REVERIFICATION, RECERTIFICATION AND DISENROLLMENT

Patients who have not accessed ADAP services for more than 90 days will have their ADAP eligibility suspended until it can be reverified. Patients will be disenrolled from ADAP if they have not accessed services for more than six months. Reapplication to establish eligibility is required after any break in service of more than six months. ADAP patients must have their eligibility recertified at least annually.

STANDARD	MEASURE
ADAP eligibility staff will: • Screen patients for eligibility • Provide basic education • Provide information on drug formularies and pharmacy sites • Address grievances • Maintain documentation • Recertify eligibility annually, or more frequently, if needed	Record of services on file in patient medical chart.
Eligible patients will receive a list of approved medications on the ADAP formulary and ADAP pharmacies.	Record of linked referral on file in patient medical record.
Patients not accessing ADAP for more than 90 days will be suspended until reverification.	Record of suspensions and reverifications on file in patient medical record.
Patients not accessing ADAP for more than six months will be disenrolled from ADAP, requiring reapplication to establish eligibility.	Record of disenrollment and re-application on file in patient medical record.

PATIENT RETENTION

Programs shall strive to retain patients in EIP services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy. Follow-up can include telephone calls, written correspondence and/or direct contact, and strives to maintain a patient's participation in care. Such efforts shall be documented in the progress notes within the patient record. If a pattern of broken or failed appointments persists, **a client's viral load increases or other "red flag" issues are identified, special efforts should be made to follow up with these patients, including referral to the Bridge worker.**

STANDARD	MEASURE
Programs shall develop a broken appointment policy to ensure continuity of service and retention of patients.	Written policy on file at provider agency.
Programs shall provide regular follow-up procedures to encourage and help maintain a patient in EIP services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
If broken or failed appointments persist, special efforts will be made, including referral to the Bridge worker.	Documentation of efforts/referral in patient record.

PATIENT RECORDS

Patient records will be organized clearly and consistently by all EIP providers. Records should be easily legible and follow a uniform format with a logical flow of information. Patient records (including health, psychosocial, health education, risk behavior and case management records) will be kept in detail consistent with good medical and professional practice in accordance with the California Code of Regulations. Data should be entered in a timely fashion and be appropriately dated.

Records will include admission records, patient interviews, progress notes and a record of services provided by various clinical staff.

All clinical and health services records will be co-located in a "unit record" and include (at minimum):

- Documentation of HIV disease or AIDS diagnosis
- Complete medical and social history
- Completed physical examination and assessment signed by a licensed health care professional
- Differential diagnosis
- Current and appropriate treatment plan
- Current problem list
- Progress notes documenting patient status, condition and response to interventions, procedures and medications
- Documentation of all contacts with patient, including date, time, services, provided, referrals given and signature and title of person providing services

Patient unit records will also include the following documentation (at minimum):

- Documentation of special tests ordered
- Documentation of clinical assessments or diagnoses
- Documentation of health education and risk reduction activities
- Documentation of referrals and consults
- Documentation of patient education (risk reduction, treatment regimens, adherence, health maintenance, etc.)
- Documentation of nutrition screening, education and referral (as indicated)
- Necessary patient and family contact information and identifiers
- Signed consent for treatment and prevention services
- Signed Release of Information for each referral made
- Legible provider signatures
- Easily accessible quantitative viral measures, drug allergies and drug resistances
- Evidence of screening for patients at risk for tuberculosis (TB), hepatitis or Sexually Transmitted Diseases (STDs)
- Evidence of referral for health care maintenance and immunizations
- Evidence of service provider coordination activities
- Evidence of assessment of, referral to, or provision of, mental health, substance abuse and other psychosocial services
- Evidence for the need of, referral to, or provision of, medical or psychosocial case management

In addition, patient medical records will include a notation of health maintenance activities appropriate for the care of people living with HIV, including (but not limited to):

- Influenza vaccine
- Tetanus/diphtheria update
- Pneumovax
- Pap screening
- Hepatitis screening, vaccination
- TB screening
- Family planning
- Counseling on safer sex
- Counseling on food safety
- Counseling on nutrition
- Harm reduction for alcohol and drug use

STANDARD	MEASURE
Patient records will be kept in accordance with the California Code of Regulations.	Program review and monitoring to confirm.

STANDARD	MEASURE

• Patient unit records will include:
• Documentation of HIV disease or AIDS diagnosis
• Medical and social history
• Physical exam and assessment signed by licensed professional
• Differential diagnosis
• Current treatment plan
• Current problem list
• Progress notes
• Documentation of all contacts with patient, including date, time, services, provided, referrals given and signature and title of person providing services
• Additional documentation, including:
  • Special tests
  • Clinical assessments or diagnoses
  • Health education and risk reduction activities
  • Referrals and consults
  • Patient education
  • Nutrition screening, education and referral
  • Patient and family contact information and identifiers
  • Signed consent for treatment and prevention services
  • Signed Releases of Information
  • Provider signatures
  • Viral measures, drug allergies and drug resistances
  • TB, hepatitis or STD screening
  • Coordination activities
  • Assessment and referral to, or provision of, mental health, substance abuse or psychosocial services
  • Referral to, or provision of, case management
• Health care maintenance to include:
  • Influenza vaccine
  • Tetanus/diphtheria update
  • Pneumovax
  • Pap screening
  • Hepatitis screening, vaccination
  • TB screening
  • Family planning
  • Counseling on safer sex
  • Counseling on food safety
  • Counseling on nutrition
  • Harm reduction for alcohol and drug use
	Program review of patient unit records to confirm.

CASE CLOSURE

Programs that offer EIP services will develop criteria and procedures for case closure. Case closure is a systematic process for disenrolling patients from EIP services. The process includes formally notifying patients of pending case closure and completing a case closure summary to be kept on file in the patient record. All attempts to contact the patient and notifications about case closure will be documented in the patient file, along with the reason for case closure.

Cases may be closed when the patient:

- Relocates out of the service area
- Has had no direct program contact in the past six months
- Is ineligible for the service
- No longer needs the service

- Discontinues the service
- Is incarcerated long term
- Uses the service improperly or has not complied with the client services agreement
- Has died

STANDARD	MEASURE
EIPs will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died
Programs will attempt to notify patients about case closure.	Patient chart will include attempts at notification and reason for case closure.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all EIP services staff will provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. When possible, staff selected will have prior experience interacting with the target population. Staff will complete an agency-based orientation before providing services. All new staff must receive HIV/AIDS education within the first three months of employment. Staff will also be trained and oriented regarding patient confidentiality and HIPAA regulations. In addition, staff will be provided with ongoing, consistent supervision that addresses clinical, administrative, psychosocial, developmental and programmatic issues monthly.

Programs will develop personnel policies and procedures that require and support the continuing education of all HIV/AIDS health care professionals. Programs are expected to:

- Budget costs for HIV/AIDS continuing education, specifically in HIV prevention and disease management;
- Purchase practice guidelines in formats easily accessible and usable for practitioners; and
- Provide practitioners routine access to computerized educational and prevention/care treatment problem-solving (e.g., The Body at www.thebodypro.com; HIV InSite at www.hivinsite.ucsf.edu; Johns Hopkins AIDS Service at www.hopkins-aids.edu; or, Medline Plus – AIDS at www.nlm.nih.gov/medlineplus/aids.html).

Programs will develop consultation protocols to help EIP health care professionals seek expert advice and consultation whenever needed. Seeking expert advice and utilizing the many local or regional university-based consultation services is evidence of competent prevention and disease management.

All EIP providers will practice in accordance with applicable State and federal regulations, statutes and laws. EIP practitioners must comply with codes of ethics and with any special HIV/AIDS policies from their respective national professional associations.

EIP medical services will be provided by a multidisciplinary team consisting of a primary

care provider (at the level of a state of California-licensed physician, NP, and/or PA), an RN, other appropriate licensed health care providers and a professional mental health provider.

STANDARD	MEASURE
EIP staff will provide linguistically and culturally appropriate care and complete documentation as required by their positions.	Resumes and record of training in employee file to verify.
Staff will receive an agency orientation, HIV training within three months of employment and oriented and training in confidentiality and HIPAA compliance.	Record of orientation and training in employee file.
Staff will receive consistent supervision in clinical, administrative, psychosocial, developmental and programmatic issues on a monthly basis.	Supervision record on file at provider agency.
Programs will budget costs for HIV/AIDS continuing education.	Budget review to confirm.
Programs will develop consultation protocols.	Consultation protocols on file at provider agency.
EIP providers will practice in accordance with State and federal regulations, statutes and laws, as well as codes of ethics and with any special HIV/AIDS policies from their respective national professional associations.	Program review and monitoring to confirm.

HEALTH CARE PROFESSIONALS

The following categories of health care professionals are approved to provide medical services in EIP care programs:

- Physician (Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) who is an HIV/AIDS Specialist;
- NP who is an HIV/AIDS Specialist; and
- PA who is an HIV/AIDS Specialist.

RNs and Licensed Vocational Nurses (LVNs) may provide primary HIV nursing care services.

STAFF QUALIFICATIONS

DHSP funding to provide EIP services must employ, contract or refer to professionals with the following qualifications.

- **Physician HIV/AIDS Specialist:** A physician (MD or DO) providing EIP services must hold a valid license to practice medicine in the state of California (Medical Board of California or California Board of Osteopathic Examiners) and must either be credentialed as an HIV/AIDS Specialist by the American Academy of HIV Medicine or must meet the following criteria:
  - Has provided (in the immediately preceding 24 months) continuous and direct medical care consistent with current Public Health Service Guidelines with peer review and supervision to a minimum of 20 patients who are infected with HIV; **and**
  - Has completed any one of the following:
    - Has obtained (in the immediately preceding 12 months) board certification or recertification in the field of infectious diseases
    - Has successfully completed (in the immediately preceding 12 months) a minimum of 30 hours of “Category 1 Continuing Medical Education” in the prevention, diagnosis, and treatment of HIV-infected patients
    - Has successfully completed (in the immediately preceding 12 months) a minimum of 15 hours of “Category 1 Continuing Medical Education” in the prevention, diagnosis, and treatment of HIV-infected patients and successfully

completed the HIV Medicine Competency Maintenance Examination, administered by the American Academy of HIV Medicine (www.aahivm.org)
- Has a credible plan to complete HIV/AIDS Specialist criteria within one year
- Is in a fellowship or other training program under the supervision of a physician who meets these criteria

- **NP HIV/AIDS Specialist:** AN NP providing EIP services must have the following qualifications:
  - Licensure as an RN
  - An NP certificate or Master's degree from a school accredited by the California Board of Registered Nursing (CBRN)
  - A credential as an HIV/AIDS Specialist by the American Academy of HIV Medicine (www.aahivm.org) or have a credible plan to complete HIV/AIDS Specialist criteria within one year

  To prescribe medicine, the NP must complete a pharmacology course and work six months under a physician's supervision resulting in a Nurse Practitioner Furnishing certificate from the CBRN.

  The NP works under the supervision of an HIV/AIDS Specialist physician. Physician supervision must include regular chart review, as well as oversight of scheduled direct patient care. Programs will develop, implement and maintain standardized procedures for all medical functions to be performed by the NP utilizing the "Guidelines for Developing Standardized Procedures" produced by the California Board of Registered Nursing and the Medical Board of California. The NP must work within the scope of practice defined by Section 2834 Nurse Practitioner, California Code of Regulations 1435, 1470, and 1480 (www.rn.ca.gov/policies/pdf/npr-b-23.pdf).

- **PA HIV/AIDS Specialist:** A PA providing EIP services must have graduated from a medical training program approved by the California Physician Assistant Committee, and must have passed the Physician Assistant National Certifying Examination (PANCE) offered by the National Commission on Certification of Physician Assistants (NCCPA). PAs must be licensed by the Physician Assistant Committee, Department of Consumer Affairs' Medical Board of California, and must be credentialed as an HIV/AIDS Specialist by the American Academy of HIV Medicine (www.aahivm.org) or have a credible plan to complete HIV/AIDS Specialist criteria within one year.

  The PA works under the direct supervision of an HIV/AIDS Specialist physician. Physician supervision must include regular chart review, as well as oversight of scheduled direct patient care. (For regulations specifying physician accountabilities, supervision requirements and a description of a PA's scope of practice, see: www.physicianassistant.ca.gov. The state-required Delegation of Services Agreement between the supervising physician and PA must specify HIV/AIDS medical services delegated to the PA and must be available for review (www.physicianassistant.ca.gov/delegation.pdf). PAs authorized by supervising physicians to issue written "drug orders" for medication and medical devices must do so in compliance with the amended (January 1, 2000) Physician Assistant Practice Act (BPC, Section 3502.1).

- **RN:** An RN providing EIP services must hold a license in good standing from the California State Board of Behavioral Sciences, be a graduate from an accredited nursing program with a Bachelor's (BSN) or two-year nursing associate's degree. Prior to employment, a BSN must have completed clinic rotations where direct care to HIV-infected individuals was required, and an RN with an associate degree must have

practiced one year in an HIV/AIDS clinic setting providing direct care to HIV-positive patients (see: *Association of Nurses in AIDS Care* www.anacnet.org). The RN must practice within the scope of practice defined in the California Business & Professional Code, Section 2725 RN Scope of Practice (www.rn.ca.gov).

STANDARD	MEASURE
Physicians (MD or DO) providing EIP services must hold state of California license (Medical Board of California or California Board of Osteopathic Examiners) and be credentialed as an HIV/AIDS Specialist, have a credible plan to complete HIV/AIDS Specialist criteria within one year or meet strict experience criteria.	Resumes and verification of Specialist or experience criteria on file at provider agency.
NP HIV/AIDS Specialists providing EIP services must hold: • Licensure as an RN • NP certificate or Master's degree from an accredited school • Credential as an HIV/AIDS Specialist or credible plan to complete credential in one year	Resumes and verification of Specialist and experience criteria on file at provider agency.
NPs prescribing medications must hold an NP Furnishing certificate from the CBRN.	NP Furnishing certificates on file at provider agency.
NPs must be supervised by an HIV/AIDS Specialist physician, including chart review and oversight of scheduled direct patient care. Programs will develop standardized procedures for medical functions performed by the NP.	Record of physician supervision on file at provider agency. NP standardized procedures on file at provider agency.
NPs must work within the scope of practice defined by Section 2834 Nurse Practitioner, California Code of Regulations 1435, 1470, and 1480.	Program review and monitoring to confirm.
PAs providing EIP services must have: • Graduated from an approved medical training program • Passed the Physician Assistant National Certifying Examination (PANCE) • A license from the Physician Assistant Committee • A credential as an HIV/AIDS Specialist, or have a credible plan to complete credential in one year	Resumes and verification of Specialist and experience criteria on file at provider agency.
PAs must be supervised by an HIV/AIDS Specialist physician, including chart review and oversight of scheduled direct patient care.	Record of physician supervision on file at provider agency.
PAs issuing drug orders must do so in compliance with the amended (January 1, 2000) Physician Assistant Practice Act (BPC, Section 3502.1).	Program review and monitoring to confirm.
RNs providing EIP services must: • Hold a license in good standing from the California State Board of Behavioral Sciences • Be a graduate from an accredited nursing program with a Bachelor's (BSN) or two-year nursing associate's degree • Have completed HIV direct care clinic rotation (BSNs) • Have practiced one year in an HIV/AIDS clinic setting providing direct care to HIV-positive patients (associate degrees) • Practice within the scope defined in the California Business & Professional Code, Section 2725	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.

EDUCATION AND LICENSING

Staff employed to provide EIP services must maintain licenses by fulfilling the financial and continuing education requirements established by their respective professional state and national boards. EIP practitioners must complete:

- One accredited continuing educational course addressing HIV/AIDS Treatment

Adherence (for free local Continuing Education Units (CEU) sites, see the AIDS Education and Training Center at www.aids-ed.org);
- One accredited course addressing HIV/AIDS Clinical Care Management (for free local CEU sites, see the AIDS Education and Training Center at www.aids-ed.org); and
- One accredited course in HIV/AIDS Prevention, Education and Risk Reduction (for free local CEU sites, see the National Network of STD/HIV Prevention Training Centers at http://depts.washington.edu/nnptc) designed specifically for practitioners in medical outpatient settings.

These requirements must be met annually for continued employment in the EIP.

As they select other continuing education courses to fulfill licensing requirements, EIP practitioners are encouraged to select a majority of courses related to their respective scopes of practice and courses related to services within the HIV/AIDS continuum's primary health care core.

STANDARD	MEASURE
EIP staff must maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.
EIP practitioners must complete annually: • One accredited HIV/AIDS Treatment Adherence course • One accredited HIV/AIDS Clinical Care Management course • One accredited HIV/AIDS Prevention, Education and Risk Reduction course	Record of continuing education in employee files at provider agency.

CERTIFICATIONS

EIP practitioners requiring certification as an HIV/AIDS Specialist must maintain this certification every two years as required by the regulations set by the American Academy of HIV Medicine. Credentialing requirements include:
- Maintaining a current, valid MD, DO, PA or NP state license
- Providing direct, continuous care for at least 20 HIV patients over the past two years
- Completing at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits over the past two years
- Successfully completing the HIV Medicine Credentialing Examination at time of application

The EIP practitioners will comply with all additional certifications for health care staff required by the agency of employment and by their respective professional state boards. RNs are encouraged to pursue registered designation as an AIDS Certified Registered Nurse offered by the Association of Nurses in AIDS Care and the HIV/AIDS Nursing Certification Board (www.anacnet.org).

STANDARD	MEASURE
EIP HIV/AIDS Specialists must maintain certification every two years.	Record of certification in employee file at provider agency.
Other EIP practitioners will comply with necessary certifications required by professional boards, etc.	Record of certification in employee file at provider agency.

STAFFING RATIOS

- Physicians should maintain a doctor-to-patient ratio of not more than 1:1,500 if they do not supervise any NP or PA staff. For clinics with NPs and PAs, the doctor-to-patient ratio should not exceed 1:1,200 when a physician supervises one NP or PA staff person, 1:900 when supervising two NP and/or PA staff people, 1:600 when supervising three NP and/or PA staff people, and 1:300 when supervising four NP or PA staff people.
- For each NP or PA, the medical professional-to-patient ratio does not exceed 1:1,500.

STANDARD	MEASURE
Doctor-to-patient staffing ratios for physicians should be: • 1:1,500 with no supervisees • 1:1,200 with one NP/PA supervisee • 1:900 with two NP/PA supervisees • 1:600 with three NP/PA supervisees • 1:300 with four NP/PA supervisees	Program review and monitoring to confirm.
NP- or PA-to-patient ratio should not exceed 1:1,500.	Program review and monitoring to confirm.

ADDITIONAL EIP PROVIDERS

BRIDGE WORKER

General qualifications for Bridge worker positions include the ability to understand, communicate and educate clients about the following issues:

- HIV transmission and prevention
- HIV disease progression
- Basics of HIV medication and treatment
- Adherence to treatment
- Dynamics of substance abuse and addiction
- Behavior change theory and interventions

Bridge workers will have significant experience in at least three of the following areas:

- Street-based outreach
- HIV counseling and testing
- Prevention case management
- Psychotherapy or counseling
- Health education
- HIV-based case management

Bridge workers will participate in ongoing staff training, including certification as an HIV treatment educator and attendance at the annual EIP conference, along with other trainings deemed necessary by the state.

STANDARD	MEASURE
Bridge workers will work with clients on the following: • HIV transmission and prevention • HIV disease progression • HIV medication and treatment • Adherence to treatment • Substance abuse and addiction • Behavior change interventions	Resumes on file in employee record at provider agency.

STANDARD	MEASURE
Bridge workers will have prior experience in at least three of the following areas: • Street-based outreach • HIV counseling and testing • Prevention case management • Psychotherapy or counseling • Health education • HIV-based case management	Resumes on file in employee record at provider agency.
Bridge workers will: • Become certified treatment educators • Attend EIP annual conference • Attend other training as needed	Record of certification and trainings on file in employee record at provider agency.

RISK REDUCTION SPECIALIST

The risk reduction specialist will hold a graduate degree in social work or psychology and have experience in HIV/ substance abuse, harm reduction and behavior change. General qualifications include the ability to understand, communicate and educate clients about the following issues:

- HIV transmission and prevention
- HIV disease progression
- Basics of HIV medication and treatment
- Sexual behaviors
- Adherence to treatment
- Dynamics of substance abuse and addiction
- Behavior change theory and interventions

Bridge workers will participate in ongoing staff training including certification as an HIV treatment educator and attendance at the annual EIP conference, along with other trainings deemed necessary by the state.

STANDARD	MEASURE
Risk reduction specialists will hold a Master's degree in social work or psychology.	Resumes on file in employee record at provider agency.
Risk reduction specialists will work with clients on the following: • HIV transmission and prevention • HIV disease progression • HIV medication and treatment • Sexual behaviors • Adherence to treatment • Substance abuse and addiction • Behavior change interventions	Resumes on file in employee record at provider agency.
Risk reduction specialists will: • Become certified treatment educators • Attend EIP annual conference • Attend other training as needed	Record of certification and trainings on file in employee record at provider agency.

PROFESSIONAL MENTAL HEALTH PROVIDERS

Professional mental health (and psychosocial) services providers will be, at minimum, a Master's degree in social work (MSW), a Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), psychologist or psychiatrist. Professional mental health providers will have the qualifications and practice according to the standards set forth in the Commission on HIV's *Mental Health, Psychotherapy Standard of Care* 2005 (see http://hivcommission-la.info/cms1_044407.pdf).

STANDARD	MEASURE
Professional mental health providers will be (at minimum): • MSW • LCSW • MFT • Psychologist • Psychiatrist	Resume on file in employee record at provider agency.
Providers will practice according to standards in Commission's *Mental Health, Psychotherapy Standard of Care.*	Program review and monitoring to confirm.

CASE MANAGERS

Case managers will be, at minimum, a Master's degree in social work (MSW), a Licensed Clinical Social Worker (LCSW) or Marriage and Family Therapist (MFT).
Case managers will have the qualifications and practice according to the standards set forth in the Commission on HIV's *Psychosocial Case Management Standard of Care*, 2005 (http://hivcommission-la.info/cms1_044739.pdf).

STANDARD	MEASURE
Professional mental health providers will be (at minimum): • MSW • LCSW • MFT	Resume on file in employee record at provider agency.
Providers will practice according to standards in Commission on HIV's *Psychosocial Case Management Standard of Care.*	Program review and monitoring to confirm.

CLIENT CARE-RELATED SUPERVISION

Unlicensed case managers, mental health workers, risk reduction specialists and Bridge workers will be supervised by a staff member or consultant with experience in providing case management and related services. Supervisors will hold one of the following professional credentials:

- MSW
- LCSW
- MFT Master's degree in counseling
- Nursing degree with specialized case management training
- Doctorate in social services field

STANDARD	MEASURE
Unlicensed providers will be supervised by experienced individuals who hold one of the following: • MSW • LCSW • MFT • Master's degree in counseling • Specialized nursing degree • Doctorate in social services field	Record of client care-related supervision on file at provider agency.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for EIP outpatient services provided to eligible patients as defined below.

- ***Diagnostic, preventive and therapeutic medical service units:*** calculated in number of 45-minute intakes and 15- to 30-minute follow-up sessions provided
- ***Syphilis serology screening units:*** calculated in number of tests provided
- ***Viral resistance testing units (genotypic and phenotypic):*** calculated in number of tests provided
- ***Health education and risk reduction counseling units:*** calculated in number of counseling and education sessions
- ***Mental health and psychosocial services units:*** calculated in number of counseling sessions
- ***Case management units:*** calculated in number of patient visits

Number of patients: Patient numbers are documented using the figures for unduplicated patients within a given contract period.

EIP-SPECIFIC PROGRAM REQUIREMENTS

TB SCREENING

All EIP staff, other program employees, volunteers, and consultants who have routine, direct contact with clients living with HIV must be screened for TB. Programs are directed to the TB Control Program at 2615 S. Grand Avenue in Los Angeles 90007 (Phone 213-744-6151) for more information.

STANDARD	MEASURE
All EIP staff, volunteers and consultants with routine, direct patient contact must be screened for TB.	Record of TB screening for staff, volunteers and consultants on file at provider agency.

POSTEXPOSURE PROPHYLAXIS (PEP)

EIPs must develop policies and procedures to address the risks for occupational HIV and hepatitis exposure. Programs should aggressively promote and monitor risk reduction behaviors and actively support EIP primary care professionals in PEP. Reports for occupationally acquired HIV should be made to Division of Healthcare Quality Promotion at 800-893-0485. Programs and practitioners are directed to the National Clinician's PEP Hotline at 800-448-4911 or www.ucsf.edu/hivcntr; and the Hepatitis Hotline: 888-443-7232 or www.cdc.gov/hepatitis for more information.

STANDARD	MEASURE
EIPs must develop policies and procedures concerning HIV and hepatitis exposure.	Exposure policies and procedures on file at provider agency.
Reports of occupational HIV exposure must be made to Division of Healthcare Quality Promotion.	Record of reports on file at provider agency.

STATE-MANDATED HIV REPORTING

Consistent with the State Health and Safety Code (Section 2643.5), all EIP practitioners are mandated to report laboratory test results that indicate HIV, a component of HIV, or antibodies to or antigens of HIV. Within seven calendar days of receipt of a confirmed HIV test and Partial Non-Name Code from a laboratory, EIP practitioners must complete an HIV/AIDS Case Report form using the Non-Name Code (as specified in Section 2641.75) and report the HIV case to the County HIV Epidemiology Program, unless previously reported by the practitioner.

STANDARD	MEASURE
EIP practitioners will report positive HIV test results to LA County Epidemiology Program.	Copies of HIV/AIDS Case Report form using Non-Name Code on file at provider agency.

PATIENT/STAFF/COLLEAGUE COMMUNICATION

Agencies must develop written policies and procedures to address communication between EIP staff, patients and other professionals to include a protocol for colleagues, social service professionals, patients, partners, family members or other supportive individuals to contact staff for emergencies, holidays and weekends.

STANDARD	MEASURE
EIPs must develop policies and procedures to address communication between staff, patients, family members and other professionals, including emergency contact provisions.	Communication policies and procedures on file at provider agency.

TRANSLATION/LANGUAGE INTERPRETERS

Federal and state language access laws (Title VI of the Civil Rights Act of 1964 and California's 1973 Dymally-Alatorre Bilingual Services Act) require health care facilities that receive federal or State funding to provide competent interpretation services to limited English proficiency (LEP) patients at no cost, to ensure equal and meaningful access to health care services. EIPs must develop procedures for the provision of such services, including the hiring of staff able to provide services in the native language of LEP patients.

STANDARD	MEASURE
EIPs must develop policies and procedures to address the provision of competent interpretation services to LEP patients at no cost.	Interpretation policies and procedures on file at provider agency.

POLICY AND PROCEDURE MANUAL

All EIPs will develop and maintain a written policy and procedure manual which will include mandatory policies, procedures, protocols and standards of care related to the following (at minimum):

- Policies, procedures and standards related to patient care
- Coordination of care with, and referral to, other providers, including specialty care, case management, mental health, treatment education, inpatient care, etc.

- Patient hospitalization arrangements
- Home health care for patients whose health status warrants, including mechanisms for coordination of care between primary caregivers, inpatient providers and home care providers
- Referral processes to support services as needed

STANDARD	MEASURE
EIPs must develop policies and procedures manual to address mandatory policies, procedures, protocols and standards.	Policies and procedures manual on file at provider agency that addresses (at minimum): • Standards of patient care • Coordination of care • Patient hospitalization • Home health care • Referrals to support services

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADAP	AIDS Drug Assistance Program
ARV	Antiretroviral
BSN	Bachelor of Science in Nursing
CBRN	California Board of Registered Nursing
CDPH	California Department of Public Health
CEU	Continuing Education Units
CME	Continuing Medical Education
DHSS	Department of Health and Human Services
DO	Doctor of Osteopathic Medicine
EIP	Early Intervention Program
FQHC	Federally Qualified Health Care
GI	Gastro-Intestinal
HCSUS	Health Cost and Services Utilization Study
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
ISP	Individual Service Plan
JCAHO	Joint Committee on Accreditation of Healthcare Organizations
LCSW	Licensed Clinical Social Worker
MD	Medical Doctor
MFT	Marriage and Family Therapist
MSW	Master's Degree in Social Work
NCCPA	National Commission on Certification of Physician Assistants
NP	Nurse Practitioner
PA	Physician's Assistant
PANCE	Physician Assistant National Certifying Examination
RD	Registered Dietician
RN	Registered Nurse
STD	Sexually Transmitted Disease
TB	Tuberculosis