STANDARDS OF CARE

Los Angeles County Commission on HIV

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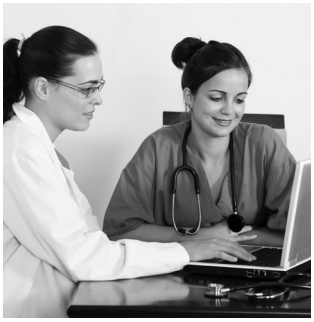


TREATMENT EDUCATION SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Treatment education services provide up-to-date information about HIV disease and related illnesses, treatment options and available clinical trials to people living with HIV. In addition, treatment education services provide ongoing education and support to ensure compliance with a client's prescribed treatment regimen and help identify and overcome barriers to adherence.

Treatment education services can include: one-on-one client education contacts; one-on-one client support encounters; group education sessions; public education forums; development of fact sheets or short articles; and developing treatment education newsletters.

The goals of treatment education services for people living with HIV include ensuring that clients: have an understanding about HIV disease; have knowledge about available services and how to access them; and are supported in their efforts to advocate on their own behalf.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Treatment education services are unlicensed. All treatment educators will be clinically supervised by a licensed physician, Physician's Assistant (PA), Nurse Practitioner (NP) or Registered Nurse (RN) with experience treating people living with HIV in the past two years.

SERVICE CONSIDERATIONS

General Considerations: Treatment educators provide accurate, evidence-based and current information about HIV disease and its related infections, as well as information on approved, experimental and complementary therapies used in treatment. Treatment educators will be client-centered, making every effort to respect and foster client self-determination. All HIV treatment education services will be culturally and linguistically appropriate to the target.

Outreach: Programs providing HIV treatment education activities will develop an outreach plan to promote their activities to clients and HIV service organizations.

Intake: Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation.

Assessment: All clients interested in HIV treatment education services will be assessed by program staff to determine their treatment education needs.

Individual Service Plan (ISP): An individual service plan will be developed for all clients who receive individual treatment education services. ISPs are tailored to each client's specific needs identified in the assessment, and will include: short- and long-term projected goals; suggested interventions; proposed timelines and outcomes; client tasks; and provider tasks. Individual service plans will be developed in collaboration with the client and, when possible, the client's primary medical provider to address identified needs.

One-on-One Client Education: Treatment educators will provide one-on-one client education contacts to make available information about HIV disease and its treatments. The content of this information will be consistent with and based upon the client's current ISP.

One-on-One Client Support: Treatment educators will provide one-on-one encounters consistent with and based upon the ISP, but which are not primarily educational in nature. These encounters support clients as they seek and obtain HIV services.

Group Education Sessions: Treatment educators will provide interactive educational and informational group sessions on treatment adherence, risk reduction and additional needs identified by enrolled. Outlines and/or agendas will be developed prior to service provision and will guide group education sessions.

Treatment can help users/ abusers reduce risk-taking behavior.

Public Education Forums: Treatment educators will submit outlines for and provide interactive public educational forums on HIV disease and treatment to groups of current and potential clients of treatment education and advocacy services. Forums will be at least one-hour long.

Fact Sheets/Newsletters: Treatment education programs will develop and/or revise fact sheets and/or short articles about HIV treatment topics for clients and community distribution. Some programs may design treatment education newsletters to be distributed to clients, primary health care and supportive service providers.

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

Triage/Referral/Coordination: Programs must develop a comprehensive list of target providers for the full spectrum of HIV-related services. Referrals to services, including medical care, mental health treatment, case management, treatment advocacy, peer support and dental treatment, will made as indicated. Treatment educators will also be responsible for providing referrals and assisting clients to enroll in clinical trials

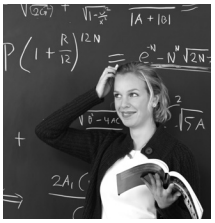
Case Conferences: Programs will conduct quarterly multidisciplinary discussions to review a client's status, assessment of client's needs and planned interventions to accomplish identified goals.

Case Closure: Treatment education programs will develop criteria and procedures for case closure. Case closure will be implemented when a client is determined to no longer be in need of treatment education services, or, when there is no direct contact with the client for over six months.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all treatment educators will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Treatment educators will complete an agency-based orientation before providing services. In addition, all treatment educators will successfully complete a DHSP-approved HIV treatment education certification program and demonstrate competency in its content within six months of being hired.

Clinical supervision, at a minimum of one hour per week, will be provided to all HIV treatment educators by a licensed physician, PA, NP certified in accordance with the California definition of an HIV Specialist, or an RN with an Association of Nurses in AIDS Care certification.


TREATMENT EDUCATION SERVICES

SERVICE INTRODUCTION

Treatment education services provide up-to-date information about HIV disease and related illnesses, treatment options and available clinical trials to people living with HIV. In addition, treatment education services provide ongoing education and support to ensure compliance with a client's prescribed treatment regimen and help identify and overcome barriers to adherence.

HIV treatment education services provided include:

- One-on-one client education contacts
- One-on-one client support encounters
- Group education sessions
- Public education forums
- Development of fact sheets or short articles about HIV treatment topics
- Developing treatment education newsletters

Programs will provide education on substance abuse topics.

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 treatment education services for people living with HIV include ensuring that clients:

- Have an understanding about HIV disease
- Have knowledge about available services and how to access them
- Are supported in their efforts to advocate on their own behalf

Recurring themes in this standard include:

- Treatment educators are supervised by medical professionals with experience treating HIV disease.
- Treatment education services inform and empower people living with HIV disease to make conscious and well-informed decisions regarding their medical care and overall wellness.
- Treatment educators provide accurate, evidence-based and current information about HIV disease and its treatments, as well as information on approved, experimental and complementary therapies used in treatment.

- Outreach and retention efforts are key components of treatment education services.
- Treatment education services are client-centered and respect a client's right to self-determination.
- Treatment education programs must understand the role that substance use/abuse can play in treatment adherence.
- Treatment education programs must understand the role that culture plays in treatment adherence.

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

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

- *Treatment Adherence Services Contract Exhibit*, Office of AIDS Programs and Policy
- *HIV/AIDS Treatment Advocacy/Education Standard of Care*, Los Angeles County Commission on Health Services
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, TX, 2005; Denver, CO, 2004; and the Florida HIV/AIDS Community Planning Group, 2002.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All treatment education services will be provided in accordance with the Commission on HIV guidelines and procedures, and local laws and regulations.

All treatment educators will successfully complete a DHSP-approved specialized HIV Treatment Education Training Program and participate in all required refresher activities and trainings. All treatment educators will be clinically supervised by a licensed physician, Physician Assistant (PA), Nurse Practitioner (NP) or Registered Nurse (RN) with experience treating people living with HIV in the past two years.

DEFINITIONS AND DESCRIPTIONS

Assessment is an evaluation of the client's level of knowledge about the HIV/AIDS disease process, status of the client's medical condition, and treatment education needs.

Case conference is a multidisciplinary team approach for reviewing the client's status, assessment of client's needs, and the planned interventions to accomplish identified goals.

Client education contact is defined as a one-on-one encounter between the client and treatment advocate involving educational activities that are consistent with the client's individual service plan (ISP).

Client support encounter involves activities consistent with the ISP plan, but which are supportive, rather than primarily educational, in nature.

Clinical supervision includes the oversight of activities and performance of treatment advocates to ensure that the quality of service provision meets the current standards of care.

Clinical trials research studies focus on HIV pathology, treatment and management of complications and co-infections.

Curriculum is a course of study developed or modified by the contractor designed to educate, empower and enhance the skills of the individual living with HIV/AIDS.

Individual service plans (ISPs) are tailored to a client's specific needs identified in the assessment and include goals, interventions, timelines and tasks.

Intake is a process to assess client eligibility for the program and obtain all the necessary data to include, but not be limited to: demographics, ethnicity, financial status, health care provider information, HIV status, CD4 count, viral load measurements, medical history and substance use/abuse.

New client is one who is receiving treatment education services for the first time through this contractor. The client is only considered new once under an agency's service category.

Treatment adherence is defined as a client's ability and level of success in following an HIV-prescribed regimen.

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).

Highly active antiretroviral therapy (HAART) has been shown to improve health outcomes for people living with HIV/AIDS (Haddid, 2000). Recent research has shown that very high levels of adherence are required to obtain the maximum benefit of HAART. As a result, it is crucial that effective strategies to improve adherence to drugs against HIV are developed and evaluated (Tuldra & Wu, 2000).

Medication adherence counseling services are intended to educate and empower clients to maximize participation in their own care and have been shown to be effective in helping stabilize or reduce viral loads and increase CD4 counts (Pennsylvania Department of Health, 2005; DeFino, Clark, Mogyoros, & Shuter, 2004). Other studies have demonstrated that adherence education produces similar results (Molassiotis, Lopez-Nahas, Chung, & Lam, 2003; Pradier, 2003). A study that compared an "adherence clinic" focusing on medication adherence with standard of care demonstrated significant improvement, with 69% of patients in the clinic group achieving medication adherence compared to 42% in the standard care group. In the same study, the mean decline in adherence from weeks 4 to 28 was also significant at 12% in the adherence clinic group and versus 22% in the standard of care group (Rathbun, et al., 2005). Other adherence interventions have demonstrated significant increases in medication refills and clinic appointments, increased drop-in visits and fewer hospitalizations. Intervention participants also suffered significantly fewer opportunistic infections (McPherson-Baker, et al., 2002).

SERVICE COMPONENTS

Treatment educators provide services that inform and empower people living with HIV disease to make conscious and well-informed decisions regarding their medical care. Treatment educators provide accurate, evidence-based and current information about HIV disease and its related infections, as well as information on approved, experimental and complementary therapies used in treatment.

Treatment education services are designed to ensure that people living with HIV have an understanding of the disease, have knowledge about available services and are supported in their efforts to advocate on their own behalf. Treatment educators help ensure that clients are receiving standard of care services in HIV medical care and are involved in their own treatment decisions. Treatment educators will be client-centered, making every effort to respect and foster client self-determination.

Services will be offered to medically indigent (uninsured or unable to get insurance) persons living in Los Angeles County. All treatment education services will be culturally and linguistically appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction.) Services will be understandable to a broad range of educational levels and will target marginalized and underserved populations, especially those who are newly diagnosed or have limited knowledge of HIV disease.

Treatment education services can include:

- One-on-one client education contacts
- One-on-one client support encounters
- Group education sessions
- Public education forums
- Development of fact sheets or short articles about HIV treatment topics
- Developing treatment education newsletters

STANDARD	MEASURE
HIV treatment education services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.	Supervision and program review to confirm.
Programs target newly diagnosed clients or those with limited HIV knowledge.	Client chart to confirm date of diagnosis and level of HIV knowledge.

OUTREACH

Programs providing treatment education activities will develop an outreach plan to promote their activities to clients and HIV service organizations.

The outreach plan will include, but not be limited to:

- A written strategy for providing treatment education services linked to medical outpatient services
- An assessment of other available resources and services
- A timeline for implementation
- Memoranda of understanding (MOUs) with community-based organizations and medical providers to formalize linkages
- An evaluation plan

STANDARD	MEASURE
Treatment education programs will outreach to potential clients and providers.	Outreach plan on file at provider agency to include, at minimum: • Strategy to link with medical services • Assessment of resources • Implementation timeline • Evaluation plan
Programs will collaborate with primary health care and supportive service providers.	MOU on file at the provider agency.

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. 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.

In the intake process and throughout treatment education services delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released.)

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 client:

- 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 be made about what type of information can be released).
- Limits of Confidentiality (confidentiality policy)
- Consent to Receive Services
- Client Rights and Responsibilities
- Client Grievance Procedures

STANDARD	MEASURE
Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): • Documentation of HIV status • Proof of LA 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 will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.
Intake for treatment education services will include medical history complete with CD4 count and viral load measurements.	Signed, dated intake including this information on file in client chart.

ASSESSMENT

All clients interested in treatment education services will be assessed by program staff to determine their treatment education needs.

Assessment will include (at minimum) an evaluation of the client's:

- Level of knowledge and understanding of the HIV disease process
- Current medical status and relevant history
- Access to medical care and medications
- Primary health care services and adherence to these services
- Awareness of available treatment options, clinical trials and resources
- HIV prevention and risk reduction issues
- Substance abuse issues
- Mental health issues
- Literacy
- Current or future adherence barriers
- Support system

Assessments for treatment education services will be updated as necessary, but no less than once a year.

STANDARD	MEASURE
Adherence staff will assess client's treatment education needs.	Signed, dated assessment on file in client chart to include, at minimum: • HIV disease process knowledge • Current medical status and relevant history • Access to medical care and medications • Primary health care services and adherence • Awareness options, clinical trials and resources • HIV prevention and risk reduction issues • Substance abuse issues • Mental health issues • Literacy • Adherence barriers • Support system

STANDARD	MEASURE
Assessments will be updated as necessary, but no less than every six months.	Signed, dated reassessments or updated notes to original assessment on file in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

An ISP will be developed for all clients who receive individual treatment education services.

ISPs are tailored to each client's specific needs identified in the assessment, and will include (at minimum):

- Short- and long-term projected goals
- Suggested interventions
- Proposed timelines and outcomes
- Client tasks
- Provider tasks

ISPs will be developed in collaboration with the client and, when possible, the client's primary medical provider to address identified needs. ISPs will be revised at a minimum of every six months.

STANDARD	MEASURE
Treatment educators will develop ISPs in collaboration with their clients and medical providers (when possible), based on specific needs identified in the assessment.	ISP on file in client chart signed and dated by treatment educators and client to include, at minimum: • Projected goals • Suggested interventions • Proposed timelines/outcomes • Client tasks • Provider tasks
ISPs will be revised on an ongoing basis, but no less than every six months.	Revised ISPs signed and dated by treatment educators and client on file in client chart.

ONE-ON-ONE CLIENT EDUCATION

Treatment educators will provide one-on-one client education contacts to make available information about HIV disease and its treatments. The content of this information will be consistent with and based upon the client's current ISP.

Activities include (but not be limited to):

- Discussing written or videotaped educational materials
- Answering questions, concerns and providing information following a client's attendance at a medical update or appointment
- Providing information about clinical trials

STANDARD	MEASURE
Treatment educators will provide one-on-one client education contacts to make available information about HIV disease and treatments. All client education contacts will be documented.	Progress notes on file in client chart to include, at minimum: • Date, time spent, type of contact • What occurred during the contact • Signature and title of the person providing the contact • Referrals provided and interventions made (as appropriate) • Results of referrals, interventions and progress made toward goals in the individual service plan (as appropriate)
Content of client education contacts will be consistent with client's current ISP.	Chart review to confirm with current ISP on file in client chart.

ONE-ON-ONE CLIENT SUPPORT

Treatment educators will provide one-on-one encounters consistent with and based upon the ISP, but which are not primarily educational in nature.

These encounters support clients as they seek and obtain HIV services.

Client support can include (but not be limited to):

- Accompanying clients to medical visits and clinical trials visits when appropriate to assure clients are receiving services
- Helping clients understand HIV disease and treatment options
- Helping clients with adherence issues
- Providing emotional support

STANDARD	MEASURE
Treatment educators will provide one-on-one client support contacts to support clients as they seek and receive services. Support can include: • Accompanying clients to medical visits and clinical trials visits • Helping clients understand HIV disease and treatment options • Helping clients with adherence issues • Providing emotional support	Progress notes on file in client chart to include (at minimum): • Date, time spent, type of contact • What occurred during the contact • Signature and title of the person providing the contact • Referrals provided and interventions made (as appropriate) • Results of referrals, interventions and progress made toward goals in the individual service plan (as appropriate)
Content of client support contacts will be consistent with client's current ISP.	Chart review to confirm with current ISP on file in client chart.

GROUP EDUCATIONAL SESSIONS

Treatment educators will provide interactive educational and informational group sessions on treatment adherence, risk reduction and additional needs identified by enrolled. Outlines and/or agendas will be developed prior to service provision and will guide group education sessions. Groups will be at least one-hour long.

Session outlines will be submitted at least 30 days prior to group education sessions and are subject to DHSP approval.

STANDARD	MEASURE
Adherence staff will provide educational group sessions on treatment adherence, risk reduction and other topics. Groups will be at least one hour long.	Documentation of groups on file at provider agency to include, at minimum: • Dated sign-in sheets with duration of group • Number of participants attended • Name and title of group facilitator • Location of group • Copies of materials or handouts • Summary of the topics discussed and activities conducted
Adherence staff will develop outlines/agendas to guide groups.	Outlines submitted to DHSP for approval at least 30 days prior to group education session.

PUBLIC EDUCATIONAL FORUMS

Treatment educators will submit outlines for and provide interactive public educational forums on HIV disease and treatment to groups of current and potential clients of treatment education and advocacy services. Forums will be at least one-hour long.

Forum outlines will be submitted at least 30 days prior to public education forums and are subject to DHSP approval.

STANDARD	MEASURE
Adherence staff will provide interactive public educational forums to current and potential clients. Forums will be at least one hour long.	Documentation of groups on file at provider agency to include (at minimum): • Dated sign-in sheets with duration of group • Number of participants attended • Name and title of group facilitator • Location of group • Copies of materials or handouts • Summary of the topics discussed and activities conducted
Adherence staff will provide outlines that guide forums.	Outlines submitted to DHSP for approval at least 30 days prior to forum.

FACT SHEETS/NEWSLETTERS

Treatment education programs will develop and/or revise fact sheets and/or short articles about HIV treatment topics for clients and community distribution. Some programs may design treatment education newsletters to be distributed to clients, primary health care and supportive service providers regarding such topics as T cells, viral loads, opportunistic infections, lab reports and substance abuse issues.

Fact sheet/newsletter topics will stress the importance of:

- Making healthy lifestyle choices
- Accessing and maintaining primary health care and supportive services
- Adhering to treatment
- Achieving empowerment, self-advocacy and self-management

Fact sheets, articles and newsletters will be submitted to DHSP for review and approval at least 30 days prior to planned distribution.

STANDARD	MEASURE
Treatment education programs will develop and/or revise fact sheets or short articles for clients and the community.	Fact sheets/articles submitted to DHSP for approval at least 30 days prior to distribution.
Some programs may develop newsletters to be distributed to clients and providers.	Newsletters submitted to DHSP for approval at least 30 days prior to distribution.

CLIENT RETENTION

Programs shall strive to retain patients in treatment education services. To ensure continuity of service and retention of patients, 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.

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 treatment education services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact

TRIAGE/REFERRAL/COORDINATION

Because resource referral and coordination is such a vital component of adherence services, programs must develop a comprehensive list of target providers (both internal and external) for the full spectrum of HIV-related services. Referrals to services including medical care, mental health treatment, case management, treatment advocacy, peer support and dental treatment will also be made as indicated. Formal relationships with mental health and substance abuse providers are especially important for assistance in crisis management or psychiatric emergencies.

Treatment educators will foster working relationships with other professionals (heath care providers, practitioners of complementary therapies, self-help providers, case managers, etc.) on behalf of an individual client's needs. Adherence staff must recognize each care provider's expertise, and always strive to present these options to empower their clients, encouraging the client to work with these professionals when appropriate.

Treatment educators will also be responsible for providing referrals and assisting clients to enroll in clinical trials. Education on risks and benefits of participation in clinical trials is an important part of this referral process and will be documented in the client record.

In addition to referrals, treatment educators will attempt to link with medical caregivers and other service providers to obtain and share information in support of the client's optimal level of care as indicated, but at least every six months. Such linkages require HIPAA-approved client consents.

STANDARD	MEASURE
Treatment education programs will develop and maintain a comprehensive list of providers for full spectrum HIV-related service referrals.	Referral list on file at provider agency.
Treatment education programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency, especially with mental health and substance abuse providers for crisis management or psychiatric emergencies.
Treatment educators will provide referrals, educate about the risk and benefits and assist clients in enrolling in clinical trials.	Documentation of referral to and education about clinical trials on file in client chart.
Treatment educators will attempt to link with caregivers and providers to obtain and share information in support of the client's optimal level of care as indicated, but no less than once every six months.	Signed, dated progress notes to detail linkages. HIPAA-compliant consent on file in client chart.

CASE CONFERENCES

Programs will conduct quarterly multidisciplinary discussions to review a client's status, assessment of client's needs and planned interventions to accomplish identified goals. Twenty-five percent of the treatment education caseload will be presented during each quarter, leading to 100% of clients being reviewed by year end. Documentation of case conferences shall be maintained within each client record in a case conference log.

STANDARD	MEASURE
Treatment education programs will conduct quarterly multidisciplinary case conferences in which 25% of the active caseload is presented quarterly, leading to 100% of clients reviewed at year end.	Case conference documentation, signed by the supervisor, in client record to include: • Date, name of participants and name of client discussed • Issues and concerns • Follow-up plan

CASE CLOSURE

Case closure is a systematic process for disenrolling clients from treatment education services. The process includes formally notifying clients 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 client:

- Is engaged in and maintaining primary health care
- 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
- Changes his or her primary care provider
- Is incarcerated long term
- Uses the service improperly or has not complied with the client services agreement
- Has died

STANDARD	MEASURE
Programs will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: • Is engaged in and obtaining primary health care • Relocates out of the service area • Becomes eligible for benefits or other third-party payor (e.g., Medi-Cal, medical insurance, etc.) • Has had no direct program contact in a six-month period • 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 clients about case closure.	Client chart will include attempts at notification and reason for case closure.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all treatment educators will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions.

In addition, treatment educators will be able to (at minimum):

- Interact with community based organizations and healthcare providers
- Comprehend and communicate technical and medical information to target populations
- Establish effective working relationships with clients and healthcare providers
- Assess client need
- Locate resources, referrals and linkages

Treatment educators will complete an agency-based orientation before providing services.

In addition, all treatment educators will successfully complete a DHSP-approved HIV treatment education certification program and demonstrate competency in its content within six months of being hired that consists of, at minimum:

- Knowledge about HIV disease, including pathogenesis, transmission, scope of disease and evidence-based treatment modalities
- Client confidentiality and HIPAA regulations
- Appropriate scope of work and limits of treatment education services
- Strategies for providing treatment education and advocacy services
- Crisis intervention and when to seek supervision or assistance
- Appropriate resources for services, treatments and clinical trials
- Relevant cultural and social issues that may affect treatment adherence
- Assessment and discussion of substance abuse issues
- Safer sex negotiation and sexual health discussion skills

Treatment educators will maintain current information on treatment modalities, types and levels of services provided at all referral treatment clinics, and the parameters and referral sources for all clinical trials in Los Angeles County. To further increase competency, treatment educators will attend a minimum of 16 hours of medical updates, seminars and formal trainings per year.

Such training may cover the following topics:

- HIV medical updates
- Adherence issues
- Mental health issues
- Substance abuse issues
- Alternative and complementary therapies
- Nutrition
- Conflict resolution
- Facilitation skills

Treatment educators are also expected to independently study current publications relating to HIV disease to further increase their knowledge base.

Treatment educators will be guided by general ethical principles. Most important among them are:

- **Confidentiality and privacy:** Treatment educators will respect the privacy of clients and hold in confidence all information obtained in the course of service. Treatment educators will follow all HIPAA regulations.
- **Competence and professional development:** A treatment educator will strive to become and remain proficient in treatment education services.
- **Primacy of clients' interests:** A treatment educator's primary responsibility is to the client's rights and prerogatives as well as their general health and well-being. Treatment educators will make every effort to foster maximum self-determination on the part of the client.

STANDARD	MEASURE
Treatment education programs will hire staff that are able to provide culturally appropriate care to clients infected with and affected by HIV.	Resume on file at provider agency to confirm.
All staff will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes (but is not limited to): • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Agency policy and goals • Facility operations • Cultural sensitivity • Resources and referrals • Appropriate client/staff boundaries
Treatment educators will complete DHSP-approved specialized treatment education certification program and demonstrate competency in its content within six months of being hired, that includes (but is not limited to): • Knowledge about HIV disease • Client confidentiality and HIPAA regulations • Appropriate scope of work and limits of treatment education services • Strategies providing services • Crisis intervention • Appropriate resources • Cultural and social issues • Substance abuse issues • Safer sex negotiation and sexual health discussion skills	Documentation of DHSP-approved specialized treatment education training maintained in employee file.
Staff will participate in refresher training as required by DHSP and in at least 16 hours of continuing education annually.	Documentation of training maintained in employee files.

STANDARD	MEASURE
Treatment educators will practice according to ethical principles such as: • Confidentiality and privacy • Competence and professional development • Primacy of clients' interests	Documentation of ethical practice in supervisory log.

Clinical supervision, at a minimum of one hour per week, will be provided to all HIV treatment educators by a licensed physician, PA, NP certified in accordance with the California definition of an HIV Specialist, or an RN with an Association of Nurses in AIDS Care certification.

Clinical supervision will provide oversight for performance of treatment educators and ensure that the quality of service provided meets current standards of care. Documentation of clinical supervision on individual cases will be kept in those client files. The staff member or consultant providing clinical supervision will also be responsible for monitoring client records, including documentation of each client contact and ISPs. The staff member or consultant shall review and document guidance in each client record.

The staff member or consultant providing supervision will annually obtain 15 hours of Continuing Medical Education Units (CMEs) or Continuing Education Units (CEUs) in a combination of medical updates, conferences, in-service or formal trainings and independent home studies in new trends and information on HIV disease. No more than 7.5 hours may be used to cover any single modality.

STANDARD	MEASURE
Treatment educators will receive a minimum of one hour of clinical supervision per week from a licensed physician, PA or NP certified in accordance with the California definition of an HIV expert, or an RN with an Association of Nurses in AIDS Care certification.	All clinical supervision will be documented as follows, at minimum: • Date of supervision • Name and title of participants • Issues and concerns discussed • Description of clinical guidance provided and follow-up plan • Clinical supervisor's name, professional title and signature
Clinical supervision will ensure the quality of service provided meets current standards of care. Clinical supervisor will be responsible for monitoring client records.	Documentation of clinical supervision and guidance for individual clients will be maintained in the client's individual file.
Clinical supervisor will obtain 15 units of continuing education annually, with no more than half of that time covering a single modality.	Written documentation of continuing education units will be maintained in employee/consultant file.

UNITS OF SERVICE

Unit of service: Units of service (defined as reimbursement for treatment education services) are based on treatment education services provided to eligible clients.

- **Assessment and individual service plan units:** calculated in number of hours provided for education encounters and number of hours provided for support encounters.
- **One-on-one education units:** calculated in number of education encounter hours provided
- **One-on-one support units:** calculated in number of support encounter hours provided
- **Group education units:** calculated in number of group education sessions provided

- **Public education forum units:** calculated in number of public education forums provided
- **Fact sheet units:** calculated in number of fact sheets developed and distributed

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

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CEUs	Continuing Education Units
CME	Continuing Medical Education
DHSP	Division of HIV and STD Programs
HAART	Highly Active Antiretroviral Therapy
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
ISP	Individual Service Plan
MOUs	Memoranda of Understanding
NP	Nurse practitioner
PA	Physician's Assistant
RN	Registered Nurse
STD	Sexually Transmitted Disease