



RYAN WHITE PART A (RWPA) HIV/AIDS PROGRAM
LAS VEGAS TRANSITIONAL GRANT AREA (TGA)

EARLY INTERVENTION SERVICES (EIS)—SERVICE STANDARDS

Updated by Part A Recipient Office	Approved by Part A Planning Council
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Reviewed by Part A Recipient Office	Revised by Part A Recipient Office	Approved by Part A Planning Council
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IMPORTANT: All Las Vegas Transitional Grant Area (TGA) service providers must adhere to the Las Vegas-TGA [Universal Service Standards](#). Please read the [Universal Service Standards](#) prior to reading the service standards below.

Service Description

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

Program Guidance

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation funds into specific service categories.

- HRSA RW Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV.
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Minimum Requirements

STANDARD	MEASURE
1. Staff Requirements	
<p>1.1. Staff providing Early Intervention Services must be provided by a college graduate with a four-year degree or higher in a social, behavioral, orbiomedical science or equivalent in experience in an HIV setting.</p>	<p>1.1. Copy of most recent license or degree</p>
2. Service Delivery	
<p>2.1. HIV Testing HIV Testing is used to help the unaware learn their status and receive either referral to prevention services or referral and linkage to HIV care services.</p> <ul style="list-style-type: none"> • Testing cannot duplicate or supplant existing Testing efforts. • Testing must be coordinated with other testing programs especially HIV prevention programs. 	<p>2.1 Quarterly reports will document sites, opportunities, and rate of finding individuals out of care and unaware of their HIV status.</p>
<p>2.2. Referral Services Identifying and working at key points of entry to create connections to improve HIV care and treatment services, thereby providing clients with referrals to additional services to meet immediate needs.</p> <p>Subrecipient will provide information on available HIV services, referral and coordination to ensure individuals who test positive are referred and linked to health care and supportive services. Coordination of referrals will include addressing clients' barriers to care such as transportation, mental health issues, chemical health needs, or basic needs such as housing, financial assistance, and nutrition.</p> <p><i>NOTE: Referral, coordination, and follow-up to HIV related medical care should always occur for individuals out of care.</i></p>	<p>2.2. Documentation in individual client files will include documentation of referrals, coordination, follow-ups and completion of linkages to services.</p>
<p>2.3 Health Literacy/Health Education (counseling) Provide health education and literacy training on areas that will support both HIV positive to meet their health goals, training session can include:</p> <ul style="list-style-type: none"> • Education on HIV service delivery system • How to Work with your clinicians • How to handle problems and issues • Disease progression and managing life with HIV disease 	<p>2.3 Documentation of number dates and type of training that was provided to client.</p>

<p>2.4 Linkage to Care Individuals who test positive are linked to health care and supportive services at key points of entry into the following services:</p> <ul style="list-style-type: none"> • Primary Medical Care • Medical Case Management • Entry into Substance Abuse Treatment • Treatment Adherence • Bringing others into care System for monitoring and tracking referrals (successful and unsuccessful) <p>Negative individuals may be linked to HIV Prevention and/or Pre-exposure Prophylaxis programs (PREP)</p> <p><i>NOTE: Program staff will work individually with clients until linkages to testing, care and other needed services are confirmed.</i></p>	<p>2.4 Documentation includes current signed release of information forms that are no more than one year old if information has been or will be shared and notation of confirmation of linkages or note that client declined, and linkages made.</p>
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<p>2.5. Discharge The EIS provider may work with clients for a maximum of 3 months to facilitate linkage to care. This timeframe may be extended with Ryan White Part A Recipient Office approval up to an additional 3 months.</p>	<p>2.5. Documentation in client record of timely discharge. If client needs EIS services beyond 3 months, document in record of recipient of the approval by Ryan White.</p>
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3. Program Data and Reporting	
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<p>3.1 The EIS provider must document number of referrals, coordination activities, follow-ups, and confirmed linkages, and all efforts to work with client and provide services, such that progress notes and service entries match in CAREWare.</p> <p>3.2 Subrecipients must have formal and written referral agreements with at least one of each of the following provider types: HIV medical care, HIV-testing site if testing is not offered by EIS provider, medical case management, mental health, and outpatient substance abuse services.</p>	<p>3.1 Quarterly reports must document the number of clients initiated into outreach services, the number of services provided, and the number of clients linked to care and needed services.</p> <p>3.2 Subrecipients must document all written referral agreements with HIV medical provider(s).</p>
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4. Policies and Procedures	
A. None at this time.	A. N/A

5. Referral Policy

A. All service providers must work in partnership with the client, their internal care coordination team and external providers (both Ryan White HIV/AIDS Program-funded and non-Ryan White-funded sites) to ensure appropriate and timely service referrals are made.

For more information, see Las Vegas TGA [Referral Policy](#).

A. For internal Ryan White Part A referrals: documentation in CAREWare.