

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Early Intervention Services Directive
Approved by the Planning Council on May 28, 2015

Service Category Goals¹	2012-2015 Comprehensive Strategic Plan³ Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p>Goals:</p> <p>1) Provide services focusing on early diagnosis, engagement, linkage, and retention of newly diagnosed PLWHA into primary care, thereby serving to improve CD4 count, suppress viral load, improve health outcomes, and reduce disease transmission.²</p> <p>2) Provide services focusing on reengagement and retention of out-of-care</p>	<p>Objectives:</p> <p>Objective 1a: To ensure expanded access to voluntary HIV rapid testing across health care and social support service provider settings.</p> <p>Objective 1b: To decrease delayed diagnosis of HIV.</p> <p>Objective 2: To increase the proportion of newly diagnosed individuals who enter into primary care within</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma informed,⁴ culturally appropriate, sensitive to physical and sensory impairments, and tailored to the population served. A variety of engagement strategies should be employed to ensure that client-specific needs are met.</p> <p>Service Model:</p> <p>For Non-Clinical Settings: HIV Testing</p> <p>Agencies may employ evidence-based strategies, including the social network</p>	<p>Client Eligibility Criteria:</p> <ul style="list-style-type: none"> • All individuals are eligible for Ryan White-funded HIV testing in non-clinical settings. All HIV+ individuals are eligible for Ryan White-funded linkage to care services, subject to payer of last resort requirements. • Active substance use does not preclude client eligibility for and maintenance in services. <p>Agency Eligibility Criteria:</p> <ul style="list-style-type: none"> • For testing: non-clinical settings • For assessment and referral: non-clinical and clinical settings • For navigation and linkage: non-clinical and clinical settings

¹ HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A. April 2013: “...Early Intervention Services (EIS)...include identification of individuals at points of entry and access to services and provision of: HIV testing and targeted counseling, referral services, linkage to care, [and] health education and literacy training that enable clients to navigate the HIV system of care. All four components must be present, but Part A funds [are] to be used for HIV testing only as necessary to supplement, not supplant, existing funding.” Available at <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringparta.pdf>. Accessed 1/27/15.

²All testing services must be provided in accordance with the New York State HIV testing law updated in May 2014: <http://www.health.ny.gov/diseases/aids/providers/testing/law/docs/updates.pdf>. Accessed 1/28/15.

³ Available at: <http://www.nyhiv.org/pdfs/Comprehensive%20Plan%20Final%202015-21-12.pdf>. Accessed 1/27/15.

⁴“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” Harris, M. & Falot, R. (2001). Using trauma theory to design service systems, cited at <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>.

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Early Intervention Services Directive
Approved by the Planning Council on May 28, 2015

Service Category Goals¹	2012-2015 Comprehensive Strategic Plan³ Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p>PLWHA into primary care, thereby serving to improve CD4 count, suppress viral load, improve health outcomes, and reduce disease transmission.</p>	<p>three months of HIV diagnosis.</p> <p>Objective 3a: To increase retention in HIV care and treatment.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART adherence.</p> <p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p> <p>Objective 3e: To decrease reliance on acute care.</p> <p>Objective 4a: To reduce (and then maintain below significance) socio-demographic differences in</p>	<p>strategy – using HIV+ individuals to promote testing in their social networks – to encourage testing.</p> <p>Referrals to appropriate prevention activities including PrEP and PEP should be offered to high risk negatives.</p> <p>Screening and confirmatory HIV tests may be administered to individuals or couples on-site at the agency, at health fairs, at mobile or field sites, at other social venues (e.g., bars and bathhouses), and at homeless shelters. Confirmatory HIV test results should be delivered at the agency conducting the testing.</p> <p>Agencies must offer partner notification options at the time of delivery of the confirmatory positive test result in accordance with New York State testing law.⁵</p>	<ul style="list-style-type: none"> • Agencies providing navigation and linkage services may not have an existing, separate contract for Ryan White Part A-funded care coordination services. • Navigation and linkage services in hospitals and in clinical settings may be provided by a CBO with an MOU with that facility. • Organizations providing services must have experience serving HIV+ individuals. • Organizations must have experience working with a wide range of individuals ranging from those who are easily engaged in care to those who tend to be out-of-care or sporadically in care. • Organizations must be able to address, either directly or through referral, the needs of clients with physical, behavioral, psychosocial, or sensory impairments. • Agencies must either be co-located or have established linkages with programs providing medical care, mental health, alcohol and substance use services, medically appropriate housing programs, food and nutrition

⁵ Three options for partner notification exist: 1) a counselor from the NYC DOHMH Contact Notification Assistance Program (CNAP) informs your partner for you without revealing your identity; 2) you inform your partner with assistance from a doctor or counselor from the CNAP program; and 3) you inform your partner on your own. Available at: https://www.health.ny.gov/diseases/aids/providers/regulations/reporting_and_notification/about_the_law.htm#quest3. Accessed 3/12/15.

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Early Intervention Services Directive
Approved by the Planning Council on May 28, 2015

Service Category Goals ¹	2012-2015 Comprehensive Strategic Plan ³ Objectives	Program Directive & Service Model	Client and Agency Eligibility
	<p>delayed diagnosis of HIV.</p> <p>Objective 4b: To reduce (and then maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis.</p> <p>Objective 4c: To reduce (and then maintain below significance) socio-demographic differences in retention in primary medical care.</p> <p>Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.</p>	<p>For Non-Clinical and for Clinical Settings: HIV Assessment and Referral</p> <p>Entitlements and benefits specialists with experience within the health care system will assess and offer screening and referral if appropriate for medical care, mental health, alcohol and substance use services, medically appropriate housing programs, food and nutrition services, and other unmet social needs including non-medical case management, supportive counseling and family stabilization services, legal services, home and community based health services, and health education and risk reduction services and make referrals as appropriate; assessment and engagement into health insurance programs; and navigation, linkage, and reengagement.</p> <p>Access to facilitated enrollment in the New York State health insurance exchange must be provided by on-site New York State Certified Application Counselors (CACs).</p>	<p>services, and other unmet social needs included non-medical case management, supportive counseling and family stabilization services, legal services, home and community based health services, and health education and risk reduction and make referrals as appropriate; assessment and engagement into health insurance programs; and navigation, linkage, and reengagement.</p> <ul style="list-style-type: none"> • Agencies must ensure that staff members have HIV knowledge, training and cultural sensitivity appropriate to the populations served. Agencies must have the capacity to provide services in the languages spoken by the populations served. • Although any individual agency does not have to serve clients from all five boroughs, funded agencies should be accessible to and able to serve clients from throughout the New York EMA.

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Early Intervention Services Directive
Approved by the Planning Council on May 28, 2015

Service Category Goals ¹	2012-2015 Comprehensive Strategic Plan ³ Objectives	Program Directive & Service Model	Client and Agency Eligibility
		<p>For Non-Clinical and for Clinical Settings: Navigation and Linkage to Care</p> <p>Linkage navigators should have knowledge of and/or experience with HIV health care systems and the New York EMA health care resources landscape.</p> <p>Linkage navigators may provide the following services:</p> <ul style="list-style-type: none"> • Client engagement activities to schedule program appointments and coordinate services and document successful linkage. • Coordination with other service providers who are able to assist the client with treatment. • In collaboration with the client and with entitlement specialists, referral, accompaniment, and re-engagement with identified medical, behavioral health, and social services. 	

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Early Intervention Services Directive
Approved by the Planning Council on May 28, 2015

Service Category Goals¹	2012-2015 Comprehensive Strategic Plan³ Objectives	Program Directive & Service Model	Client and Agency Eligibility
		<ul style="list-style-type: none"> • Discussion with client about primary care status measures, primary care provider appointment adherence, and HIV medication adherence. • Outreach for client re-engagement to monitor scheduled appointments and follow-up on a client's missed appointments. <p>Programs providing linkage and navigation services should include the following element:</p> <ul style="list-style-type: none"> • Case finding to locate out-of-care PLWHA. 	