

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Early Intervention Services Directive**  
**Approved by the HIV Planning Council on May 23, 2024**

<p><b>Service Category Goals<sup>1</sup></b></p>	<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1) Provide services focusing on early diagnosis, linkage, and retention of newly diagnosed PWH into primary care, thereby serving to improve CD4 count, suppress viral load, improve health outcomes, and reduce disease transmission.<sup>2</sup></li> <li>2) Provide services focusing on reengagement and retention of out-of-care PWH into primary care, thereby serving to improve CD4 count, suppress viral load, improve health outcomes, and reduce disease transmission.</li> <li>3) Increase HIV testing and linkage to medical care and social services for people from priority populations, including through targeted outreach and education.</li> </ol>
<p><b>2022-2026 Integrated Plan Objectives<sup>3</sup></b></p>	<p><b>Objectives:</b></p> <p>Objective: Increase the percentage of New Yorkers who tested for HIV in the past 12 months.</p> <p>Objective: Improve access to regular repeat HIV testing among members of specific populations and other New Yorkers vulnerable to acquiring HIV through strategies such as co-location of services.</p> <p>Objective: Improve detection of acute HIV infection.</p> <p>Objective: Increase public awareness of the current recommendations for routine, ongoing testing using social media, and increase specificity in advertising with other technologies and methods.</p> <p>Objective: Build stronger connections with urgent care networks such as CitiMD and specialty care centers for LGBTQ+ individuals to connect consumers to HIV-specific service providers.</p>

<sup>1</sup> 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>.

<sup>2</sup>All 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>.

<sup>3</sup> New York State Department of Health, New York State’s Integrated HIV Prevention and Care Plan 2022-2026, (last accessed Mar. 15, 2023), available at [https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated\\_hiv\\_prevention\\_plan22-26.pdf](https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated_hiv_prevention_plan22-26.pdf).

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	<p>Objective: Educate communities on their sexual health rights and how to navigate testing.</p> <p>Objective: Expand opportunities (data collection/programmatic) to include specific populations that are not currently always reflected in existing data (e.g., transmasculine individuals, same gender loving women, people with disabilities).</p> <p>Objective: Increase the percentage of persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Objective: Increase the percentage of persons living with diagnosed HIV who receive HIV medical care to 90%.</p> <p>Objective: Increase the percentage of Black persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Objective: Increase the percentage of Hispanic/Latino persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p> <p>Objective: Increase the percentage of Black and Hispanic/Latina women living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%.</p>
<p><b>Program Directive &amp; Service Model</b></p>	<p><b>HIV Testing</b></p> <p>Agencies may employ evidence-based strategies, including the social network strategy – using HIV+ individuals to promote testing in their social networks – to encourage testing.</p> <p>Referrals for all people who test negative to appropriate prevention activities including PrEP and PEP, with an emphasis on high-risk negatives (populations with higher prevalence/incidence rates as identified in the annual NYC DOHMH HIV surveillance report). Educational resources on the importance of routine testing should be shared as well.*</p> <p>Screening, testing 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 where populations with higher prevalence/incidence rates as identified in the annual NYC DOHMH HIV surveillance report gather (e.g., bars and sex venues), and at</p>

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	<p>homeless shelters. Confirmatory HIV test results may be delivered in any setting.</p> <p>All clients who test HIV-positive should be started immediately, when possible, on ARVs and an appointment made with a primary care provider (PCP). Initiation of ARVs should not wait for confirmatory test results. The appointment with the PCP should be for within 7 days of a positive test result. It is preferable that clients be linked to a clinical site that has a minimum of 12 months experience providing HIV-related primary care, has achieved high quality care outcomes on their DOHMH-generated care continuum dashboards, and either has a medical case management/care coordination program or has a linkage to one. Sites should provide adequate training and support for staff and are encouraged to use peers when possible.</p> <p>Clients who test HIV-positive should receive education on HIV care self-management and navigating the HIV care and support system. Linkages and referrals should be made to providers of long-term treatment education and adherence support services.</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.<sup>5</sup></p> <p><b>HIV Assessment and Referral</b></p> <p>Agencies will assess and offer screening and referral if appropriate for medical care, medical case management, mental health, alcohol and substance use services, housing programs, food and nutrition services, and other unmet social needs including case management, psychosocial services, legal 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 can be done online by the client or <del>must</del> be provided by on-site New York State Certified Application Counselors (CACs), or Enrollment Assistors.</p>
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<sup>5</sup> 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](https://www.health.ny.gov/diseases/aids/providers/regulations/reporting_and_notification/about_the_law.htm#quest3).

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	<p><b>Navigation and Linkage to Care</b></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"><li>• Client engagement activities to schedule program appointments and coordinate services and document successful linkage.</li><li>• Coordination with other service providers who are able to assist the client with treatment.</li><li>• In collaboration with the client and with entitlement specialists, referral, accompaniment, and re-engagement with identified medical, behavioral health, and social services.</li><li>• Discussion with client about primary care status measures, primary care provider appointment adherence, and HIV medication adherence.</li><li>• Outreach for client re-engagement to monitor scheduled appointments and follow-up on a client's missed appointments.</li></ul> <p>Programs providing linkage and navigation services should include case finding to locate out-of-care PWH.</p>
<p><b>Client and Agency Eligibility</b></p>	<p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"><li>• All individuals are eligible for Ryan White-funded HIV testing in clinical and non-clinical settings. All HIV+ individuals are eligible for Ryan White-funded linkage to care services, subject to payer of last resort requirements.</li><li>• Active substance use does not preclude client eligibility for and maintenance in services.</li></ul> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"><li>• For testing: non-clinical and clinical settings</li><li>• For assessment and referral: non-clinical and clinical settings</li><li>• For navigation and linkage: non-clinical and clinical settings</li></ul>

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	<ul style="list-style-type: none"><li>• Agencies providing navigation and linkage services may not have an existing, separate contract for Ryan White Part A-funded care coordination services.</li><li>• Navigation and linkage services in hospitals and in clinical settings may be provided by a CBO with an MOU with that facility.</li><li>• Organizations providing services must have experience serving HIV+ individuals and demonstrated experience providing HIV health education and risk reduction.</li><li>• 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.</li><li>• Organizations must be able to address, either directly or through referral, the needs of clients with physical, behavioral, psychosocial, or sensory impairments.</li><li>• Agencies must either be co-located or have established linkages with programs providing medical care, mental health, alcohol and substance use services, housing programs, food and nutrition services, and other unmet social needs included non-medical case management, psychosocial support services, legal services, and health education and risk reduction and make referrals as appropriate; assessment and engagement into health insurance programs; and navigation, linkage, and reengagement.</li><li>• 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.</li><li>• Funded agencies should be accessible to and able to serve clients from throughout the New York EMA.</li></ul>
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\*DOHMH Educational Resources on PrEP/PEP/Routine Testing include:

<https://www.nyc.gov/site/doh/health/health-topics/aids-hiv.page#:~:text=Get%20tested%20for%20HIV%20at,a%20long%20and%20healthy%20life>

HIV Be Sure page: <https://www.nyc.gov/site/doh/health/health-topics/hiv-be-hiv-sure.page>

<https://www.nyc.gov/site/doh/health/health-topics/pre-exposure-prophylaxis-prep.page>