Ryan White Planning Council of New Haven/Fairfield Counties
EARLY INTERVENTION SERVICES SERVICE STANDARD

## SERVICE CATEGORY DEFINITION

**Early Intervention Services:**

Support of **Early Intervention Services** (EIS) that include identification of individuals at points of entry and access to services and provision of:

**1.** HIV Testing and Targeted counseling (IF APPLICABLE)
**2.** Referral services
**3.** Linkage to care
**4.** 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 to be used for HIV testing only as necessary to supplement, not supplant, existing funding*.

## CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's are required to have a client intake and eligibility policy on file. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A—Service Category Definitions. Eligibility must be completed at least once every six months. Eligible clients must have:

- Proof of Residency: Live in one of the five regions within the New Haven/Fairfield Counties EMA (Region 1, New Haven; Region 2, Waterbury; Region 3, Bridgeport; Region 4, Stamford/Norwalk; Region 5, Danbury)
- Proof of HIV Status
- Proof of Income: Have a household income that is at or below 300% of the federal poverty level except for Medical Case Management where the household income must be at or below 500% of the federal poverty level

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The goal of EIS is to facilitate connection to and linkage with Outpatient/Ambulatory Health Services and support services for individuals who are living with HIV but not yet aware of their HIV status, and/or the newly diagnosed, erratically in care, and/or out of care.

Clinical Quality Improvement outcome goals for EIS include:

- 100% of all EIS client files include documentation of linkage to outpatient ambulatory health services
- 90% of EIS clients are enrolled in Medical Case Management.

## SERVICE STANDARDS, MEASURES, AND GOALS

| | Standard | Measure | Goal |
|---|---|---|---|
| 1. | Subrecipient's providing EIS coordinate project activities with HIV prevention efforts and programs. | Documentation that Subrecipient's work in partnership with prevention services as to not duplicate any service activities. | 100% |
| 2. | Individuals who test positive are referred for and linked to health care and supportive services | Clients testing positive for HIV will have documented referrals for healthcare and support services within 14 days of positive test results. | 100% |
| 3. | EIS staff will work with HIV testing sources (traditional and non-traditional) to modify process for **informing** those tested of result | MOU documentation with agency counseling and testing sites (if applicable) | 100% |
| 4. | Subrecipient's providing EIS document and track all referrals to and from the program. | Documentation of the number of referrals from key points of entry to the EIS program and to health care and supportive services from EIS made available for review. | 100% |

| | | | |
|---|---|---|---|
| 5. | All EIS services are provided by a trained professional | Documentation of 10 hours of HIV training annually | 100% |
| 6. | EIS clients receive health education and literacy training that enables them to better navigate the HIV system of care. | Documentation of health education and literacy training is included in the file of all clients receiving services in the measurement year. | 100% |
| 7. | EIS clients are enrolled in Medical Case Management. | Documentation that the client enrolled in Medical Case Management. | 90% |