



Maricopa County  
Ryan White Part A Program Policies and Procedures

Early Intervention Services

**PURPOSE:**

To guide the administration of Ryan White Part A (RWPA) Program's **Early Intervention Services (EIS)** (a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

**DEFINITIONS:**

Early Intervention Services include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals and linkage to care.

*NOTE: EIS Services provided with Part C or Part D funds should not be reported as RWPA EIS services. Please refer to the RWPC and RWPD Administrator for questions related to reporting requirements for services provided by RWPC and RWPD funded services*

**POLICIES:**

- The funds are intended to
  - Provide HIV testing and targeted counseling
  - Refer and link individuals who test positive to medical care and other support services.
  - Provide health education and literacy training which enables clients to navigate the HIV system.
  - Be provided in coordination with documented key EIS – Point of Entry Application (see appendix) and HIV prevention efforts and programs.
- EIS clients with a preliminary HIV diagnosis may be granted Conditional Eligibility for EIS services for up to 60 days. Clients may participate in EIS services for up to one year. The EIS provider must have on file; a copy of the Release of Information and submit to the Central Eligibility Office a copy of the client's Conditional Eligibility form and initial HIV diagnosis.
- Subrecipients must document provision of all four (4) required EIS service components (HIV Testing and Targeted Counseling, Referral Services, Linkage to Care, Health Education and Literacy Training), with Part A or other funding.
- EIS Services must be delivered at designated points of entry. Each point of entry must be identified in an EIS – Point of Entry Application (see appendix).
- A current Memorandum of Understanding (MOU) must be in place with each key point of entry. The MOU must discuss access to care for those who test positive



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as well as the linkage and referral agreements between the subrecipient and Point of Entry.

- Subrecipients will obtain written approval from the Grant Recipient to provide EIS services in points of entry, not included in the original scope of work.
- Subrecipients must provide documentation of coordination with providers of prevention services within the Phoenix EMA.
- Time spent developing health education and literacy materials may be billed as direct service. Documentation of time spent, materials developed must be kept in a file and available for review during site visits.
- A sign in sheet is required for all health education and literacy classes. The sign in sheet must include, at a minimum, the date and length of the class, the class topic, the trainer names and the participant names.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with, number of units and a brief summary of what was communicated in adherence with the client charting definition.
- Appropriate documentation will be completed and maintained by the subrecipient, showing specific linkages into primary medical care and other support services.
- All direct service subrecipients must meet the Phoenix EMA Planning Council Standards of Care.
- For contracts that fund salaries, the program should document at least 50% productivity of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to RWPA averages.
- EIS subrecipients will enter the date of their client's first medical appointment and indicate if the visit was confirmed or client self-reported.

**CLIENT CHARTING:**

All paper chart documents must be in their original documentation and contain original dates and signatures of contract budgeted staff providing services (i.e. assessments, treatment plans, and progress notes). All Electronic Medical Records must include authenticated, dated electronic signatures. The Grant Recipient will only review authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records which do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.



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**ELIGIBLE COSTS AND SERVICES:**

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Time Unit	EIS/Early Intervention Services	Early Intervention Services (EIS) Reflects time spent conducting: <ul style="list-style-type: none"> <li>• Referral activities that may include assessments of immediate needs, attitude, knowledge, behaviors and beliefs regarding care and the care system. May also include face to face contact or providing referrals to additional services in order to meet clients' immediate needs</li> <li>• Care Coordination with providers and partners</li> <li>• Individual Health Education and Literacy which may include topics such as education on HIV service delivery system, how to work with clinicians, how to handle problems</li> </ul>	Entered into CAREWare under actual client name	Date service was delivered	1 unit = 15 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		and issues, disease progress and managing life with HIV issues. <ul style="list-style-type: none"> <li>Time spent confirming linkages to care</li> </ul>				
Time Unit	Health Literacy	Reflects time spent developing or delivering health literacy CLAS materials. Corresponding documentation should be kept on file and available for review as needed.	AAA Administrative, Admin	Date of activity	1 unit = 15 minutes	\$0
Service Unit	HIV Appt Complete – Self Report	Date of completed, client medical appointment or HIV medical lab	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Service Unit	HIV Med Appt Complete – Confirmed	Date of completed, client medical appointment or HIV medical lab	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Line Item Unit	EIS - 01... through EIS -10...	Corresponding units are named EIS – 01 Salaries, EIS – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost
Product Unit	EIS HIV Initial	This unit is to identify the total number of HIV tests provided (negative and positive)	AAA Administrative, Admin	Last day of the month	1 unit = 1 test	Actual Cost/No Cost <i>(depends on provider)</i>



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Product Unit	EIS HIV Reactive	This unit is to identify the number of clients with a positive test	AAA Administrative, Admin	Last day of the month	1 unit = 1 test	Actual Cost/No Cost <i>(depends on provider)</i>