

Comments on Health Education/Risk Reduction

Standards of Care

#	Item	Comment	DSHS Response	Resolution
1	Title /RR)	In the tool reference is made to documentation, but not here; they need to match so it is fair to the provider to know what needs to be documented up front.	Required documentation has been included – last section of the Standards	
2	Services include, but are not limited to:	Suggest using what is stated in Program’s Initial Comprehensive Assessment category: Hepatitis A, B, C; medication adherence. You might want to reference the page. The more you can tie it into what you want them to do, the more likely you are to get the desired result.	Unsure what you are referencing here. Agencies will need to determine their curriculum.	
3	Services This service category	This is the service category that DSHS has instructed AA’s to fund patient	We will discuss patient navigation as what categories are covered	

	includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.	navigators. Thinking about the role of the patient navigator, the way this standard is written will make it very difficult for a patient navigator to function as the standard is currently written.	during the conference call.	
4	Staff Qualifications All staff and volunteers involved in the production and/or distribution of a HIV Resource Guide	If an HIV Resource Guide is produced within an area, this is fine. However, using “the” implies that this is a requirement in every area. Our area does not have a resource guide.	How are you letting your client’s know about available resources in the area?	
5	HIV Resource Guide	This seems very random and unsure of the need to reference a HIV Resource Guide. Perhaps it could just include the information after the colon.	How are you letting your client’s know about available resources in the area? Are there written materials on what resources are available in	

			the community?	
6	Resources HE/RR staff will develop and maintain a local area Resource Guide -Guide will be reviewed and updated annually.	Resource Guides are very time consuming and a waste of time as information changes as soon as they are published. It is better for the HE/RR staff to be knowledgeable of all resources (as mentioned earlier in the Standards).	As above	
7	HE/RR staff will develop and maintain a local area Resource Guide	Seems this should be a local decision.	As above	
8	Staff Training Substance Use and Mental Health Recognition and Referral	These trainings look like ours. However, Substance Use and Mental Health Recognition and Referral are separate from Communication Skills. Also, we require training on Peer Role, Workplace Expectations (including boundaries), and Disclosure (for self or client).	Will separate Substance use and mental health recognition and referral from communication skills. Any additional training may be added at the local level.	
9	Culture and Cultural	Not sure these are communication skills.	Will separate	

	Competency Substance Use and Mental Health Recognition and Referral	Recommend adding training on boundaries.		
10	All non- professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health, or a related area, preferably Master's Level.	This seems like a barrier, especially for smaller agencies.	Who is supervising non- professional staff?	
11	Supervision	This could create a burden as patient navigators may not be currently supervised by a degreed or licensed individual. Recommend removing this requirement.	As above	
12	Each supervisor must maintain a file on each staff member supervised and	This seems to be rather burdensome for the supervisor, especially if there are multiple patient navigators or if the	Will change to monthly supervisory sessions.	

	hold supervisory sessions on at least a weekly basis. The file on the staff member must include, at a minimum:	supervisor oversees more than just the HERR staff.		
13		This could create an undue burden on supervisors if the agency has multiple HE/RR staff. The case management standards do not specify a percentage of records to be reviewed per month.	As above	
14	Intake and Eligibility Agency will receive referrals from a broad range of HIV/AIDS service providers.	Add that this information is to input to the electronic source, as well as ARIES for reporting purposes. Some providers use other software systems but never transfer the required information into ARIES, while others may use EXCEL and that does not get transferred into ARIES for reporting to HRSA.	Agencies are to document in the client's primary record. If this is ARIES, then this is fine. DSHS will be determining the required elements for ARIES in the next couple of months	

15	Agencies should attempt to get all relevant eligibility information from the referral source before providing services to client. If unsuccessful, the client may receive up to two sessions.	As written, this could be a barrier to getting clients into care or returning lost to care clients that don't have current eligibility.	All clients should have current eligibility as with other service categories	
16	Payor of last resort.	Do you want to add – the self-attestation form to this section?	Annual and 6 month attestation is included	
17	Payor of last resort	If a patient navigator is attempting to link a client to care or work toward returning a lost to care client, this may not be possible.	Linking new clients to care is EIS; returning lost to care can be Outreach	
18	Health Education Assessment -How to improve their health status	Add what you want them to do: Hepatitis A/B/C, medication adherence	Each agency will have a curriculum that they determine based on local assessment of need	

	and reduce their risk of transmission to others. - Hep			
19	Health Education Assessment HE/RR staff will complete within 30 days of intake a Health/HIV Educational Assessment and a Service Plan indicating how the client's educational needs will be met. All of the following must be included:	This will be difficult to obtain	Assessment of the client's educational needs is critical.	
20	HE/RR staff will complete within 30 days of intake a Health/HIV Educational Assessment and	This seems geared solely to a first time client. What if a client comes back for more information or if the information sought is specific. Also, the term	Term "intake" is used across disciplines. Assessments should be completed on all clients initially accessing the service.	

	<p>a Service Plan indicating how the client's educational needs will be met. All of the following must be included:</p> <ul style="list-style-type: none"> -Methods of HIV transmission -How to reduce risk of HIV transmission • Medication adherence -Available resources to meet needs 	<p>intake suggests that the client must be in case management. This service category is more about providing information in lieu of having every client with a question enter case management.</p>	<p>If the client comes back for additional one-on-one information, then this would be reflected in their service plan and progress notes.</p>	
21	<p>HE/RR staff will complete within 30 days of intake a Health/HIV Educational Assessment and a Service Plan indicating how the client's educational needs will be met.</p>	<p>There could be confusion between a service plan and a care plan. Samples should be provided. This requirement seems to be elevating the role of a patient navigator to more of a case manager.</p>	<p>Service plan is less formal and may not include goals and SMART objectives. Health education/RR service plan should include areas to be discussed/education to be provided.</p>	

22	HE/RR staff will provide education/counseling regarding:	The term counseling needs to be used very carefully. A non-professional staff isn't training in counseling. The HE/RR required trainings don't include risk reduction counseling.	No, but they do give advice and support to help clients deal with problems, make important decisions, etc. We will add risk reduction counseling to the training requirement	
23	Health Education HE/RR Staff will ask each client to complete a brief program evaluation after each session.	This may be excessive. May consider quarterly or semi-annually. If that is too long, possibly every six weeks eval.	Will change to after education has been completed per their service plan.	
24	Evaluation HE/RR staff will administer pre-post test to each client to assess quality of the education/sessions.	What is the purpose of this? We do not ask clients who receive education or services from other programs to complete a pre/post –test. It also creates a barrier to care and a time constraint for helping clients.	To assess the quality of the education. If providing focused education and risk reduction counseling, we need to assess whether the client has gained knowledge and changed attitudes.	
25	These evaluations must be turned into the HE/RR Supervisor.	Can the frequency be decreased or left to the agency to determine? (I.e. an evaluation after a number of sessions, a	Will change to after education has been completed per their service plan.	

		<p>general pre-test bf the first session and a post-test following a later session to document progress)</p> <p>This seems to fall in line with prevention requirements and is taking the HE/RR staff away from patient navigation functions. This could create a barrier to clients receiving the assistance they need.</p>		
26	<p>HE/RR Staff will ask each client to complete a brief program evaluation after each session. These evaluations must be turned into the HE/RR Supervisor.</p>	<p>We do not ask clients of other programs to complete an evaluation after each session.</p>	<p>Will change to after education has been completed per their service plan.</p>	
27	<p>General</p>	<p>The only thing I would add/request is that we have Patient Navigator funded under this service category. PN will be required to adhere to more</p>	<p>We will discuss which categories can be used to fund the activities under patient navigation during the conference call.</p>	

		stringent requirements, but again this is on a local level. So.....we may not want to change the language in the standards for HERR if we are the only area who does things this way.		
--	--	---	--	--