

Public Comments on Early Intervention Standard

Comment	DSHS Response
Health Education and Literacy Training Curriculum. What composes the literacy training	<p>According to the Standards, the Agency will develop/use an approved health education curriculum to provide client:</p> <ul style="list-style-type: none"> -Education concerning the HIV disease process, risk reduction, and maintenance of the immune system -Literacy training to help client navigate the HIV care system. <p>The agency may either adopt an approved curriculum, of which there are many, or develop their own with approval from DSHS.</p>
Will DSHS provide resources that EIS providers can utilize to meet this criteria?	No, DSHS will not provide a curriculum. The agency may choose one that works best in their local area.
Staff Qualifications. Can supervisors possess a nursing license, MD/DO license, or advance practice nurse license?	The Standards state that supervisors must possess a degree in a health/social service field or equivalent experience. Therefore nurses and physicians possess the required degree.
The training/educational resources are limited in regards to obtaining 16 hours of training regarding the target population and the HIV service delivery system in the service area. Will Texas DSHS provide providers with the necessary training/educational resources for new employees to complete 16 hours of training within the 3 months of employment?	<p>The agency should develop an orientation for new employees to include discussion regarding the target population and the HIV service delivery in the service area. DSHS will not provide resources for local area training since the training should be specific to your area. There are many DSHS trainings through TRAIN as well as trainings online. The Administrative Agency for your area will also know of local trainings.</p>

Comment [AD1]: I would add that DSHS developed trainings could be used for the ongoing 12 hours, and there are many courses available to access on-line.

Twelve hours of annual training required of each staff member is not difficult, however sometimes the training resources do not provide hours (only certificate of completion). How will the supervisor keep track of each employee's educational hours?	Supervisor should ask the employee who attended training and received only a certification of attendance how many hours were attended.
Sometimes the supervisor may have a dual role which leads to more responsibility and he/she may not be able to conduct monthly supervisory meetings. Also, the supervisor of the EIS may review 10% sample of each EIS staff member's records, and this can serve as a time to determine if a monthly supervisory meeting needs to be held with each employee. In addition, sometimes the supervision of certain staff members (nurses, APNs) is done by one person(supervising physician) and he/she has to review every RN chart in a certain department – so if an APN is providing services in EIS his/her supervisor is over 2 departments, and in this case the supervising physician of the EIS should only need to review a random sample of EIS charts quarterly and the APN providing services in the EIS can consult with the supervising physician on an as needed basis.	The Standards require that supervisors hold monthly supervision with all staff members. This supervision is not as formal as a physician reviewing an advance practice nurse as part of their delegation agreement.
Intake and Service Eligibility: Agencies should attempt to obtain at least the following relevant information from the referral source before providing services to client: Photo ID, proof residency, proof of income, and insurance status.	Standards list what eligibility information needs to be obtained from the client. The referral source may only provide proof of residency, and proof of HIV positivity. It is required the receiving agency obtain the additional information as part of the Intake process.

Payor of Last Resort: The written documentation in client's file – "Client denies having private insurance, Medicaid, or Medicare." Is this sufficient documentation?	HRSA requires that agencies receiving Ryan White funding "vigorously pursue other funding sources." The Administrative Agency in your area should have a Payor of Last Resort policy and form that the client can sign attesting to the fact they do not have other funding for care.
<p>1. Referral and Follow-Up</p> <ul style="list-style-type: none"> EIS providers who have a clinician on site (e.g. MD or APN) may provide other clinical and diagnostic services (e.g. CD4 count/percentage, additional STI testing, TB screening, Hep B/C screening, medical assessment, and immunizations) prior to referring individuals who test positive for HIV to outpatient ambulatory medical care EIS providers may not prescribe antiretroviral therapy for management of HIV 	If the agency has staff to provide clinical and diagnostic services, then a referral is not necessary. However, a referral to a HIV provider will be necessary for ARV.