

Early Intervention Services Service Standard

Texas Department of State Health Services, HIV Care Services Group — [HIV/STD Program](#)

Subcategories	Service Units
Early Intervention Services	Per visit

Health Resources and Services Administration (HRSA)

Description:

Early Intervention Services (EIS) include the identification of individuals living with HIV at points of entry and provision of access to services. EIS must include the following four components:

- Targeted HIV testing to help individuals who are unaware learn of their HIV status and receive a referral to HIV care and treatment services if found to be living with HIV.
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
- Referral services to improve HIV care and treatment services at key points of entry.

- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

EIS agencies coordinate services at specific points of entry and with providers of prevention services.

Counseling, testing, and referral activities work to bring people living with HIV (PLWH) into Outpatient/Ambulatory Health Services (OAHS). The goal of EIS is to decrease the number of underserved PLWH by increasing access to care.

EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care. Agencies should refer individuals found not to be living with HIV to appropriate prevention services.

Limitations:

Agencies may use Ryan White HIV/AIDS Program (RWHAP) Part B funds for HIV testing only where existing federal, state, and local funds are inadequate and RWHAP funds will supplement, not supplant, existing testing funds.

EIS services are limited to:

- Counseling and HIV testing
- Referral to appropriate services based on HIV status
- Linkage to care
- Education and health literacy training for clients to help them navigate the HIV care system

Universal Standards:

Service providers for Early Intervention Services must follow [HRSA and DSHS Universal Standards](#) 1-63 and 80-90.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
HIV Testing: Agencies providing HIV testing must ensure the following: • Staff perform HIV testing using blood samples (either finger stick or venipuncture). • The agency maintains records of the number of HIV tests conducted in each measurement year. • The agency maintains records of test results with documentation that indicates whether staff informed the client of their status. Agencies may use RWHAP Part B and State Services funds to purchase Food and Drug Administration (FDA)-approved in-home testing kits. When a client has a positive HIV test at an outside provider, agencies may provide other elements of EIS to the client and do not need to conduct repeat testing.	1. Percentage of clients who test positive for HIV who received their test results in the measurement year.

Results Counseling: Agencies must offer results counseling to clients testing through their agency (whether in person or with a home test kit), regardless of the result of the HIV test performed. Results counseling should include a discussion of safe health practices and general health education for clients. Results counseling for individuals with positive HIV tests must include: • Health education regarding HIV • Healthy behavior promotion • Maintaining viral suppression • Disclosure to partners and support systems • Treatment as prevention and availability of partner services, including pre-exposure prophylaxis (PrEP) • Importance of accessing medical care and medications Results counseling for individuals with negative HIV tests include: • Health education • Healthy behavior promotion • Information on HIV prevention services	2. Percentage of clients tested for HIV who were offered results counseling as documented in the primary client record.
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Linkage to Care: Staff providing EIS services must assist clients who test positive for HIV through preliminary testing in scheduling an appointment with a medical provider of the client's choosing to link them to Outpatient/Ambulatory Health Services. Ryan White measures successful linkage to Outpatient/Ambulatory Health Services as attendance at the actual medical appointment with a prescribing provider. • Clients who test positive at the EIS provider should be linked to care within one month of diagnosis, or three months if the client is experiencing homelessness or unstable housing. • Clients who test positive at an outside location should be linked to care within one month of first contact with the EIS provider, or three months of first contact if the client is experiencing homelessness or unstable housing.	3. Percentage of clients with positive tests who agencies linked to Outpatient/Ambulatory Health Services in the measurement year. 4. Percentage of clients with positive tests who attended a routine HIV medical care visit within one month of HIV diagnosis or first contact with the EIS provider. 5. Percentage of clients with positive tests who were experiencing homelessness or had unstable housing who attended a routine HIV medical care visit within three months of HIV diagnosis or first contact with the EIS provider.
EIS Care Planning: Staff must develop care plans for clients living with HIV during the time they are receiving services through EIS programs. Care plans must include: • Problem statement based on the client's need • One to three current goals • Interventions to achieve goals (such as tasks, referrals, or service deliveries) • Individuals responsible for the activity (such as EIS staff, client, or family) • Anticipated time for the completion of each intervention Staff must update the care plan with outcomes and revise it in response to changes in the client's life circumstances or goals.	6. Percentage of clients with positive tests who have a care plan documented in the primary client record.

Progress Notes: Agencies must maintain progress notes in each client's primary record. Progress notes must include documentation of the assistance the EIS staff provided to the client to achieve successful linkage to OAHS services.	7. Percentage of clients with positive tests that have documented progress notes showing assistance provided to the client.
Referrals and Follow-up: EIS staff must assist clients with referrals to necessary services to achieve successful linkage to care, including the following: • OAHS • Medical case management (MCM) • Medical transportation • Mental health • Substance use treatment • Any additional services necessary to help clients engage in their medical care Staff must document referrals and follow-up in the client's primary record. Follow-up documentation must include the result of the referral and additional assistance the EIS staff offered to the client.	8. Percentage of clients with positive tests with documentation that staff initiated referrals in a timely manner upon identification of client needs. 9. Proportion of clients with positive tests that have documentation of follow-up to referrals, including whether the client attended the appointment.

Transition and Case Closure: Agencies must close the cases of clients who staff successfully linked to active MCM services or OAHS or are no longer engaged in EIS services. Closed cases for clients living with HIV must have a summary that includes the reason for case closure. The EIS supervisor must review and sign closed cases. Agencies may consider a client “out of care” if three attempts to contact the client (via phone, e-mail, or written correspondence) over at least three days are unsuccessful and the client has had 30 days from the initial unsuccessful contact to respond. Staff should utilize multiple contact methods (phone, text, e-mail, certified letter), as the client’s authorization permits, when trying to re-engage a client. EIS staff should work with their local Disease Intervention Specialists (DIS) to assist clients who have not been informed of their HIV status or successfully linked to care. Common reasons for case closure include: • Staff referred and successfully linked the client to MCM or OAHS services. • The client relocates outside of the service area. • The client declines services or chooses to terminate services. • The client is lost to care or does not engage in services. • The client is incarcerated for more than six months in a correctional facility. • The client is deceased.	10. Percentage of closed cases of clients with positive tests that include documentation stating the reason for the closure and a closure summary. 11. Percentage of closed cases of clients with positive tests with the supervisor's signature and approval on closure summary (electronic review is acceptable).
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References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, March 2025.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, March 2025.

Ryan White HIV/AIDS Program. [Policy Notice 16-02 and FAQs: Eligible Individuals & Allowable Use of Funds](#). Health Resources & Services Administration, October 22, 2018.

[Public Health Service Act Title XXVI—HIV Health Care Services Program](#).