



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 2022

Dear Provider:

The NYSDOH AI has developed a Client Progress Report (CPR) that will be shared with you for the purpose of supporting AI funded providers to actively engage and support your clients to maximize viral suppression so they remain healthy and can prevent further transmission. The provisions of the **HIV/AIDS Testing, Reporting and Confidentiality of HIV Related Information** regulations allow the sharing of viral suppression indication from HIV surveillance with care coordination entities to promote linkage and retention in HIV care. This strategy is supported under New York State's three-point plan to move us closer to end AIDS as an epidemic in New York State.

The goals of the three-point plan are:

1. Identify persons with HIV who remain undiagnosed and links them to health care.
2. *Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.*
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative.

The ETE Blueprint is structured to include the three points of the Plan, but also includes other recommendations to minimize new infections and inhibit disease progression. Specifically, Blueprint [Recommendation 7](#) (BP7) calls for the use of client level data to identify and assist patients lost to care or not virally suppressed. Blueprint [Recommendation 5](#) (BP5) calls for the continuous monitoring and improvement of viral suppression rates. Matching and linking New York State HIV surveillance data to other non-connected data systems is a critical step towards implementing both BP7 and BP5.

In 2017, the HIV/AIDS Testing, Reporting and Confidentiality of HIV Related Information regulations were amended to include the sharing of HIV surveillance information with care coordination entities for purposes of linkage and retention in HIV care. The revised regulation reflects amendments made pursuant to Chapter 461 of the Laws of 2016 and were promulgated on May 17, 2017. [10 New York Codes, Rules and Regulations \(NYCRR\) Section 63.4\(c\)\(3\) - Filing of reports](#) defines care coordination as follows:

(3) when used for purposes of linkage to and retention in care, in which case the protected individual's individually identifiable health information may be shared among state health departments, local health departments, health care providers as defined in section 63.1(k) of this Part, and entities engaged in care coordination that have a clinical, diagnostic, or public health interest in the patient. For purposes of this section, ***care coordination shall mean managing, referring to, locating, coordinating, and monitoring health care services for the individual to assure that all medically necessary health care services are made available to and are effectively used by the individual in a timely manner, consistent with patient***

autonomy. Care coordination shall be conducted by or with the participation of the individual's health care provider to the extent possible.

The New York State Department of Health AIDS Institute has further defined care coordination as the integration of social and health care services based on an individuals' needs to achieve optimum health outcomes. Care Coordination involves the deliberate transfer of information, shifting (sharing) of responsibility in planning, organizing, and linking activities between two or more participants involved in providing HIV-related services to facilitate the appropriate delivery of health care services. Your agency meets this definition based on your program(s) funded by the AIDS Institute.

AIDS Institute funded direct service providers using the AIDS institute Reporting System (AIRS) currently submit the "AIRS HIV/AIDS Epidemiology Extract" through the HIV/AIDS Provider Portal via the Health Commerce System (HCS). This information is matched against the New York State HIV Surveillance system and provides valuable information on linkage to care, retention in care, and viral load suppression for clients served by AIDS Institute funded programs. The new CPR will be generated using the matched data referenced above. This report will include information regarding dates of service and related viral load status for clients who match the report eligibility criteria. ***The intent of this report is to identify clients who may require additional follow-up regarding their viral load status and to start a dialogue between the AIDS Institute and the agency regarding those clients. This report will not be used to monitor performance or be used to evaluate contract deliverables.***

In order to receive the CPR, a single point of contact within your organization must be designated. This single point of contact should be a staff member who accepts responsibility for protecting privileged, confidential and/or protected health information (PHI) according to HIPAA, NYS Public Health Law Article 27-F, and other federal and state privacy laws related to sharing and storing HIV-related information. This staff member must also have Health Commerce System access in order to receive the CPR via the Health Commerce Distribution Management System (HCDMS).

Virtual trainings will be held on the following dates to provide additional details and to answer any questions you might have about the report. Each training contains the same content so staff only need to participate in one of the three. No registration is required and you may have multiple staff attend.

Monday, June 27th from 1:00pm – 2:00pm:

<https://aidsinstituteny-org.zoom.us/j/85648747779?pwd=bFB4czFjclhQZitub1hzTE5jSGpvdz09>

Tuesday, June 28th from 9:00am – 10:00am:

<https://aidsinstituteny-org.zoom.us/j/88464612748?pwd=d3NDT1R0OFdWZXB2Tzh5aG9zTIBJUT09>

Wednesday, June 29th from 3:00pm - 4:00pm:

<https://aidsinstituteny-org.zoom.us/j/89042697867?pwd=LzdGSHNHemNBUIYwMmJYWFBsK1Bidz09>

If you have any questions, please contact your AIDS Institute contract manager.

Sincerely,



Johanne E. Morne, MS
Deputy Director for Community Health, Office of Public Health
Director, AIDS Institute and Center for Community Health