HIV Navigation Services

Frequently Asked Questions

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Eligibility

What makes someone eligible for HNS?

A person is eligible for HNS if they are living with HIV and not fully engaged in HIV care and treatment or HIV negative and engage in high risk behaviors. Please see the training materials for more detailed information on eligibility for HNS. Please note, while the CDC does not specifically include people who inject drugs (PWID) in their list of high-risk groups, the AIDS Institute considers PWIDs an appropriate population for HNS.

Does an individual need to have a recent HIV test to be considered for HNS?

The training materials outline that a person who engages in high risk behaviors have a recent HIV test. In most cases, a person can access HIV testing through a referral and would not need HNS to get an HIV test. In some cases, possibly with youth/adolescents, a person may need HNS to navigate barriers to getting an HIV test. In these cases, a person does not need a recent HIV test to be eligible for HNS.

How recent must an HIV test be (3 months, 6 months)?

HNS does not define recent for an HIV test. Agencies can develop their own criteria for the definition of recent for HIV testing. 3-6 months is a reasonable timeframe.

Can HNS be used to navigate a person to learning their HIV status / receiving HIV testing services?

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GOALS

Is there flexibility in what is considered reaching an HNS Goal?

For HNS, goals are determined by the person's comprehensive behavioral risk and needs assessment and action plan. Goals are reached once the person receives the needed service(s) and uses care and prevention services on their own.

Is it considered HNS if an agency begins to work with a client to get the them into care, then "hands the person off" to another person/agency, who will continue to work with the person to complete his/her (ART, Viral Suppression, PrEP adherence, self-sufficiency) goals?

Depending on the person's action plan and goals, it may be considered HNS. HNS is not making a referral to another service. HNS is designed to actively assist a person to reduce barriers and increase access to needed services.

Some clients may never be considered "fully self-sufficient." How does an agency document and "close" these cases, given HNS is time-limited?

While true that some clients may never become "fully self-sufficient," HNS goals are based on the action plan developed with the client. Once these goals are achieved, and the client can maintain services for a period of time (as determined between the client and the HIV Navigator), the HNS case can be closed. It is not the intent of HNS that a client become fully self-sufficient in all aspects of their life.

DELIVERING HNS

Is there flexibility for some clients to receive HNS for more than one year if needed?

Agencies should develop their own policies and procedures for HNS. In some cases, it may be appropriate to have a person in HNS for more than one year. However, goals, developed in conjunction with the client and based on the action plan, should be attainable. The HIV Navigator should reassess a client's readiness for HNS and action plan if goal attainment takes longer than one year.

Will the AI provide (specific) criteria to help determine when to close an HNS case? (e.g. how long someone needs to be virally suppressed? How long someone needs to be taking PrEP consistently or reporting to be using condoms or syringe services consistently?)

The AIDS Institute will not provide specific criteria for closing an HNS case. This is determined by the HIV Navigator in conjunction with the client's completion of the action plan and goal attainment. Since this is a client-centered model, case closure will and should look different for different clients. Cases may be closed as clients attain and maintain their goals, but if the client's situation changes, a client can re-engage in services. Agencies are strongly encouraged to use the Transtheoretical Model of Behavior Change as a framework for delivering HNS.

What is the definition of Retention in Care as it relates to HNS?

For purposes of HNS, retention in care for persons with HIV is defined as "fully engaging in HIV care and treatment" and for HIV negative individuals, to "fully engage in HIV and STD prevention services." HIV Navigators need to assess if the client has achieved their HNS goals and if they are able to sustain their behavior change (e.g. independently make and attend appointments). Agencies should develop their own policies and procedures for follow up to ensure that clients are maintaining their behavior change.

If a provider conducts a comprehensive behavioral risk assessment with a client who has been screened eligible for HNS and agreed to participate in the program and is only linked to PrEP services, does this constitute HNS?

Yes, if the client is successfully linked to a PrEP program and/or receives PrEP services based on an action plan. For example, if a client is interested in taking PrEP but has identified barriers through the comprehensive behavioral risk and needs assessment such as lack of insurance to pay for PrEP and transportation to attend PrEP appointments. The HIV Navigator would assist the client in finding transportation and insurance resources with the goal being that the client would utilize these services to access PrEP on their own. In addition, in this scenario, once these barriers are identified and addressed, the HIV Navigator would provide a "warm handoff" to the PrEP provider (which may include attending the first appointment with the client). Once the client attends the first PrEP appointment, it is best practice for the HIV Navigator to continue to follow up with the client to ensure they are staying engaged in PrEP services and no new barriers have been identified. The length of time that follow-up continues is based on each client's situation and skill set and programs should determine how long to maintain follow-up services.

In contrast, if no barriers to accessing PrEP are identified through the comprehensive behavioral risk and needs assessment and the client can make and attend PrEP appointments on their own, this would be considered a referral to PrEP services and not HNS.

If a provider conducts a comprehensive behavioral risk assessment with a client who is eligible for HNS and the client is linked to services such as HIV testing, screening and PrEP that are provided internally by the same agency, does this constitute HNS?

See the scenario outlined above. To be considered HNS, barriers to accessing and receiving services must be identified through the comprehensive behavioral risk and needs assessment and documented in the action plan. If staff "walks" a client to HIV testing or PrEP services that are provided at their own agency and the client can access these services without any barriers, it would not be considered HNS.

How is self-sufficiency defined in the context of delivering HNS?

For the purposes of HNS, self-sufficiency means that a "client is able to use care and prevention services on their own without assistance from others". It does not mean that a client is fully self-sufficient in all aspects of their life.

Can the AIRS Intake Form be used as the comprehensive risk assessment tool for HNS?

The AIRS Intake Form is not a comprehensive behavioral risk and needs assessment tool and ***cannot*** be used to conduct a comprehensive risk assessment for the purposes HNS.

How long can you keep a client on the caseload?

There is not a specific timeframe for how long a client can be kept on a caseload. HNS should be delivered based on a client's readiness to engage in services, their specific needs and circumstances, and with the goal of moving the client to self-sufficiency. The agency will need to develop policies and procedures to guide HNS implementation. These policies and procedures should include program guidance as it relates to the intervention time frame and case closure. As an example, some agencies limit the amount of time clients can receive HNS (e.g. six (6) months). Although this is an individual agency decision, the agency should keep in mind the goals of HNS as described in the training. If guidance on appropriate timeframes is needed, agencies should discuss this with their contract manager.

HNS and AIRS Data Collection

What services should be entered and what services are AI tracking?

Data captured in AIRS should reflect the services that were received (e.g. linkage to PrEP, linkage to benefits) after the service has been received by the client and documented. The service category Implementation of Action Plan has also been added to capture HNS activities undertaken for the purpose of achieving Action Plan goals.

The AIDS Institute has designated certain services as Priority Services, including linkage to care, testing, PrEP and assistance with accessing benefits, entitlements and services. The AI is also tracking fidelity to the HNS model by assessing whether clients receive a Comprehensive Behavioral Risk Assessment and an Action Plan.

When should Linkage Services be entered in AIRS?

Linkages should be recorded only after the linkage for the client is verified. In other words, the HNS Specialist may share information related to accessing or addressing barriers to a particular service, but the linkage to that service should not be entered into AIRS until staff have verified that the client has attended/received that service. It is best practice for the HNS Specialist to verify receipt of the service with the service provider. However, since this is not always practicable, client self-report may be used for verification.

What date should be used to record Linkage Services in AIRS?

Linkages should be entered in AIRS using the date that the HNS Specialist verifies that the appointment was attended/the service was received. It is best practice for the HNS Specialist to

verify receipt of the service with the service provider. However, since this is not always practicable, client self-report may be used for verification.

Are programs still required to add referrals for HNS in AIRS?

No, it is not required. Previous reporting depended on closure of the "referral loop" with an outcome of "Client Received Service". Since linkages will now only be recorded once they are successfully achieved (i.e. the client received the service, attended the appointment), programs are no longer required to use referral tracking for HNS.

If programs chose to continue to use referral tracking, they are reminded to hold off on entering any linkage services until updating the referral outcome to "Client Received Service".

Are all encounters and discussions with the client reported in AIRS?

For AIRS data reporting, the focus should be on documenting outcomes of HNS activities. These are the data elements contract managers will be using to monitor contract performance. The AI recognizes that significant staff time is devoted to routine activities such as phone calls, leaving voice mails for clients and/or providers, etc. This information should be documented in the progress/client case notes. Providers should speak with their contract manager if there are questions about which HNS activities should be captured in AIRS.

STAFFING FOR HNS SERVICES

What is the appropriate level of training and education for an HIV Navigator? Is it appropriate for a peer to conduct HNS?

Agencies need to develop their own education and training requirements for HIV Navigators. It is recommended that HIV Navigators receive, at a minimum, the following training (in addition to HNS training and agency specific training): Transtheoretical Model of Behavior Change, Motivational Interviewing, cultural competency and responsiveness, communication skills, and resource identification.