

HIV Navigation Services (HNS) *(revised 12.5.18)*

HIV Navigation Services (HNS) Intervention

HIV Navigation Services (HNS): Is a process to help a person (living with HIV or engaging in high risk behaviors) obtain timely, essential and appropriate medical, prevention, and support services to optimize their health and prevent HIV transmission and acquisition. The goal of HNS is to actively engage the client in a comprehensive assessment process to identify barriers and/or unmet needs and develop an action plan to eliminate or reduce these barriers. HNS is accomplished through ongoing and active methods of client engagement (action plan implementation) including but not limited to transportation/escort to appointments, assistance with health insurance forms, addressing food insecurity, etc. **HNS is not a one-time encounter with a client. HNS is intended to support positive change and ultimately foster a client's self-sufficiency in navigating HIV health and prevention services through the completion of action plan goals.**

AIRS Encounter Type:
309 Linkage/Navigation

- ****All HNS clients MUST have a Comprehensive Behavioral Risk Assessment and an Action Plan**
- **+++ Linkage Services should ONLY be selected AFTER the HNS Specialist has verified that the clients engaged with the service/attended an initial appointment**

HNS AIRS Services Provided Definitions

***denotes a required service*

+++denotes a service that should only be entered once attendance at first appointment is verified

**** (1271) Comprehensive Behavioral Risk Assessment**

Provide a behavioral risk assessment which includes the collection of information to determine a person's risk of acquisition or transmission of HIV and STD/HCV to others.

- Includes a thorough review of HIV, STD and HCV behavioral risk factors as well as a brief substance use and mental health screening to determine how those issues affect the client's risk
- The goal is to determine risk behaviors the client may be engaging in to identify suitable behavioral or biomedical risk reduction interventions
- Should explore any barriers to medical care, prevention and other support services, including substance use or mental health treatment as appropriate, the client might be experiencing (e.g., lack of insurance, transportation, language barrier)
- Inform the action plan developed with the client to addresses those barriers
- **Must be completed at least every six months** for every client enrolled in HIV Navigation Services

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<p>** (1324) Development of Action Plan with Client</p>	<p>Complete an action plan to reduce barriers and increase access to needed services. The action plan development should be an interactive process between the client and intervention staff that uses motivational interviewing techniques to craft a plan that outlines the goals which are priority and identifies related steps / activities to address barriers or needs identified through the comprehensive behavioral risk assessment (1271). This action plan may be documented via an agency form, progress notes or a combination thereof and must be updated after every comprehensive assessment. The documentation process should be client centered and meet the needs of the individual being served.</p>
<p>(1417) Implementation of Action Plan</p>	<p>Ongoing and active methods of client engagement that are not otherwise listed as separate services in AIRS (e.g. follow up phone calls, scheduling appointments, researching service information, etc.) which are intended to support positive change and ultimately foster a client's self-sufficiency in navigating HIV health and prevention services through the completion of action plan goals.</p>
<p>+++ (1421) Assistance with Housing Services</p>	<p>Provide information and/or facilitate client linkage to housing services in response to needs identified through the comprehensive assessment and action plan development process. Housing services should support the implementation of prevention and support services goals as identified through the comprehensive assessment and action plan. Follow up on linkages made to address needs identified.</p> <p>ⓘ This service must be verified to ensure the client received the service and documented within the client record prior to data entry within AIRS.</p>
<p>+++ (1422) Assistance with Education/Employment</p>	<p>Provide information and/or facilitate client linkage to education and/or employment services in response to needs identified through the comprehensive assessment and action plan development process. Education and employment services should support the implementation of prevention and support services goals as identified through the comprehensive assessment and action plan. Follow up on linkages made to address needs identified.</p> <p>ⓘ This service must be verified to ensure the client received the service and documented within the client record prior to data entry within AIRS.</p>

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<p>+++ (1144) Assistance with Access to Benefits/ Entitlements</p>	<p>Provide information and/or facilitate client linkage in response to needs identified through the comprehensive assessment and action plan development process. Follow up on linkages provided must be verified to ensure the client accessed/received the service.</p> <p><i>ⓘ This service must be verified to ensure the client received the service and documented within the client record prior to data entry within AIRS.</i></p>
<p>(827) Translation/ Interpretation</p>	<p>Provide direct translation/interpretation services, or facilitation of the provision of translation/ interpretation services, to ensure client can successfully access services. Translation/interpretation services should support the implementation of prevention and support service goals as identified through the comprehensive assessment and action plan process.</p>
<p>(1201) Transportation Coordination</p>	<p>Coordinate transportation services (cab, train, subway, bus, etc.) to facilitate client's access to HIV/STD/HCV related services. Transportation services should support the implementation of prevention and support service goals as identified through the comprehensive assessment and action plan process. Follow up on linkages made to address needs identified must be verified to ensure the client received the service and documented within the client record and AIRS.</p>
<p>(1146) Supportive Counseling</p>	<p>Provide supportive counseling, which is an interactive process between the client and intervention staff that uses motivational techniques to ensure the client is supported in achieving the prevention and support service goals as identified through the comprehensive assessment and action plan process.</p>
<p>(238) Escort</p>	<p>Accompany a client to an appointment (HIV/STD/HEP C testing, medical care, benefits/entitlements programs, housing, substance use treatment, etc.). Escort services should support the implementation of prevention and support service goals as identified through the comprehensive assessment and action plan process and be documented within the client record.</p>
<p>+++ (1291) Linkage to Legal Support</p>	<p>Link client living with HIV to direct legal services when need is identified through the comprehensive assessment and action plan development process.</p> <p><i>ⓘ This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>

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<p>+++ (1292) Linkage to HCV Screening</p>	<p>Link client to Hepatitis C screening services, on site, or at another provider when need is identified through the comprehensive assessment and action plan development process.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1293) Linkage to HIV Testing</p>	<p>Link client to HIV testing services, on site, or at another provider when need is identified through the comprehensive assessment and action plan development process.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1323) Linkage to Partner Services</p>	<p>Link client to HIV and STD Partner Services (PS) staff on site (if possible), or at the county health department/NYSDOH and NYCDOHMH. Linkages to Partner Services should be made when, through the comprehensive assessment process, a need is identified for the client to notify sexual or needle sharing partners and wants assistance with such notifications.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1294) Linkage to PrEP</p>	<p>Link client to a health care provider for clinical PrEP assessment/evaluation and treatment when the need for PrEP treatment is identified during a comprehensive risk assessment and action plan development process, or a Screening for PrEP encounter.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1295) Linkage to Primary Care</p>	<p>Link client to medical services which include primary care, HIV medical care, STD/HCV treatment, and reproductive and sexual health services.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>

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<p>+++ (1296) Linkage to STD Screening</p>	<p>Link client to STD screening services when need is identified through the comprehensive assessment and action plan development process.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1297) Linkage to Substance Abuse & Mental Health Services</p>	<p>Link client to substance abuse and/or mental health services when need is identified through the comprehensive assessment and action plan development process.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>+++ (1107) Linkage to Overdose Prevention Training</p>	<p>Provide client with opioid overdose prevention counseling, education, and information on overdose prevention or linkage/referral to opioid overdose training. If linked/referred to training, ensure client is connected to a NYS registered opioid overdose prevention program.</p> <p>ⓘ <i>This service should only be entered in AIRS once follow up has occurred to ensure the client accessed/received the service.</i></p>
<p>(1289) Information on PrEP</p>	<p>Provide basic information to a client on Pre-Exposure Prophylaxis (PrEP).</p>

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<p>(1305) Screening for PrEP</p>	<p>Provide a PrEP screening to determine if an HIV negative client would benefit from, and is ready to accept, PrEP/Truvada as a pre-exposure prophylaxis treatment.</p> <ul style="list-style-type: none"> • The screening for PrEP should be a client-focused discussion inclusive of: <ul style="list-style-type: none"> ○ current risk behaviors ○ the benefits of PrEP treatment due to the client’s current risk behaviors ○ provider options in the client’s community ○ potential medication payment options and/or insurance barriers ○ treatment adherence issues ○ PrEP support resources; etc. • A <i>Screening for PrEP</i> can occur as part of a comprehensive risk assessment or at any time during engagement in HIV Navigation Services and should be documented in the client record either as a progress note or part of a formalized screening process for PrEP • If the client is linked to PrEP, document service under +++(1294) Linkage to PrEP.
<p>(1309) Treatment Adherence Counseling (PrEP)</p>	<p>Provide treatment adherence counseling for PrEP which is an interactive process between the client and intervention staff that uses motivational interviewing techniques to ensure a client is supported in achieving PrEP treatment adherence goals.</p> <p>This includes working with the PrEP prescribing clinician to provide supportive services as part of an action plan that includes routine HIV and STD testing, risk reduction, counseling, and education on condom use and safer sex practices.</p>
<p>(1269) CD4/Viral Load Lab Report Check</p>	<p>Obtain a copy of the client’s most recent CD4/viral load lab report and file in client’s confidential record. CD4/viral load must also be updated in AIRS.</p> <p>A client self-report of the CD4/viral load lab may be accepted and documented in the client’s record; however, data should only be entered in AIRS when client reported information is confirmed with the medical provider.</p>

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(1310) Treatment Education and Adherence Counseling

Provide treatment education and adherence counseling which is an interactive process between the client and intervention staff that uses motivational techniques to ensure the client is supported in achieving treatment adherence/medication self-management goals when a need is identified through the comprehensive assessment and action plan process.

Education/counseling messages should incorporate both personal high benefits of adherence as well as benefits of high adherence in reducing the risk of transmission to others (treatment as prevention).

(1145) Prevention Counseling

Provide prevention counseling which is an interactive process between client and prevention intervention staff aimed at promoting harm reduction and healthy sexual health behaviors and reducing risk of HIV /STD and HCV transmission or acquisition.

Ensure discussion includes information about self-disclosure and/or linkage to partner services and syringe exchange programming as appropriate, and condom distribution.

**** (72) Case Closure/Discharge**

Discontinue/terminate service provision when a client is no longer actively engaged in HIV Navigation Services (e.g., client is no longer enrolled in the program or in need of services, client cannot be located). Case closure should be documented in the client record and in AIRS.