

Treatment Adherence Counseling Standards

Note: The Universal Standards apply to all service categories, in addition to the standards listed below.

Definition: Treatment adherence counseling includes counseling or special programs provided outside of a medical case management or outpatient/ambulatory medical care visit by non-medical personnel to ensure readiness for, and adherence to, complex HIV/AIDS treatments.¹

Objectives:

- Provide treatment adherence counseling services to support patients as they self-manage their care.
- Develop a plan of action that encourages and supports patients' compliance with treatment regimen.

Performance Measures:

- Percentage (%) of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
 - Percentage of treatment adherence patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.
 - Percentage of treatment adherence counseling patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

¹ 2012 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual (September, 2012), p. 9.

- Percentage of treatment adherence counseling patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

1.0 Agency Policies & Procedures

National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual’s HIV-positive status, residency. Determination and documentation of patient eligibility every six months.² Documentation that services are: a) designed to ensure readiness for, and adherence to complex HIV/AIDS treatments; b) provided by non-medical personnel; and c) provided outside of Medical Case Management and clinical setting.³

Standard	Measure
1.1 Patient eligibility for Ryan White (RW) Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient’s record.
1.2 Referral for treatment adherence services ⁴ is documented prior to initiation of service. Referral may be made by a provider or patient.	1.2 Signed, dated referral from patient or provider is located in patient’s record.
1.3 Provision of all treatment adherence counseling is documented by: a) services provided and dates of such service; and b) compliance with RW requirements and treatment plan. All reports must be signed and dated.	1.3 Documentation of treatment adherence counseling conducted by services, date and compliance with treatment plan signed and dated by treatment adherence counselor.
1.4 Patient discharged when treatment adherence services are no longer needed, goals have been met, upon death or due to safety issues.	1.4 Documentation of discharge plan in patient’s record with clear rationale for discharge and discussion with patient. Plan signed and dated by the substance abuse provider.

2.0 Service Provision

National Monitoring Standards: Support for Treatment Adherence Counseling include the provision of counseling or special programs to ensure readiness for, and adherence to,

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 48.

⁴ Services may be provided to patients considering initiation of ARV therapy or those not currently following planned regimen.

complex HIV/AIDS treatments provided by non-medical personnel outside of Medical Case Management and clinical setting.⁵

Standard	Measure
2.1 Screening and intake to be completed within 10 days of initial contact with patient to include: a) medical history and current health status; b) medication list; c) mental health status and co-existing conditions; d) patient’s support systems; and e) need for treatment adherence services.	2.1 Documentation of intake, eligibility and need for services in record signed and dated by treatment adherence counselor.
2.2 Within 30 days of the initial assessment, a detailed treatment plan is developed for each eligible patient and signed by the patient and treatment adherence counselor. The individualized treatment plan should include: <ul style="list-style-type: none"> • Defined treatment goals with action steps delineating individual responsibilities • Treatment modality (individual or group) • Timeframe for treatment adherence services, including quantity and frequency • Date for reassessment • Recommendations for follow-up 	2.2 Treatment plan with required components is signed and dated by the patient and treatment adherence counselor. Documentation of regular monitoring and assessment of patient progress in patient’s record.
2.3 Patients who miss a scheduled appointment will be contacted by phone to reschedule appointment within 5 days.	2.3 Documentation of missed appointment and staff attempts to contact patient and reschedule in patient’s record.
2.4 Treatment plan is reassessed every 90 days to assess progress and identify emerging needs.	2.4 Documentation of review and update of treatment plan as appropriate signed and dated by the patient and treatment adherence counselor.
2.5 Refer patient to other services as appropriate, e.g. substance abuse services, mental health, support services.	2.5 Documentation of referrals made and status of outcome in patient’s record.
2.6 Develop discharge plan once goals have been met.	2.6 Discharge plan is signed and dated by patient and treatment adherence counselor.

⁵ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 48.

3.0 Personnel

National Monitoring Standards: Treatment Adherence Counseling services are provided by provided by non-medical personnel outside of Medical Case Management and clinical setting.⁶

Standard	Measure
3.1 All treatment adherence counselors must have: <ul style="list-style-type: none"> • Bachelor’s degree or be licensed as a Registered Nurse (not mandatory) • One year experience working with patients infected with HIV or additional health care training • Knowledge of HIV risk behaviors 	3.1 Documentation of qualifications in personnel file.
3.2 Newly employed treatment adherence counselors must complete orientation within 2 weeks of hire and the following training within 160 days of hire: <ul style="list-style-type: none"> • Case Management 101 • Clinical training models on medications and adherence • Cultural competency • Facts/Fundamentals • Motivational Interviewing • CRCS 	3.2 Documentation of training completed in personnel file.
3.3 All treatment adherence counselors must complete 12 hours of continuing education in adherence or related area and/or HIV/AIDS annually.	3.3 Documentation of continuing education credits in personnel file.

4.0 Quality Management

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program’s approved Standards of Care.^{7,8}

Standard	Measure
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⁶ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 48.

⁷ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁸ PHS Act 2618(b)(3)(C&E)

<p>4.1 Measure and report patient outcomes using treatment adherence counseling measures approved by Virginia Department of Health.</p>	<p>4.1 Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of treatment adherence counseling patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year. • Percentage of treatment adherence counseling patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. • Percentage of treatment adherence counseling patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
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