

Virginia Department of Health
 Division of Disease Prevention
 HIV Care Services
 Service: Standards

**Treatment Adherence Services
 2009-2010**

Definition of Service: Provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting. (HRSA definition)

Objectives for Service:

- To encourage clients to become independent and compliant in their health care.
- To develop a plan of action to assist clients to reach their optimum level of health and be able to manage their care.
- To identify with clients the reasons for noncompliance and develop a plan to overcome barriers to treatment adherence.

STANDARD	MEASURE
Service Standards:	
The client's eligibility for Ryan White Part B services is determined or is in process of determination before services are initiated.	Documentation of the client's eligibility or that the eligibility process has been initiated is present in the client's record.
Clients will be referred by a Ryan White Part B provider or will individually seek services of the Treatment Adherence Program. These may be individuals who are considering initiation of HAART or who are not following planned regimen.	Documentation of request or referral for treatment adherence services must be present in the client's record, signed and dated.
Screening:	
A screening will be done within 72 hours (3 working days) from the time the client makes initial contact with the agency.	Documentation of a completed screening is present, in the client's record, signed and dated.

Intake:	
An intake will be completed within 10 working days of the initial screening when the prospective client meets with the appropriate agency staff and eligibility is established.	Documentation of a completed intake must be present in the client's record, signed and dated.
Assessment:	
An assessment is completed within 30 days of the intake and the client has been assigned a Treatment Adherence Professional. Documentation must be present if time frame is not met.	Documentation of a completed assessment must be present on the client's record, signed and dated. Documentation is present if the time frame is not met.
Treatment Plan:	
A treatment plan will be developed within 30 days of the assessment between the client and the treatment adherence professional which will include: <ul style="list-style-type: none"> • Goals • Measurable outcomes to increase treatment adherence • Time frames to achieve outcome • Who is responsible for each action step 	Documentation must be present in the client's record, signed and dated by the client and the treatment adherence professional.
A copy of the treatment plan will be offered to the client.	Documentation must be present in the client's record, signed and dated, indicating that the treatment plan was received or declined.
Progress notes will assess effectiveness of treatment, client response to treatment, and progress toward treatment goals. All visits, interventions or meetings will be documented with progress notes.	Documentation is present in the client's record, signed and dated of progress notes reflecting contacts and content of visit.
Reassessment:	
The treatment plan is reassessed by the client and treatment adherence professional at least every 90 days . The treatment plan may be assessed sooner if there is a need.	Documentation of the reassessed treatment plan is present in the client's record, signed and dated, by the client and the treatment adherence professional.
Discharge:	
A Discharge Plan will be developed with the client when the client no longer requires treatment adherence services.	Documentation of the discharge plan is present in the client's record, signed and dated.

Qualifications:	
<p>The treatment adherence professional will possess:</p> <ul style="list-style-type: none"> • A bachelor's degree or Registered Nurse • Skill in social work, psychology, nursing, counseling, health education, or prior experience working with HIV + clients • Ability to develop and maintain written documentation • Skills in crisis intervention • Knowledgeable of HIV risk behaviors 	<p>Documentation of the qualifications of the position will be present in the treatment adherence professional's personnel file and be available for review.</p>
New Hire Training:	
<p>All newly hired treatment adherence professionals will complete a minimum training requirements within 1 year of hire:</p> <ol style="list-style-type: none"> 1) Clinical training models on Medications and Adherence 2) Case Management 101 3) Cultural Competency 4) Facts/ Fundamentals 5) Motivational Interviewing 6) CRCS 	<p>Documentation of the completed training requirements will be present in the treatment adherence personnel file and be available for review.</p>
Annual Training Requirement:	
<p>All treatment adherence professionals must complete 12 hours of continuing education in adherence or related area and/or HIV/AIDS annually.</p>	<p>Documentation of completion of the continuing education must be kept in the treatment adherence professional's personnel file and be available for review.</p>