

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
HEALTH CARE AND SUPPORT SERVICES  
HIV MEDICATION ADHERENCE PROGRAM  
PROTOCOL**



Effective July 1, 2016

# HIV MEDICATION ADHERENCE PROGRAM

## **PROGRAM OVERVIEW**

HIV is a chronic disease that can be managed with medications to keep the infection under control. The primary goals of HIV therapy are to lower the HIV viral load, increase/maintain the CD4 count, and improve immune function. Entry and retention in medical care is essential to the provision of effective antiretroviral therapy (ART). Adherence to ART is one of the important determinates of successful treatment outcomes including decreased rates of HIV medication resistance which can limit the client's future treatment options.

HIV medication adherence can be difficult and requires a lifelong commitment from the client. Providing a client centered assessment and support for adherence is essential for clients to be successful with their treatment regimens.

The HIV Medication Adherence Program (MAP) supports the National HIV/AIDS Strategy (NHAS) by assisting clients to reach HIV viral suppression (viral load <200 copies) to improve their health outcomes and to reduce HIV transmission. The program also supports the NHAS goal of reducing HIV-related health disparities by providing services for uninsured and underinsured low income HIV positive individuals and assists clients in navigating the health care system.

## **PROGRAM SERVICES**

Medication Adherence Nurses can assist their clients in determining their readiness to start ART, to prepare to start their regimens, to provide adherence tools, to assist clients in overcoming barriers to adherence, and monitor adherence. **Medication adherence services are limited to HIV Medications only.**

## **ELIGIBILITY REQUIREMENTS**

Eligibility for services shall be limited to low-income Connecticut residents diagnosed with HIV/AIDS with a household income of 300% or less of the Federal Poverty Level (FPL) who are contemplating taking or are currently taking HIV medication and need assistance with medication adherence, coping with side effects from the medications, and/or need education on HIV and their treatment regimen.

## **ELIGIBILITY DETERMINATION**

**The following documentation or a completed "Connecticut Ryan White Eligibility Summary Sheet" must be in client record:**

1. Proof of HIV positive status signed by a Licensed Medical Provider within 10 days of intake
2. Proof of Connecticut residency (copy of the client's ID, utility bill, mail, documentation from shelter, etc.)
3. Proof of income verification using the "Ryan White Eligibility Worksheet including the Client Cap & Sliding Fee Determination" with supporting documentation of income (paystubs, unemployment compensation, SSI, etc.)
4. Clients declaring no income must complete, sign and date the "Connecticut Ryan

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White Part B Zero Income Affidavit” (Attachment A).

5. Health insurance screening - clients must be screened for health insurance coverage and if the client is not enrolled in an insurance plan, the nurse must refer all eligible clients to a Medical Case Manager for benefit counseling and enrollment assistance. If there is no MCM available for this service, then the nurse must provide the health insurance benefit counseling and assistance.
6. **Eligibility determination is done at intake and every six (6) months thereafter.**

Proof of eligibility including the supporting documentation can be copied from the Medical Case Management (MCM) client chart or downloaded from CAREWare and placed in the MAP client chart if the sub-recipient does not utilize a combined MAP/MCM client record. Eligibility documentation included with the client referral from another agency is acceptable.

A “Connecticut Ryan White Part B Eligibility Summary Sheet” (Attachment B) completed, signed and dated by the Medical Case Manager every 6 months and kept in the MAP client chart is also acceptable documentation of client eligibility for sub-recipients not using a combined MAP/MCM record (internal agency use only).

For MAP clients without MCM services, the Nurse is responsible for performing the Eligibility Determination and collecting the supporting documentation.

Each sub-recipient must develop and implement a policy and procedure for verifying that Medication Adherence Services are being provided as a “payer of last resort” and providing documentation in the client chart that the client is ineligible for any other medication adherence service (e.g. private insurance, pharmacy, etc.).

### **HIV MEDICATION ADHERENCE PROGRAM STRUCTURE AND PERSONNEL**

#### **REFERRAL TO PROGRAM**

Clients are referred to the HIV Medication Adherence Program by their Licensed Medical Provider. The Provider must submit the “Connecticut Ryan White Part B Medication Adherence Referral Form” (Attachment C), a current list of the client’s medications, an order for the Nurse to fill the client’s pillbox (as needed), and that the client is competent to self-administer their own medications.

#### **STAFF REQUIREMENTS AND CLINICAL SUPERVISION**

1. The HIV Medication Adherence Program services are provided by Licensed Registered Nurses under the direction of a Licensed Physician as documented on the “Connecticut Ryan White Part B Medication Adherence Referral Form”. The RN is solely responsible for the client assessment, planning, and evaluation phases of the nursing process and for delegation of duties to the LPN (if applicable).

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2. Services may also be provided by Licensed Practical Nurses (LPNs) under the direction of a RN or APRN. The LPN contributes to the assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner; participates in the development of care plan in consultation with the RN; provides HIV medication adherence services for clients whose health conditions are stable as delegated by the RN, and assists in the evaluation (data collection) process. The direction (supervision) of the LPN by the RN or APRN shall be provided on site in health care and community based agencies including overseeing the performance of duties by the LPN. The supervising nurse shall be available by phone for consultation as needed when not on site. The RN must be responsible for the total plan of nursing care.
3. Clinical Supervision by a Medical Doctor for RNs is no longer needed and is no longer permitted for the LPNs.
4. The Medication Adherence staff provides more than a one-time intervention. The program must sustain the capacity to conduct ongoing monitoring of the client's ability to adhere to their HIV medication and treatment regimen.

### **SCOPE OF SERVICES**

The services to be provided must be delivered in the context of assisting a client to adhere to an HIV medication regimen. The services shall include, but are not limited to:

1. Provision of client centered HIV medication and treatment adherence counseling by licensed professional staff which includes:
  - a. Initial and ongoing, at least every six (6) months, assessment of client's motivation, strengths, weaknesses for medication adherence and understanding of HIV disease;
  - b. Initial and ongoing, at least every six (6) months, assessment of client's psychosocial situation and identification of any barriers to medication/treatment adherence;
  - c. Initial and ongoing, at least every six (6) months, assessment of client's medical, substance abuse, and mental health status relative to HIV medication/treatment adherence;
  - d. Provision of health education as needed; and
  - e. Provision of referrals such as the Connecticut AIDS Drug Assistance Program (CADAP), Mental Health Services, etc. as needed.
2. Provision of a client centered care plan by licensed professional staff which includes:
  - a. Realistic and measurable HIV medication adherence goals;
  - b. Monitoring the client's progress in meeting the goals of the plan in the client record;
  - c. Development and monitoring of strategies used to improve adherence which are documented in the client record; and

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- d. Collaboration with client's providers, including other members of the health team to obtain necessary support for maximizing adherence to HIV medication/treatment regimens.
3. Client's progress in meeting medication adherence goals including the use of adherence tools shall be documented at least monthly in the client record in the progress notes and at least every six months in the care plan.
4. Adherence support devices/supplies shall be available to Medication Adherence Programs through a Department of Public Health (DPH) subcontractor as funding permits. Any adherence support devices/supplies above and beyond the supply at the DPH subcontractor shall have DPH approval prior to purchase.
5. Adherence Nurses may also provide one time adherence education and counseling services for clients that do not need on-going adherence support. These clients will not be considered MAP clients and must have a record/log documenting their contact information and services given (e.g. adherence tools). The number of clients and type of service(s) will be documented in the Program Narrative Report only, not in the CAREWare system.
  - a. Clients should be enrolled in the Medication Adherence Program if they require on-going services. All MAP clients must have an Initial Assessment & Care Plan prior to services being documentation in CAREWare.
6. Client caseload expectations are a minimum of 15-30 active clients at all times based on a 15-35 hour work week. Client caseload expectations shall be maintained in accordance with the number of contracted service hours for the Medication Adherence Nurse(s) and the complexity of the services provided.

### **HIV MEDICATION ADHERENCE PROGRAM STAFF ROLES AND RESPONSIBILITIES**

#### **Staff hired by the agency shall:**

Adhere to the DPH HIV Medication Adherence Program Protocol, set up and maintain client records as per DPH requirements, utilize CAREWare as the data collection and reporting system, submit all financial, programmatic and progress reports as contractually required, and be available for a minimum of one site visit per year as conducted by the assigned Health Care and Support Services (HCSS) Contract Manager and/or Nurse Consultant.

Comply with the State and Federal Confidentiality Laws and be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Have knowledge of HIV/AIDS; maintain their licensure, and work within the scope of standards and practice of care as determined by their level of licensure.

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Demonstrate the ability to provide culturally competent services for HIV positive individuals; develop knowledge of community resources; be willing to travel and conduct home and/or off site visits.

Have good oral and written communication skills and good organizational skills. Maintain a professional relationship with their clients.

Coordinate referrals and track linkages and outcomes of clients to medical care and support services to ensure access to and retention in medical care as evidenced by appropriate documentation in database and progress notes.

May teach clients how to fill their pillboxes and may fill client pillboxes as directed by the client's Medical Provider as documented on the "Connecticut Ryan White Medication Adherence Referral Form".

### **ADMINISTRATION**

The agency shall require and maintain a current copy of the HIV MAP Staff license.

All contracted agencies shall have a client record system that collects and maintains information about client demographics, assessments, care plans, services provided, client response to services, updates, treatment goals, etc., that conforms to the information required by DPH. The client record shall also include copies of the current Consent Forms, Release of Information Form(s), "CAREWare User Share Forms," Grievance Policy Forms, Primary Care Physician information, list of Medications including Antiretroviral Medications (ARVs), Progress Notes, Case Conferencing, CAREWare Client Report and Encounter Reports, and other documents as required by DPH.

Contractors are required to collect and report client level data and certain Performance Measures, as determined by DPH, which are included in the client record and CAREWare on a regular, ongoing basis and submit required documentation to Health Resources and Services Administration (HRSA) and DPH. This information shall include, but is not limited to: Viral Load, CD4 count, PCP prophylaxis treatment, last two Primary Care Visits (at least three months apart), List of ARVs, ARVs if pregnant, HIV Risk Counseling, Hepatitis B Vaccination, Hepatitis B Screening, Hepatitis C Screening, Syphilis Screening, and TB Screening.

Client records and contents shall be protected within the parameters of State and Federal laws and regulations. Record retention expectation is seven years.

### **REQUIRED REPORTING TO DEPARTMENT OF PUBLIC HEALTH**

Contractors shall ensure that the data to complete the Ryan White Service Report (RSR) is contained in the CAREWare database preparatory to submission of this report by DPH to HRSA according to timelines established by DPH and HRSA.

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**Contractors shall submit Periodic Reports that include, but are not limited to:  
Medication Adherence Program Narrative Report:**

**Required Reports:**

1. Line List of MAP Clients Year to Date
2. CAREWare Part B MAP Services Listing
3. CAREWare Multiple Performance Measures Report (completed by Supervisor)
4. Copy of Quality Management Meeting Minutes
5. Internal Audit Reports five (completed by Supervisor)
6. Services Requested Received/Denied
7. MAP Gift Card Logs
8. Copy of Client Satisfaction Survey(s), Suggestion Box Comments, Interviews, etc. and Result Summary - (with Final Report, if not previously Submitted during the fiscal year)

**QUALITY MANAGEMENT**

The contractor shall maintain a Quality Management Program to monitor and evaluate program activities, outcomes, and services. Each agency must have a Quality Management Plan which is updated annually and submitted to the HCSS Nurse Consultant by June 30<sup>th</sup> of each year. The Quality Management meeting minutes and documentation of the progress towards meeting the Quality Management/Quality Improvement goals and activities must be submitted with the periodic Program Narrative Reports.

**QUALITY ASSURANCE MONITORING**

The contractors shall conduct quality assurance audits on five (5) client records using the DPH HCSS MAP Internal Audit form each period in order to assure the completeness of information, documentation, proper eligibility determinations, general orderliness of records and compliance with the MAP Protocol. These audit forms are to be submitted with the periodic program narrative report.

Quality Assurance Reviews will be conducted at least once a year by the Department of Public Health.

**QUALITY ASSURANCE SITE VISIT DOCUMENTATION AND FORMS**

**Client Record**

The appropriate forms are being used with proper documentation; the forms are organized and secured in the body of the client's record. The records are kept confidential and secured in locking cabinets.

**1. Consent Form**

Consent forms are signed, dated and current (within 12 months).

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## **2. CAREWare Client Consent and User Agreement Forms**

Forms are initialed, signed, dated and are current (within 12 months).

## **3. Authorization to Obtain and/or Disclose Protected Health Information (PHI)**

MAP Nurse's name or "Agency Staff" shall be documented on the Release of Information form on the Staff line prior to any exchange of confidential information. Forms are initialed, signed, and dated by the Client or Legal Representative; Witnessed; and are current (within 12 months).

## **4. Grievance Policy Form**

Forms are signed and dated.

## **5. Eligibility Determination/Redetermination Form**

Forms are signed, dated, and updated every six (6) months.

## **6. Adherence Assessment Forms**

An assessment of the client's adherence status should be conducted initially and at a minimum of every six (6) months.

## **7. HIV Medication Adherence Care Plan and Adherence Devices**

- An HIV Medication Adherence Care Plan should be developed within ten (10) business days after the assessments with proper documentation including documentation of adherence devices offered/given as appropriate.
- The Care Plan should be completed every six (6) months, signed and dated by the Client and the MAP Nurse.
- The client's signature confirms that the client understands the plan to include goals and interventions (if the client does not sign the Care Plan, document and date reason in the client's Progress Note).

## **8. Progress Notes**

- A progress note must be completed in the client record by the MAP Nurse on a client at least monthly, which includes strategies used to increase/sustain adherence, medical progress, and referrals to other necessary support services for adherence, etc. (client goals will be monitored from the care plans).
- Circumstances that necessitate a deviation from this time frame should be documented in the progress note in the client record (e.g., client is unable to be contacted by phone, mail, no permanent housing, relocation, or incarceration).
- The MAP Nurse will document the progress on meeting the goals addressed in the Care Plan in the progress note.



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- The MAP Nurse will document efforts to contact the client as needed (e.g., to update client information, reassess care plan, assess completion of referral, etc.).
- The MAP Nurse making the progress note entry must sign using his/her full legal name, title and date.
- The MAP Nurse should not leave blank spaces within the progress notes.

### **9. CAREWare Client Report & Client Encounter Report**

The reports must be updated at least every six (6) months or upon significant change in client status.

### **REFERENCES**

U.S. Department of Health and Human Services - Health and Resources Service Administration (HRSA), HIV/AIDS Bureau (HAB) Performance Measures, National Quality Center (NQC), Connecticut Department of Public Health (DPH) – TB, HIV, STD & Viral Hepatitis Section, Health Care and Support Services Unit (HCSS), Connecticut General Statutes-Chapter 378 Nursing, Section 20-87a

**Connecticut Ryan White Part B Program Zero Income Affidavit**

I, \_\_\_\_\_, have requested services through the Ryan White Part B Program which is funded through the Health Resources and Service Administration (HRSA), who require verification of total household income.\*

Income includes, but is not limited to:

- Gross wages, salaries, overtime pay, commission, fees, tips and bonuses
- Income from operation of a business or from rental or real property
- Interest, dividends, and other income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delay start of a periodic payment such as SSI or SSDI retroactive payments
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay
- Alimony and/or child support payments
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)

I have stated that during this verification process that I have no income at this time. I have not received income since \_\_\_\_\_. I do not expect to receive income until \_\_\_\_\_. I have applied for (other financial assistance) on \_\_\_\_\_ (date).

\*Note – It is unlawful to provide false information to the government when applying for federal public benefits programs per the *Program Fraud Civil Remedies Act of 1986, 31 U.S.C. SS 3809*.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing within ten (10) business days of such change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Connecticut Ryan White Part B Eligibility Summary Sheet

Client ID: \_\_\_\_\_

Agency/Site: \_\_\_\_\_

Eligibility Criteria	Intake Date:	6 Months Date:	12 Months Date:
Proof of HIV positive status signed by a licensed Medical Provider or HIV Positive test result		N/A	N/A
Proof of Connecticut Residency			
Proof of Income Verification - household income 300% or less of the Federal Poverty Level			
Health Insurance Coverage Screening & referral for coverage if appropriate			
Health Insurance Coverage, if any	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> ACA <input type="checkbox"/> Other	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> ACA <input type="checkbox"/> Other	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> ACA <input type="checkbox"/> Other
Comments			

I certify that the above information is true and correct.

MCM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MCM Printed Name: \_\_\_\_\_

**Internal Agency Use Only**

### Connecticut Ryan White Part B HIV Medication Adherence Program Referral Form

**Dear Medical Provider: The HIV Medication Adherence Program provides adherence services for low-income Connecticut residents living with HIV. The services are provided by LPNs and RNs in clinical and community settings and are limited to HIV medication adherence. Please complete this form for your patient to receive HIV Medication Adherence Services from one of the following programs:**

- |   |  |
|---|--|
| <input type="checkbox"/> AIDS Connecticut                 | <input type="checkbox"/> Hispanic Health Council               |
| <input type="checkbox"/> Alliance for Living              | <input type="checkbox"/> Human Resources Agency of New Britain |
| <input type="checkbox"/> Community Health Services        | <input type="checkbox"/> UCONN Medical Center                  |
| <input type="checkbox"/> Family Centers/Stamford Hospital | <input type="checkbox"/> Windham Regional Community Council    |

**Please provide the following service(s) for:**

**Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

HIV Medication Adherence Program Services	Please check requested service
1. HIV Medication Adherence Education & Counseling	
2. Instruct patient on how to fill their pillbox	
3. Fill patient pillbox	

I certify that the patient is able to self-administer their medications:  Yes

**List Medications or attach a Medication List (all medications):**

Medication	Dose	Frequency

**Special Instructions:** \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider Printed Name: \_\_\_\_\_

Please contact Deborah Gosselin, RN at the Connecticut Department of Public Health at (860) 509-7689 or [Deborah.gosselin@ct.gov](mailto:Deborah.gosselin@ct.gov) for questions or more information.