



A. HIV Prevention Services

Service Definition

HIV Prevention Services are a combination of two components that help people not living with HIV access pre-exposure prophylaxis (PrEP): clinical services and laboratory testing, and with PrEP Navigation. These service components are described in more detail below.

PrEP Services

PrEP Services are provided directly to a client by a licensed health care provider in an outpatient medical setting, where they can access both PrEP clinical services and laboratory testing. Outpatient medical settings include clinics, medical offices, urgent care clinics, mobile vans where clients do not stay overnight, and laboratories.

Additionally, recipients may provide financial assistance to eligible clients receiving PrEP Services to cover the cost of expenses related to PrEP clinical services and laboratory testing.

Key service components for Life Care and Early Intervention Services (LCEIS) HIV Prevention Services include:

- Routine medical appointments for initial prescription of PrEP and for continued PrEP access.
- Laboratory testing associated with PrEP.

PrEP Navigation

PrEP Navigation includes sharing information about medical and support services, assisting clients in navigating health care systems, and securing resources to promote access to PrEP.

Key service components include:

- PrEP screening and assessment to determine if a client is a good candidate for PrEP.
- PrEP decision counseling with clients.
- Referring clients to PrEP providers.
- Providing risk reduction materials to clients.
- Assisting with eligibility for PrEP financial aid and related application processes.
- Assisting with PrEP adherence, regular HIV and sexually transmitted infection (STI) testing, including appointment scheduling, accompaniment, appointment reminders, and coordination between testing sites and prescribing clinicians, as needed.
- Providing support around linkages to vital related services, such as mental health care, substance abuse counseling, employment services, support groups, and basic needs.

Recipients providing LCEIS HIV Prevention Services are expected to comply with the [LCEIS Universal Standards of Care](#), as well as the standards outlined below.

Standard 1: HIV Prevention Services providers ensure services are delivered in accordance with the Wisconsin LCEIS Eligibility and Recertification Policy and Procedures.

Providers are responsible for determining eligibility at enrollment and for confirming eligibility annually.

Documentation

Client records must document that the client is not living with HIV, is using PrEP or has an active PrEP prescription, and resides in Wisconsin at initial enrollment in accordance with the [Wisconsin LCEIS Eligibility Policy](#).

Standard 2: During initial contact, key information about the client must be collected or verified in a data system.

Providers must attempt to collect and confirm the following client information:

- Contact and identifying information
- Emergency contact, if available
- Insurance status
- Documentation of Wisconsin residency
- Demographic information
- Contact information for other service providers and corresponding release(s) of information (ROI)

Documentation

Documentation of all elements outlined above must be completed within 30 days of first medical visit, initial referral, or contact. Documentation must show any corresponding ROIs as needed and applicable.

Standard 3: Immediate referrals must be made for clients with most needs.

Immediate referrals, internal and external, to the appropriate services are required for clients who:

- Are using PrEP but will run out within 10 days and do not have a current prescription.
- Are a danger to themselves or others.
- Are under the age of 18.
- Need STI testing.
- Are pregnant.

Documentation

Documentation of immediate referrals made for needs listed in this standard must be included in the client record.

Standard 4: Intake may be performed by providers, non-service provider staff, or interns.

Intake may be performed by recipient staff or interns who are not medical providers provided they meet all the following criteria:

- Are an employee or intern of the recipients.

- Received proper onsite training and signed the agency confidentiality agreement.
- Completed the HIV Basics Online Course offered through the University of Wisconsin HIV Outreach Project Training System.

Documentation

The client record must indicate who performed the intake.

If the client record shows that intake is performed by someone who is not a medical provider, the required criteria must be documented in their personnel file.

Standard 5: When a client needs a translator or interpreter, the recipient must make a certified medical interpreter available to the client.

Recipients must have available and offer certified medical interpreter services to clients. A client's family members and friends should not be considered as interpreters due to medical terminology limitations and should only be considered as interpreters if the client refuses services of a certified medical interpreter.

Recipients should proactively inform clients that medical interpretation services are available.

Documentation

Recipients must maintain a current contract with a provider of certified medical interpreter services or maintain medical interpretation certifications of staff employed by the clinic. If the client refuses the use of a certified medical interpreter, the client record must include documentation of client refusal.

A.1 Clinical services and laboratory testing for people not living with HIV to obtain access to PrEP (PrEP Services)

Standard 6: PrEP Services are delivered in an outpatient setting for allowable services.

Only allowable services are provided. Allowable services include:

- Appointments to access PrEP or to continue to access PrEP.
- Laboratory testing.

Documentation

The client record must contain documentation that allowable services were provided in an outpatient setting.

Standard 7: Intakes are conducted in a safe, welcoming, and trauma informed way.

Medical and non-medical providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Medical and non-medical providers or non-service providers must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 8: The delivery of services must be consistent with Centers for Disease Control and Prevention (CDC) Guidelines.

Providers must be familiar with and generally follow the [CDC's PrEP guidelines](#).

Documentation

Providers of PrEP services must provide care in accordance with CDC guidelines, linked above, under most circumstances. Any deviations from these guidelines must be justified by specific client circumstances or evidence-based medical practices.

Standard 9: Access to PrEP and clinical and laboratory services to access PrEP are provided in a timely manner.

Providers of PrEP Services must follow policies and procedures that facilitate timely, medically appropriate care.

Documentation

Recipient policies and procedures must specify how emergent, urgent, and acute needs of new and established patients are managed.

Standard 10: Providers of PrEP Services systematically assess retention of clients in care and implement clinic practices that encourage retention.

A pattern of missed or canceled appointments can lead to discontinuity of medical care services and may be related to underlying mental health, substance abuse, financial challenges, or other issues. Providers should address this systematically and proactively, to promote continuity of care for all clients.

Understanding that people face multiple barriers to care, clinics should, as often as feasible, develop approaches that accommodate patients who arrive late for appointments or miss them. This may include building in clinic time for late-arriving patients (or urgent care needs), offering video or telehealth visits, or weekend and drop-in hours.

Recipients must develop a policy to follow up as soon as possible when clients do not attend scheduled appointments, to encourage retention in care.

Documentation

Recipients must have a written policy on file at provider agency regarding retention in care and missed or canceled appointments. This policy should include a clear plan for re-engaging clients who are "lost to follow-up."

Documentation of attempts to contact clients at risk for loss-to-care must be included in client records. Follow-up may include telephone calls, written correspondence, direct contact, or other technological means, such as text messaging or email.

Signed ROIs must be obtained to permit provision of information about client's needs and other important information to the referred service provider, as necessary.

Standard 11: Voluntary patient transitions to other providers are seamless and emphasize uninterrupted access to care, whenever possible.

When patients express an intent to transfer their PrEP Services to another provider, this transition should be handled with courtesy and professionalism.

Whenever possible, all transition of records should happen within 30 days of request and should include all items requested by the patient and the provider, within the limits of HIPAA and other laws, regulations, and policies.

Documentation

Recipients must document how its protocols, policies, and practices regarding voluntary transfers emphasize uninterrupted access to care.

A medical provider, non-medical provider, or other non-service provider staff member must document steps taken to transfer care to another provider and why the transfer occurred in the client record.

Standard 12: Recipients must establish and apply criteria by which clients will be transferred to other PrEP Services providers without client request.

There may be time when clients need to be transferred to other providers for a variety of reasons, including client behavior that poses a threat to clinic staff and clients.

Each recipient must establish criteria and processes for such transfers and apply it consistently, while still attempting to prevent interruptions in care.

Documentation

The clinic must document how its protocols, policies, and practices regarding involuntary transfers emphasize uninterrupted access to care.

Standard 13: Recipients must establish and apply criteria for client discharge while encouraging re-engagement in PrEP Services.

Clients may be discharged from PrEP Services for reasons that include, but are not limited to:

- Client decision not to continue PrEP.
- Client relocation outside of the service area.

- Failure of client to attend appointments and failure to respond to correspondence for an extended time.
- Severe, inappropriate, threatening, or otherwise destructive behavior on the part of the client that makes continuation of services dangerous to the provider or unlikely to be helpful to the client.
- Client death.

Unless contraindicated, providers should attempt to convey that the provider would be open to re-engagement in care in the future.

Documentation

The client record must document which discharge criteria were met. Documentation must show notification of the client and other care team members as outlined in the [Universal Standards](#).

A.2 PrEP Navigation

Standard 14: Providers of PrEP Navigation coordinate services with local agencies to facilitate referrals for PrEP and related services.

Providers of PrEP Navigation will:

- Refer clients to PrEP providers, including assisting clients with the selection of an appropriate clinical or medical provider for PrEP services, coordination of the referral process, and maintaining communication with the referral site and the client to ensure services are accessed.
- Assist with eligibility for PrEP financial aid and related application processes.
- Assist with adherence, including appointment scheduling, accompaniment, and appointment reminders, as needed.
- Assist with regular HIV and STI testing, including appointment scheduling, reminders, and coordination between testing sites and prescribing clinicians, as needed.
- Provide support around linkage to vital related services, such as mental health care, substance use counseling, employment services, support groups, and other basic needs.

Documentation

All referrals and coordination are documented in the client record.

Standard 15: PrEP decision counseling and related activities are conducted in a manner that respects the client's individual choices.

Providers of PrEP Navigation should provide the following information to the client:

- Benefits of PrEP.
- Potential challenges to using PrEP effectively and how to address them.
- Importance of PrEP adherence.
- Strategies for partner communication.
- Counseling on risk reduction strategies.

This information should be provided using trauma-informed, culturally responsive, and destigmatizing approaches.

Documentation

A summary of the information provided to the client is documented in the client record. The recipient organization has policies and trainings in place to demonstrate commitment to trauma-informed approaches, culturally responsive practices, and ending stigma.

Standard 16: If a client using PrEP has an HIV seropositive test result, the recipient must contact the Bloodborne & Sexually Transmitted Infections (BSTI) Section within three days.

Any seropositive test results for clients using PrEP must be reported to the BSTI Section within three days (72 hours) of learning of the seropositive test result.

Documentation

All seropositive test results for clients on PrEP are reported to the BSTI within three days of the recipient organization learning of the result.

Standard 17: Clients using PrEP who have an HIV seropositive test result are linked to HIV care services promptly.

Providers of PrEP Navigation ensure that clients who have an HIV seropositive test result are provided referrals for the client to be linked to HIV care services.

Documentation

Referrals for linkage to HIV care services are documented in the client record.

Standard 18: Clients using PrEP who test positive for syphilis, gonorrhea, or chlamydia are linked to STI treatment promptly.

Providers of PrEP Navigation ensure that clients who test positive for STIs are provided referrals for the client to be linked to treatment.

Documentation

Referrals for linkage to treatment and assistance facilitating treatment are documented in the client record.

Standard 19: Upon termination of active PrEP usage, the client is discharged from PrEP Navigation.

Criteria for client discharge are:

- Client is no longer eligible for services.
- Client is lost to follow-up or does not engage in service*.
- Client is referred to another PrEP Navigation program.
- Client is incarcerated for greater than six months.
- Client relocates outside of service area.
- Agency initiated termination due to behavioral violations. This should be a last resort*.
- Client chooses to terminate service.
- Client death.

*See [Universal Standards](#) for guidance.

Documentation

The client record must document which discharge criteria were met.

A brief discharge narrative must be included in the client record.