

# Guidelines on the Uses of Rebate Funding for Health Education/Risk Reduction Services and Eligibility and Enrollment Assistance Services

## Client Eligibility

To be eligible for any services that are funded using Pharmaceutical Rebate funding, clients must document the following:

1. HIV positive serostatus
2. Colorado residence
3. Residing in a household earning 400 percent or less of the federal poverty rate

*If clients can document that they are currently enrolled in the Colorado AIDS Drug Assistance Program, no further documentation of eligibility is necessary.*

Acceptable forms of documentation of HIV positive serostatus are:

1. A letter signed by a licensed physician.
2. A document from an HIV testing facility.
3. A document issued by a certified laboratory showing CD4 or viral load results indicative of HIV infection or AIDS.

Acceptable forms of documentation of Colorado residency are:

1. An unexpired Colorado driver's license or state-issued identification card with a current, valid Colorado address;
2. A lease, mortgage, rent receipts, hotel receipts, or other evidence that the client has obtained and/or paid for housing in Colorado;
3. A utility bill with a Colorado
4. service address in the client's
5. name;
6. Another form of government-issued identification with a valid Colorado residential address.
7. A signed letter from a person with whom the client resides or who otherwise provides housing for the applicant, verifying the client's residence in Colorado. This letter should include contact information and a case manager should follow up to confirm statements made in the letter.
8. A signed letter from a case manager, social worker, or other professional explaining why the client's claim of Colorado residency is supportable (for example, the case manager has visited the client's home or the client has presented evidence of continual employment in a position that requires local residency).

Acceptable forms of documentation of household income are:

1. Pay stubs or an employer letter that verifies income
2. Most recently filed IRS Income Tax Return
3. Award letters from agencies, such as Social Security, SSI, VA benefits, military allotments, Unemployment benefits or Workers Compensation

## Disallowed Uses

Rebate funds **may NOT** be used for the support of:

- Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients).
- Clothing purchases.
- Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- Funeral, burial, cremation, or related expenses.
- Purchase of household appliances.
- Payment of private mortgages.
- Syringe Services Programs, inclusive of syringe exchange, access and disposal.
- Pet foods or products.
- Foreign travel
- Purchase of vehicles
- Taxes: Paying local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied).
- Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.  
Installation of permanent systems of filtration of all water entering a private residence
- Outreach programs which have HIV prevention education as their exclusive purpose
- Broad scope awareness activities about HIV services that target the general public

Additional provisions regarding allowed and disallowed uses of Rebate funding may be found in the “HIV Care and Treatment Program Standards of Care” which are available at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-contractor-and-provider-resources>

## Standards for the delivery of HE/RR Services

The full standards for the delivery of HE/RR may be found in “HIV Care and Treatment Program Standards of Care” which are available at

<https://www.colorado.gov/pacific/cdphe/sti-and-hiv-contractor-and-provider-resources>

The text that follows is a summary of the full standards; in any instances where the full standards are inconsistent with the content of this Attachment, the full standards are considered definitive.

Health Education/Risk Reduction (HE/RR) is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. HE/RR may take one of four forms: one-on-one interactions, small groups; newsletters; or community forums.

A HE/RR “service unit” is defined as the delivery of one-on-one or small group services or a HE/RR newsletter. Each separate session of HE/RR should be counted as a service unit. For example, if a client attends 5 meetings of a HE/RR group, it should be counted as 5 service units, even if the group curriculum consistent of 8 standard sessions.

#### Key activities

Regardless of the form it takes, HE/RR should directly provide, or facilitate access to, the following types of information:

- living with HIV
- how to reduce the risk of HIV transmission
- medical and psychosocial support services and counseling to help clients with HIV improve their health status

#### Forms of HE/RR and Associated Standards

##### Newsletters

Purpose: HE/RR newsletters provide HIV-related information to persons living with HIV or AIDS leading to improved quality of life and better access to needed services.

| Standard   | Criteria   | Documentation  |
|--|--|--|
| Newsletters must address one or more of the three activities of HE/RR.                           | Upon review, every published copy of the newsletter includes information about: <ul style="list-style-type: none"> <li>• living with HIV</li> <li>• how to reduce the risk of HIV transmission, AND/OR</li> <li>• medical and psychosocial support services and counseling to help clients with HIV improve their health status</li> </ul> | Programs will supply a copy of every newsletter to CDPHE for review prior to publication.  |
| Newsletters must meet federal guidelines regarding sexual and drug-related content.              | Text and images in the newsletter must not promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.  | Programs will supply a copy of every newsletter to CDPHE for review prior to publication.  |
| Information in the newsletter must be medically accurate and responsive to the needs of clients. | Clients should be involved in the development and review of newsletter content.<br><br>Newsletter content should be developed by individuals with appropriate training in the topics presented. Sources must be appropriately cited and materials must be medically accurate.  | Programs should document how clients were involved in the development and review of newsletter content.<br><br>Programs will supply a copy of every newsletter to CDPHE for review prior to publication. |
| Newsletters should be targeted to persons  | The newsletter distribution list should  | Programs will document:  |

| Standard   | Criteria  | Documentation  |
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| living with HIV or AIDS, not to the general public | primarily consist of persons who have received services at the agency or are otherwise known or believed to be living with HIV or AIDS. | <ul style="list-style-type: none"> <li>The source of the addresses to which newsletters were sent.</li> <li>The number of newsletters printed and distributed</li> </ul> |

### One-on-one interactions

Purpose: HE/RR one-on-one interactions assist clients in building the skills and motivation to implement behavior change. Together the Client and Health Educator identify problems or issues to address or change and identify barriers and strategies for overcoming circumstances that may hinder risk reduction efforts. HE/RR one-on-one interactions should include assessment and the development of a risk reduction plan. The number and length of sessions should be driven by client needs.

NOTE: HE/RR may be delivered in the context of other services (such as case management). If it is delivered in the context of these other services, it should NOT be classified separately as HE/RR. It should only be classified as HE/RR when it is delivered as a stand-alone service.

| Standard  | Criteria  | Documentation   |
|---|---|---|
| The Health Educator conducts a confidential assessment of client's immediate needs. | <p>The assessment gauges the client's need for information and counseling about:</p> <ul style="list-style-type: none"> <li>living with HIV</li> <li>how to reduce the risk of HIV transmission</li> <li>accessing medical and psychosocial support services and counseling to improve his or her health status</li> </ul> <p><i>HE/RR is not intended to address highly complex behavioral health or case management issues. See the referral standard, below.</i></p> | <p>At a minimum, the HE/RR client record should document that the following areas were assessed:</p> <ul style="list-style-type: none"> <li>The client's current level of knowledge of HIV and how it is transmitted.</li> <li>The client's current skill level and motivation to reduce the risk of HIV transmission</li> <li>The client's current access to HIV-related medical and psychosocial support services</li> <li>Barriers expressed by the client around reducing risks and accessing services</li> </ul> |
| In collaboration with the client, an individualized HE/RR plan is developed         | <p>Based on the assessment, the Health Educator and client should develop a risk reduction plan. The plan should include:</p> <ul style="list-style-type: none"> <li>Goals</li> <li>Expected outcomes</li> <li>Actions taken to achieve each goal</li> <li>Person responsible for completing each action</li> <li>Target date for completion of each action</li> </ul> <p>The plan must be realistic based on the client's history, readiness and ability.</p>          | <ul style="list-style-type: none"> <li>All Risk reduction Plan are entered and updated in ARIES or an equivalent data system approved by CDPHE.</li> <li>If multiple sessions are involved, client notes should describe progress on the risk reduction plan and revisions to the plan, if any.</li> </ul>  |
| HE/RR one-on-one sessions should address the HE/RR plan.                            | HE/RR sessions should be informative and motivational. They should take a harm reduction approach to sexual and   | <p>The client record should include:</p> <ul style="list-style-type: none"> <li>Session date(s)</li> <li>Notes on client progress on the risk</li> </ul>  |

| Standard  | Criteria   | Documentation   |
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|   | drug taking behaviors.   | reduction plan<br>• Referrals made  |
| HE/RR one-on-one should include active referrals for needs or issues that cannot be met in the HE/RR context. | <p>If any of the following client needs or issues are identified during an HE/RR one-on-one session, an active referral is required:</p> <ul style="list-style-type: none"> <li>• Clear endangerment of a named, known partner.</li> <li>• Confusion or frustration about accessing medical care.</li> <li>• Substance use that clearly contributes to risk.</li> <li>• Mental health issues that clearly contribute to risk.</li> </ul> | <p>The client record should clearly document needs and issues.</p> <p>If notes indicate a clear endangerment of a named, known partner, there must be a referral to the Client Based Prevention Program at CDPHE.</p> <p>If notes indicate confusion or frustration about accessing medical care, there must be a referral to medical case management.</p> <p>If notes indicate substance use or mental health issues that contribute to risk, there must be a referral to SBIRT, case management, or a behavioral health provider.</p> |

### Small groups

Purpose: HE/RR small groups are intended to assist clients in building the skills and motivation to implement behavior change. Groups may also provide access to social networks that enable and reinforce health enhancing behavior change through peer modeling and peer support.

| Standard   | Criteria  | Documentation  |
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| HE/RR small groups must address the three key activities of HE/RR in an evidence-based manner. | <p>Utilizing harm reduction as a foundation, HE/RR small groups assist clients in building the skills and motivation to implement behavior change.</p> <p>HE/RR small groups should have a written curriculum that includes <u>all three</u> of the key activities of HE/RR:</p> <ul style="list-style-type: none"> <li>• living with HIV</li> <li>• how to reduce the risk of HIV transmission, AND</li> <li>• accessing medical and psychosocial support services and counseling to improve his or her health status</li> </ul> <p>HE/RR small groups should use an evidence-based approach, which includes the following features:</p> <ul style="list-style-type: none"> <li>• Group size more than 2 but less than 20 individuals.</li> <li>• Scientifically accurate information about HIV and transmission risks.</li> <li>• Skills-building activities (e.g., communication, negotiation, coping).</li> <li>• Opportunities for active</li> </ul> | <p>Programs will submit HE/RR curriculum to CDPHE for review prior to first use and whenever major revisions have occurred.</p> <p>Program monitors will periodically observe HE/RR small groups and determine fidelity to the established curriculum.</p> |

| Standard  | Criteria  | Documentation   |
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|   | participation.<br><ul style="list-style-type: none"> <li>• Content concerning the interconnections among substance use, mental illness, and HIV risk.</li> </ul> Text and images in the HE/RR small groups must not promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.  |   |
| The delivery of HE/RR small group sessions should be appropriately documented.                                  | The Program will maintain records that document the following about each session of HE/RR: <ul style="list-style-type: none"> <li>• Detailed attendance information.</li> <li>• Name and title of group facilitator</li> <li>• Location of group</li> <li>• Copies of materials or handouts</li> <li>• Summary of the topics discussed</li> <li>• Activities conducted</li> <li>• Goals and objectives achieved during the group session</li> </ul> | Attendee records should be updated within 30 days of session occurrence in ARIES or an equivalent data system approved by CDPHE.<br><br>Program should maintain a group files for each group, available for inspection on request, which includes the required documentation of the group and each session.   |
| HE/RR small groups should include active referrals for needs or issues that cannot be met in the HE/RR context. | If any of the following client needs or issues are identified during an HE/RR small group session, an active referral is required: <ul style="list-style-type: none"> <li>• Clear endangerment of a named, known partner.</li> <li>• Confusion or frustration about accessing medical care.</li> <li>• Substance use that clearly contributes to risk.</li> <li>• Mental health issues that clearly contribute to risk</li> </ul>                   | If any of the needs or issues listed under “criteria” is identified, the group facilitator should offer an HE/RR one-on-one session and should open a client record in ARIES or an equivalent data system approved by CDPHE.<br><br>If notes indicate a clear endangerment of a named, known partner, there must be a referral to the Client Based Prevention Program at CDPHE.<br><br>If notes indicate confusion or frustration about accessing medical care, there must be a referral to medical case management.<br><br>If notes indicate substance use or mental health issues that contribute to risk, there must be a referral to SBIRT, case management, or a behavioral health provider. |

### Qualifications of Those Delivering HE/RR

Those who provide HE/RR should be appropriately trained to deliver the service. They should be supervised on an ongoing basis by a supervisor who is knowledgeable of HE/RR. This should include periodic observation of service delivery, with follow up to improve service quality. Supervisors should document their supervisory activities.

Providers may use volunteers and peers in order to expand program capacity for HE/RR services.

| Standard  | Criteria   | Documentation  |
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| HE/RR Staff should be appropriately qualified, trained, and supervised. | Personnel files should document that HE/RR staff have the appropriate qualifications and training to deliver the | Personnel files, with required documentation, should be available to CDPHE on request. |

| Standard  | Criteria   | Documentation   |
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|   | <p>service.</p> <p>Personnel files should document that supervisors have sufficient knowledge of HE/RR to supervise it effectively.</p> <p>Supervisory files should document supervisory activities, including direct observation of services, follow up actions, and effort to improve service quality.</p>   | <p>Supervisory files, with required documentation, should be available to CDPHE on request.</p>   |
| <p>HE/RR volunteers and peers should receive appropriate orientation, training and supervision.</p> | <p>All volunteers and peers who have client contact will be given orientation prior to providing services.</p> <p>All volunteers and peers will be supervised by qualified program staff.</p> <p>Supervisory files should document supervisory activities, including direct observation of services, follow up actions, and effort to improve service quality.</p> | <p>Volunteer files at the Program should contain the following:</p> <ul style="list-style-type: none"> <li>• Orientation curriculum</li> <li>• Evidence of volunteers and peers received orientation and training</li> <li>• Evidence of volunteers and peers received supervision</li> <li>• Completed volunteer application</li> <li>• Signed and dated form on file that outlines responsibilities, obligations, and liabilities of each volunteer.</li> </ul> |

Eligibility and Enrollment Assistance Service is the act of providing fair and impartial guidance to clients as they determine their eligibility for health coverage and facilitating enrollment in such coverage. Eligibility and Enrollment Assistance may be provided by professional staff such as social workers or case managers or other staff specifically trained to deliver this service.

An Eligibility and Enrollment Assistance “service unit” is defined as a visit or encounter lasting 15 minutes or longer, either face to face or by telephone. In order to qualify as a “service unit” of Eligibility and Enrollment Assistance the service must have been provided as a stand-alone service, outside the context of any other service such as case management or Linkage to Care.

Key activities

- Providing enrollment and eligibility assistance
- Reporting
- Follow up and case closure

Providing enrollment and eligibility services

Purpose: Eligibility and Enrollment Assistance should be appropriate to client situation, lifestyle and need. The end result of Eligibility and Enrollment Assistance should be the successful enrollment of a client in health coverage that best meets their specific service needs whenever possible.

| Standard  | Criteria  | Documentation  |
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| <p>Eligibility and Enrollment Guides provide fair and impartial information and services to guide clients through the process of applying for coverage that best meets their needs and situation.</p> | <p>Health coverage guides must NOT:</p> <ul style="list-style-type: none"> <li>• Allow any philosophical, professional or personal financial or non-financial interests to influence or appear to influence the ability of the Guide to perform his/her duties impartially.</li> <li>• Provide advice based on any factor other than the best interests of the client (such as receiving a commission from a particular plan or company);</li> <li>• Cajole, threaten, or otherwise exercise undue influence over clients.</li> </ul> | <p>Client records demonstrate that the coverage selected by the client was the best option available, based on the client’s expressed needs and situation.</p> |
| <p>Eligibility and Enrollment Guides provide services in a flexible manner that overcomes client barriers.</p>  | <p>Eligibility and Enrollment sessions should be scheduled in locations that are convenient to and accessible for clients.</p> <p>Face to face sessions are preferred, but some sessions may be conducted by telephone based on client preference.</p>  | <p>Records maintained at the provider show a variety of locations for the service as well as a phone option.</p>   |

| Standard   | Criteria   | Documentation  |
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| <p>Eligibility and Enrollment Guides gather sufficient information from or about the client in order to inform the eligibility screening and enrollment process.</p> | <p>Necessary information includes:</p> <ul style="list-style-type: none"> <li>• Personal identifying information required for enrollment;</li> <li>• Client income level;</li> <li>• Client household composition;</li> <li>• Existing health coverage, if any;</li> <li>• Needs for health services particularly needs for specialized medical, behavioral, or pharmacy services;</li> <li>• Client preferences for specific providers and geographic barriers to accessing needed care.</li> </ul>   | <p>Supervisory records track success rates and number of sessions required to complete enrollments. Client records demonstrate that the coverage selected by the client was the best option available, based on the client’s expressed preferences, needs and situation.</p> |
| <p>An Eligibility and Enrollment session or sessions covers the information necessary for the client to make an informed decision about their coverage.</p>          | <p>The session will cover:</p> <ul style="list-style-type: none"> <li>• Education about insurance terms</li> <li>• All the health coverage options available to the client.</li> <li>• Tax credits and cost sharing subsidies for which the client might be eligible.</li> <li>• Assistance available from the AIDS Drug Assistance program for remaining costs of coverage.</li> <li>• Explanation of the potential consequences of fluctuations in income or household.</li> <li>• Referrals to appropriate consumer assistance offices at the State or health insurance carrier, if needed</li> <li>• Hands-on help completing necessary applications, including paper and web-based applications.</li> </ul> | <p>Supervisory records show observation of services and inclusion of all required session elements.</p>  |
| <p>Eligibility and Enrollment Guides provide information in a manner that is culturally and linguistically appropriate to the needs of the client.</p>               | <p>The Eligibility and Enrollment Guide must assess his/her capacity to provide information that is:</p> <ul style="list-style-type: none"> <li>• Culturally tailored to the client;</li> <li>• Linguistically appropriate, in the preferred language of the client;</li> <li>• Tailored as much as possible to the literacy level of the client.</li> </ul> <p>If an Eligibility and Enrollment Guide determines that he or she lacks the capacity to deliver services in this manner, she/he should refer the client to a different Guide or to the ADAP Office at CDPHE.</p>  | <p>Supervisory records show observation of services, requests for translation services, and referrals to culturally-tailored Guides as needed. Clients who have limited English proficiency are enrolled in coverage at the same success rate as other clients.</p>          |

| Standard   | Criteria   | Documentation  |
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| Eligibility and Enrollment Guides provide timely and responsive services.                        | <p>Except under extraordinary circumstances, Guides:</p> <ul style="list-style-type: none"> <li>• Cancel less than 10 percent of all client appointments. All cancelled appointments receive active follow up, including the offer of a new appointment within 10 business days.</li> <li>• Maintain a maximum call response time of 1 business day when providing phone assistance to customers and phone access for setting appointments, answering questions, and resolving problems.</li> <li>• Respond to internet or email inquiries within 1 business day.</li> </ul> | <p>Supervisory records show cancellation and rescheduling rates within the established limits.</p> <p>Supervisory records show response times within the established limits.</p>   |
| Eligibility and Enrollment Guides operate only within the scope of their training and authority. | <p>Eligibility and Enrollment Guides must successfully complete initial training and receive ongoing updates to maintain sufficient knowledge.</p> <p>An Eligibility and Enrollment Guide should not provide advice that is beyond his or her training or authority, such as:</p> <ul style="list-style-type: none"> <li>• Clinical advice</li> <li>• Advice on complex benefit programs or processes that are beyond the scope of eligibility and enrollment, such as disability determination or detailed guidance on Medicare Special Needs Plans.</li> </ul>             | <p>Personnel records document initial training and period updates.</p> <p>Supervisory records show observation of services and supervisor intervention when Guides exceed the scope of their training and authority.</p> |

## Reporting

Purpose: Reporting on Eligibility and Enrollment Assistance should support coordination of the service for the benefit of clients, quality assurance, and meeting funder reporting requirements.

| Standard   | Criteria  | Documentation   |
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| Eligibility and Enrollment Guides maintain electronic or paper records that contain the data elements required to demonstrate compliance with these standards. | Guides utilize the documentation and reporting systems required by CDPHE. | Site visits show use of the documentation and reporting systems required by CDPHE.  |
| Eligibility and Enrollment Guides submit periodic reports, in a timely and accurate manner, in support of coordination and quality assurance.                  | Guides appropriately report on encounters and sessions.                   | A complete Contact and Engagement Form is faxed to the CDPHE ADAP Office on the same business day that the session or encounter occurs. The ADAP Data System is used to track the status of an Eligibility and Enrollment case. |

## Follow up and case closure

**Purpose:** Cases are kept open until clients successfully enroll in health coverage or other case closure criteria are met.

| Standard  | Criteria  | Documentation   |
|---|---|---|
| <p>If client needs cannot be met in a single session, Eligibility and Enrollment Guides actively schedule and follow up on additional sessions.</p> | <p>Clients should receive as many sessions as necessary to complete the enrollment process.</p> | <p>Inspection of Contact and Engagement Forms shows scheduling and follow up on multiple sessions as needed.</p>  |
| <p>An Eligibility and Enrollment case should only be closed when case closure criteria have been met.</p>   | <p>Clients should demonstrate one of the Eligibility and Enrollment case closure criteria.</p>  | <p>Client records demonstrate one or more of the following case closure criteria being met:</p> <ul style="list-style-type: none"> <li>▪ Successful enrollment in Medicaid, commercial insurance, or some other form of third party payment.</li> <li>▪ Voluntary withdrawal from the service</li> <li>▪ Death of the client</li> <li>▪ Relocation outside of the service area</li> <li>▪ Client otherwise lost to the service (unable to locate after multiple attempts, etc.)</li> <li>▪ 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.</li> </ul> <p>Within 90 days of their initial Eligibility and Enrollment Session, 80 percent of all clients successfully enroll in Medicaid, commercial insurance, or some other form of third party payment.</p> |