

# Client Concerns for People Living with HIV (PLWH): Guidelines

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## Introduction

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If a client tested **HIV-positive and is NOT ready for treatment or is HIV-positive and has been out of care**, please use these guidelines to address any barriers or concerns the client may have that will help facilitate access to, and readiness for, the first medical appointment.

In consultation with the client, complete the [Client Concerns for People Living with HIV \(PLWH\): Checklist](#). **Ask the client to rate concerns** on a scale from 1-4. Explain to client: 1=no concern, 2=somewhat concerned, 3= concerned and 4=very concerned. Ideally, items ranked highest on this checklist should be addressed first, as they indicate priority areas for the client.

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The [checklist](#) contains sensitive and confidential information and **should not be given to the client**. It is meant for use by the Provider only to facilitate HIV treatment and other essential health and support services.

Give the client a copy of the [Health and Support Services Referral Form](#). Make sure that all key information is included on the referral form and that the client knows how to use and access the referrals.

Please refer to the checklist during the next scheduled client meeting to assess progress and determine next steps.

When the client's concerns have been addressed, refer to the [Medical Appointments for People Living with HIV \(PLWH\): Guidelines and Checklist](#) to initiate or re-initiate HIV medical care and treatment.

## Language Access

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### **ASK** client:

- "In which language would you be most comfortable speaking to a healthcare provider?"  
or

- "Indicate which language you speak."

**Note:** The provider should use the language card that allows clients to point to their primary language.

Use this resource from the U.S. government if your agency does not have a language card readily available:

<https://www.lep.gov/ISpeakCards2004.pdf>

- If the preferred language of the client is not English, but they can understand English, ask the following questions, as appropriate:
  - "Would you feel comfortable having me or someone from our agency translate on your behalf?"
  - "Do you have an adult friend or family member with whom you would feel comfortable translating on your behalf?"
  - "Do I have your permission to use our call-in translation service?"

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## **INFORM** client:

- Assure client you will arrange for translation services.
- Discuss with client the translation services offered by your organization or through another entity (i.e. call-in translation services, staff translator, etc.).
- Advise client on the importance of selecting someone with whom they feel comfortable disclosing their HIV status and other private health information.



## **To DO:**

- Refer to your agency's policy regarding translation and the availability of translation services in the client's preferred language.
- Coordinate translation services for client.
- If client intends on using an adult friend or family member for translation, be sure to have client complete a Health Insurance Portability and Accountability Act (HIPAA) privacy authorization form to authorize the involvement of that individual.

## Enrolling in HIV Care and Treatment

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## **ASK** client:

### **If newly diagnosed PLWH:**

- "Now that you have received your HIV-positive test result, tell me what would ensure that you get HIV treatment right away?"

### **If known PLWH/fallen out of care:** Elicit why they dropped out of care:

- "When you learned you were HIV-positive did you have any concerns that prevented you from seeking medical care?"

**or**

- "Tell me what is preventing you from seeking HIV treatment and/or staying in care?"

### **For both newly diagnosed and known PLWH:**

# Client Concerns for People Living with HIV (PLWH): Guidelines

- “Share with me your concerns and let’s work together to address them. Which one do you want to work on first?”
- Jump to the appropriate concern/challenge section depending on the client’s answer.
- Continue to prompt the client for any other concerns, “What other concerns do you have?”



## **INFORM** client:

### **If newly diagnosed PLWH:**

- Discuss HIV transmission, diagnosis, risk reduction, and treatment with client.

### **You may say:**

- “Testing positive for HIV often leaves a person overwhelmed with questions and concerns. I’m here to help you manage any concerns you may have about HIV and seeing a health care provider. It’s important to remember that HIV is a manageable disease that can be treated with HIV medication. These medications can’t cure HIV, but they help people with HIV live longer, healthier lives.”
- “The first step after testing positive is to see a health care provider even if you don’t feel sick. Prompt medical care is the best way to stay healthy.”
- “People with HIV work closely with their health care providers to decide when to start treatment and what HIV medication to take.”

### **If known PLWH you may say:**

- “Living with HIV can often feel overwhelming and difficult to manage. I’m here to help you manage any concerns you have about HIV and seeing a health care provider. It’s important to remember that HIV is a manageable disease that can be treated with HIV medication. HIV medication can’t cure HIV, but they help people with HIV live longer, healthier lives.”
- “The first step to manage your health is to see a health care provider, even if you don’t feel sick. People with HIV work closely with their health care providers to decide when to start treatment and what HIV medicines to take.”

(Source: <https://aidsinfo.nih.gov/education-materials/fact-sheets/21/65/just-diagnosed--next-steps-after-testing-positive-for-hiv>)

# Client Concerns for People Living with HIV (PLWH): Guidelines

## **For both new and known PLWH:**

- Inform the client that for the next few minutes you wish to discuss any concerns or barriers that would prevent them from seeking medical treatment.
- Explain that you will be asking them to share their concerns so that together, you can discuss and address them and provide appropriate information and referrals.
- Reassure the client that they only have to take or keep the information they choose, and that no sensitive information will be included on the referral forms.
- Inform the client about the required HIPAA form. Discuss the purpose of the form: to provide permission for you to arrange for medical or other support services for the client, and discuss any healthcare related information with providers, other agencies to whom the client is being referred for services, and/or family members or friends whom the client authorizes to receive information.



### To DO:

- Provide client with literature that explains HIV transmission, diagnosis, risk reduction, treatment, and care.
- Have the client sign a HIPAA form.

## Childcare

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### **ASK** client:

- "Do you have children that require childcare while you attend your appointment?"
  - "If so, do you have childcare available for the day and time of your appointment?"
  - "If not, are you planning on taking your child/children with you to your appointment or would you like me to help you find childcare?"

# Client Concerns for People Living with HIV (PLWH): Guidelines



## **INFORM** client:

- Inform them that you can assist with coordinating childcare.
- Tell them that you will call the health care provider's office in advance to ask if there is a suitable waiting/play area for children.



## **To DO:**

- Identify and coordinate an appropriate childcare option for client's child(ren), if needed.
- If your agency provides childcare services, make the appropriate arrangements for the client.
- If your agency does not provide childcare, give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person

## Disclosure

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## **ASK** client:

- "Who is someone with whom you can share your HIV status?"
- "What are some of your concerns about telling your [spouse, family, friends, sex partner(s)] that you are HIV-positive?"
- Ask about sexual and drug-use behavior:
  - "Tell me a little bit about your sexual history and the people that you have had vaginal or anal sex with in the past year." (Be sure to prompt for names of sexual contact(s).)
  - "Can you tell me about your sexual and/or injecting drug use partners?" (Prompt the client to provide names and other identifying information such as address, hangout location, worksite, of their sexual/injecting partners).

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## **INFORM** client:

- Tell the client that you can help guide them through the disclosure process. Use this site as a reference: <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/talking-about-your-status/do-you-have-to-tell/>
- Use agency guidelines and protocols to inform the client about disclosing to family and friends.
- Tell the client that you can provide HIV testing for past, present, and future sexual partners.
- Also inform the client that the local health department has a service called "Partner Services" where health department staff will contact former sexual and/or injecting partners and inform them that they may have been exposed to HIV through someone they know and offer or encourage them to take an HIV test. The Health Department never provides the clients' name or any other information about the client.



## **To DO:**

- Elicit information about the client's sexual and injecting drug use history.
- Offer HIV testing services to any sexual and or injecting drug use partners the client may want to bring in.
- Contact Health Department for Partner Services, as appropriate.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Prevention

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### **ASK** client:

- "HIV can be prevented and there are several things you can do to reduce the risk of transmission to your partners. What steps would you consider taking to protect your partner(s) from getting HIV?"



### **INFORM** client:

- Explain to client the importance of protecting themselves from getting other sexually transmitted infections (STIs) and from infecting their partner(s) or future children, if they are planning a family.
- Recommend that the client participate in a CDC HIV prevention evidence-based intervention for PLWH that is offered by your agency or another local organization. For a description of all CDC endorsed evidence-based HIV prevention interventions, including the target population of the intervention, visit CDC's EBI website at <https://effectiveinterventions.cdc.gov/>.
- Encourage condom use and inform client of local places that offer free condoms such as community-based organizations, clinics, hospitals, etc.
- If the client is a person who shares needles or injects drugs, refer to syringe exchange programs or programs that teach about safer injecting.
- Inform client about Pre-exposure prophylaxis (PrEP) and how current HIV-negative partner(s) can access PrEP services.



### **To DO:**

- Provide client with basic HIV information and education services.
- Provide client with a list of agencies that provide prevention services and STI and viral hepatitis testing.
- Coordinate prevention services appointments for the client: condoms, syringe exchange, STI, Hepatitis C, PrEP services and evidence-based HIV prevention behavioral interventions, as appropriate.
- Give/provide client with a list of locations that offer free condoms such as: clinics, hospitals and community-based organizations.



# Client Concerns for People Living with HIV (PLWH): Guidelines

- Provide the client with locations that provide PrEP treatment.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

## Paying for Healthcare

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### **ASK** client:

- "What concerns do you have about paying for healthcare?"

### **OR**

- "What concerns do you have about health insurance and prescription costs?"



### **INFORM** client:

- Inform the client about all insurance options that may be available to them.
- Inform the client that assistance is available to help them apply for public insurance.



### To **DO**:

- If client has insurance, give them information on what services and treatments the insurance covers or review the health insurance phone numbers that the client can call for information about their health insurance coverage and entitlements (e.g. member services, etc.).
- If client does not have insurance, sign them up for public insurance or refer him/her to an agency that provides insurance enrollment assistance and make appointment for client.
- You may also refer client to the Federal Health Insurance Marketplace at: <https://www.healthcare.gov/create-account>
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Medication Adherence

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### **ASK** client:

- "Share with me your thoughts on taking HIV medication. On a scale of 1 – 4, how confident are you taking your medication?" (Explain to client: 1=not confident, 2=somewhat confident, 3= confident and 4=very confident)
- "Share with me what gets in the way of you taking your HIV medications."



### **INFORM** client:

- Brainstorm ways to overcome the clients' barriers to taking medications
- If client is not confident about taking their HIV medication, refer them to an adherence counselor/medication adherence program. If these services are not available provide client with medication adherence tips.

To learn more about medication adherence, access the following website.

<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/MedicationAdherence.aspx>



### **To DO:**

- Refer client to a local clinic or any other healthcare location that provides medication adherence counseling; arrange an appointment.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person
- Provide client with a list of agencies that provide medication adherence services.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Finding a Provider

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*\*If client does not have health insurance, see "[Paying for Health Care](#)" tab.*

**If client has health insurance:**



**ASK** client:

- "What assistance do you need in helping find a health care provider for [issue]?"
- "What type of health care provider are you looking for?"



**INFORM** client:

- Tell the client you can assist them with finding a health care provider in [area(s) of specialty]."



**To DO:**

- Identify appropriate health care providers and verify the types of insurance or payment that is accepted.
- Make an appointment for the client to see provider.
- Provide client with a list of health care provider options for [area(s) of specialty]
  - If client is ready to access HIV treatment, refer to the ***Medical Appointments for People Living with HIV (PLWH): Guidelines and Checklist*** to make an appointment for him/her.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Housing Assistance

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**ASK** client:

- "What concerns do you have about your housing situation?"



**INFORM** client:

- Inform client that you will refer them to housing assistance programs in the area for which they may be eligible.



**To DO:**

- If your agency provides housing assistance services, make an appointment for the client with the agency's financial or housing counselor.
- If your agency does not provide this service, have a list of agencies that provide financial /housing assistance, and make an appointment for the client.
- If housing needs are immediate, call local shelters to inquire about eligibility and availability. Make an appointment for the client and provide client information about local emergency shelters.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

## Food Assistance

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**ASK** client:

- "What are your needs regarding food assistance and nutritional support?"



**INFORM** client:

- Inform the client of places where they can access food or receive nutritional support services: local food banks, emergency food assistance, churches, etc.

# Client Concerns for People Living with HIV (PLWH): Guidelines



## To DO:

- If your agency provides nutritional assistance, make an appointment for the client with your agency's nutritionist/food assistance program.
- If your agency does not provide this service, refer client to local food banks or nutrition assistance programs in the community. Find out days and hours of operation and required documentation needed to receive food, and arrange an appointment for the client.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.
- Provide client with a list of local food and nutrition assistance programs.

## Employment Assistance

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## ASK client:

- "What concerns do you have around employment?"



## INFORM client:

- Inform client of employment assistance programs at your agency, or in the community, and of any eligibility criteria of which you are aware.



## To DO:

- If your agency provides employment services, make an appointment for the client to see the employment services counselor.
- If your agency does not offer employment assistance, arrange an appointment with a local employment services provider.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.
- Provide client with a list of local employment services resources.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Substance Use/Treatment

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### **ASK** client:

- "Tell me about how often you drink alcohol?"
- "Tell me about any substances (drugs) that you use? How often do you use them?"
- "What concerns do you have about your alcohol use? Drug use?"
- "What negative outcomes have you experienced as a result of your alcohol/drug use?"
- "Is there someone in your home whose substance use is a barrier to your being consistent with your healthcare or treatment?"



### **INFORM** client:

- Inform client that there are programs available to help them and/or their partner(s) better manage their alcohol/drug use.
- Inform client of any substance abuse treatment programs offered at your organization or another local agency.



### To **DO**:

- Make an appointment for the client to see the in-house substance use treatment counselor.
- If your agency does not provide substance use/treatment services, identify a local agency that provides these services and make an appointment for the client.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person
- Provide client with a list of substance use treatment and harm reduction resources.

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## Mental Health Services

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### **ASK** client:

- “In the past month tell me how often you’ve felt sad, depressed, stressed or anxious?” “What happens when you feel sad, depressed or anxious?”
- “Do you currently feel sad, depressed, stressed or anxious? If yes, what help have you sought?”



### **INFORM** client:

- Inform client of the mental health services that are available to them.
- Offer to make an appointment for the client to speak with someone (access mental health services) at your agency or another local mental health provider.



### **To DO:**

- Know your agency’s policy on the threshold for referring a client for mental health services.
- Make an appointment for the client to see the in-house mental health counselor.
- If your agency does not provide mental health services, refer client to a mental health services provider in the community; make an appointment for the client.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.
- Provide client with a list of mental health providers in the area.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Intimate Partner Violence (IPV) Assistance

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### **ASK** client:

- IPV assessment questions that you may ask the client include:
  - “What stresses do you experience in your relationships?”
  - “People in relationships sometimes fight. What happens when you and your partner disagree?”
  - “Do you feel safe in your relationship?”
  - “Tell me about any situations in your relationship where you have felt afraid?”
  - “Have you been physically hurt or threatened by your partner?”
  - “Has your partner forced you to engage in sexual activities that you didn’t want?”
  - “Has your partner ever refused to practice safe sex?”



### **INFORM** client:

- If intimate partner violence is suspected/or confirmed, tell client: “Your safety is important to us; we want to make sure no one hurts, hits or threatens you.”
- Explain that you can refer them to a trained professional that can help them figure out what the options are available to help them feel and remain safe.



### **To DO:**

- Provide basic information about intimate partner violence to all clients. To access more information about IPV, visit <https://www.womenshealth.gov/violence-against-women/types-of-violence/domestic-intimate-partner-violence.html>
- Identify local IPV providers and find out about any eligibility requirements and/or referral processes.



# Client Concerns for People Living with HIV (PLWH): Guidelines

- If IPV is suspected, refer client to IPV services at your agency or at other local agency and make an appointment on their behalf. Be sure to identify LGBT and youth friendly IPV providers, as appropriate.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person
- Upon request, provide client with a list of intimate partner violence resources.

## Transportation

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### **ASK** client:

- "Do you have transportation to get to the appointments?"
  - **If NO**, offer any bus/transportation service or bus/train passes available from your agency. Go over public transportation options and offer to accompany client to the appointment.
  - **If YES**, meet client at the provider's office or follow-up with them after the appointment (if not accompanying client) to confirm that they kept their appointment(s).



### **INFORM** client:

- Inform the client of any transportation services provided by your organization or another agency in the area.



### To **DO**:

- Arrange transportation for the client.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person
- Provide client with a list of local transportation resources in the community.

# Client Concerns for People Living with HIV (PLWH): Guidelines

## Other Concerns

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### **ASK** client:

- "What other concerns do you have that I may not have mentioned?"



### **INFORM** client:

- Inform the client of all of the available services your agency provides and for which they may be eligible.



### To **DO**:

- Provide referrals and/or resources to address the client's remaining concerns. **A sample [Health and Support Services Referrals Form](#) can be accessed here.**
- Conduct any additional tasks necessary to address the client's remaining concerns.
- Provide client with your business card (with your availability) and agency brochure with hours of operation and pertinent phone numbers.

## Follow-up with Client

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### **ASK** client:

- "What questions do you have about what we discussed today?"
- "What additional information or assistance do you need so that you can keep the appointments we made for you today?"
- To assess if a client is ready to access HIV medical treatment, ask: "On a scale of 1 – 3, how ready are you to see the doctor to begin HIV treatment? Explain to the client that 1= not ready 2 = somewhat ready and 3 = ready.

If the client responds with a 2 or 3, refer to the **[Medical Appointments for People Living with HIV \(PLWH\): Guidelines and Checklist](#)**.

# Client Concerns for People Living with HIV (PLWH): Guidelines



## **INFORM** client:

- Tell client that you will be contacting them to make sure they kept their appointments and to follow-up on the outcomes of the referrals that were arranged.
- If the client is ready to for a medical appointment, inform the client that you are prepared to help with making their first medical appointment. Refer to the ***[Medical Appointments for People Living with HIV \(PLWH\): Guidelines and Checklist.](#)***



## To **DO**:

- Address any additional concerns the client may articulate.
- Review appointments made on behalf of client.
- Provide documentation of appointments made on behalf of client. Make sure locations, dates, times, and contact numbers are listed and accurate.
- Arrange a medical appointment, if the client has expressed readiness to seek HIV treatment. Refer to the ***[Medical Appointments for People Living with HIV \(PLWH\): Guidelines and Checklist.](#)***
- Arrange a follow-up appointment with client.