

# Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative (PWHRN): Guidelines

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## Introduction

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If the client is **HIV-negative and at high-risk for getting HIV**, please use these guidelines to address the client's concerns and provide essential support services.

In consultation with the client, complete the ***[Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative \(PWHRN\): Checklist](#)***. **Ask the client to rate their concerns** on a scale from 1-4. Explain to client: 1=not concerned, 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.

For more information on who is at risk for HIV, visit: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/who-is-at-risk-for-hiv/>

## 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 client preferred language 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?"

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- “Do I have your permission to use our call-in translation service?”



## **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.

## Prevention

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## **ASK** client:

- “HIV can be prevented and there are several things you can do to reduce your risk of getting HIV. What steps are you taking or would you consider taking to remain HIV-negative?”



## **INFORM** client:

- Explain to client the importance of protecting themselves from HIV and other STIs. For more information visit: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/sexual-risk-factors/>

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- Inform the client of the HIV prevention services offered by the agency.
- Recommend that the client participate in a CDC HIV prevention evidence-based intervention offered by the 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 non-occupational post-exposure prophylaxis (nPEP) and how PrEP or nPEP can be accessed (**NOTE: Go to section on PrEP and nPEP on this list**).



## 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, viral hepatitis, PrEP/nPEP 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.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

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## Pre-Exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (nPEP)

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### **ASK** client:

- “What information do you have about PrEP and nPEP?”
- “Tell me how you feel about using PrEP to protect yourself and/or your partner(s) from HIV?”



### **INFORM** client:

#### **For PrEP**

- Talk to the client about PrEP and whether it may be an option for them.
- Explain that “PrEP” stands for **Pre-Exposure Prophylaxis** and make these points:
  - PrEP is the daily ingestion of anti-HIV medicine that helps prevent HIV. If a person on PrEP is exposed to HIV through sex or the sharing of needles, this medication will help prevent HIV from multiplying in the body.
  - PrEP is only for people who are HIV negative, and are at higher risk of getting HIV
  - An HIV test is required before starting PrEP and every 3 months while on PrEP
  - PrEP must be prescribed and monitored by a health care provider and must be taken daily to be effective.
  - Provide the client with an overview of the eligibility criteria for PrEP.
  - For information on PrEP use, safety, effectiveness and costs, visit: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/index.html>

#### **For nPEP**

- Explain that nPEP stands for non-occupational post-exposure prophylaxis (**nPEP**) and make these points:

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- Prophylaxis is a medical intervention designed to prevent disease. *nPEP* for HIV prevention involves taking HIV medicine after exposure to the virus to prevent infection. *nPEP* is only available with a prescription.
- To be most effective, it is recommended that *nPEP* be taken within 72 hours following exposure to the virus. *nPEP* medication is usually taken for 28 days.
- Point out that neither PrEP nor *nPEP* is 100% effective in preventing HIV.
- For information on *nPEP* use, safety, effectiveness and costs, visit: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/post-exposure-prophylaxis/>



## **To DO:**

- Identify health care settings that provide PrEP and *nPEP* medications for high-risk HIV negative individuals and find out about eligibility criteria.
- If eligible, make an appointment on the client's behalf for PrEP or *nPEP* services.
- Provide client with a list of locations that offer PrEP and *nPEP* medications for high-risk HIV negative individuals.
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

## Sexually Transmitted Infections (STIs)/Viral Hepatitis (VH) Services

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## **ASK client:**

- "Tell me about your experiences regarding STIs and/or viral hepatitis (A, B or C)?"
- "Tell me about your experience using condoms or dental dams when having sex?"

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## **INFORM** client:

- If the client has been exposed to an STI/VH, provide information on the importance of accessing medical care for an accurate diagnosis and treatment.
- Inform the client about PrEP and nPEP services for HIV prevention.



## **To DO:**

- If the agency does not provide STI/VH screening, testing or treatment, identify health care settings that provide STI/VH services.
- If the agency does not provide PrEP and nPEP medications for high-risk HIV negative individuals, identify clinics/providers that offer these services and their eligibility criteria.
- Arrange appointments on the client's behalf for STI/VH, PrEP or nPEP services, 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.

## 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.

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- 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.

## Finding a Provider

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

### **If the 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 that you can assist them with finding a health care provider in [area(s) of specialty].



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## **To DO:**

- Identify appropriate health care providers and verify the types of insurance or payment that is accepted.
- Make an appointment for the client.
- Provide client with a list of health care provider options for [area(s) of specialty]
- Give client a copy of referral(s) with the following information: agency name, program or service, appointment date, address, phone, and a contact person.

## Housing Assistance

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## **ASK** client:

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



## **INFORM** client:

- Inform the client that you will refer them to local housing assistance programs 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 provides 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 the client with 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

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## 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.



### **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 can I help you with concerning 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.

# Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative (PWHRN): Guidelines



## To DO:

- If the agency provides employment services, make an appointment for the client to see the employment service counselor.
- If the 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 the client with a list of local employment services resources.

## Childcare

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## ASK client:

- "Do you have children that require childcare while you attend your appointment(s)?"
- "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?"



## 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.

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- 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.

## 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.
- Inform client of any childcare services your agency provides or help find affordable/free childcare services.



### **To DO**:

- Arrange transportation and/or childcare 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 and/or childcare resources.

# Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative (PWHRN): 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 and abuse.
- Inform client of any substance use 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 to 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.
- 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.

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## Intimate Partner Violence (IVA) 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.

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- 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.

## 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 Referral 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.



# Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative (PWHRN): Guidelines

## 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 PrEP, ask: "On a scale of 1 – 3, how ready are you to go see the doctor to begin PrEP? 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 section on [PrEP/nPEP](#) on this checklist to educate the client about PrEP/nPEP and facilitate and appointment.



### **INFORM** client:

- Inform the client that you will be following up with them to make sure they kept their appointments and to be informed of the outcomes of the referrals that were arranged.
- Refer to the [Client Concerns & Essential Support Services for Persons Who Are High-Risk HIV-Negative \(PWHRN\): Checklist](#) to explore additional concerns.



### **To DO:**

- If the client is ready for PrEP or is eligible for nPEP, make an appointment for the client.
- Address any additional concerns the client may articulate.
- Review appointments made on behalf of client. Use the [Health and Support Services Referral Form](#) to document referrals
- Provide documentation of appointments made on behalf of client. Make sure locations, dates, times, and contact numbers are listed and accurate.

Arrange a follow-up appointment with client.