



# Referral to Health Care and Support Services (Brief Services)

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## Service Definition

Brief Services providers engage in one-on-one support for clients who are self-managing all or most aspects of their care. The focus of Brief Services is to assist clients with maintaining or expanding their level of self-management and to provide additional services, as needed.

Brief Services corresponds with the Ryan White service category of Referral for Health Care and Support Services.

Brief Services clients include:

- Individuals who can self-manage their care with only occasional assistance from a provider and are generally able to access services for their health-related and/or psychosocial needs independently.
- Individuals who were formerly engaged in more intensive care services and have progressed towards self-management.
- Individuals who may have an acuity score which qualifies them for more intensive care services, but who are not ready or willing at this time to engage in the level of participation required by those care services.
- Individuals who may have an acuity score which qualifies them for more intensive care and are enrolled at that service at another Ryan White Part B subrecipient agency.
- Individuals who need assistance completing AIDS Drug Assistance Program (ADAP) applications or enrolling in health insurance who otherwise self-manage their care.

Clients with a Wisconsin Acuity Index (WAI) of 1 or higher should not be admitted directly to Brief Services unless either of the following occur:

- The client declines more intensive care services. If this is the case, the subrecipient must document that the client declined case management services.
- The client is in more intensive care services at another Ryan White Part B subrecipient. If this is the case, each subrecipient should coordinate and document who is obtaining needed documentation and the client should sign a Release of Information (ROI) to share information between the agencies.

Subrecipients providing Brief Services are expected to comply with the Universal Standards of Care, as well as these additional standards:

**Standard 1: Providers of Brief Services must ensure services are delivered in accordance with the [Wisconsin Ryan White Part B 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 living with HIV, resides in Wisconsin, and has household income under 500% of the federal poverty level (FPL) at initial enrollment in accordance with the Wisconsin Ryan White Part B Eligibility Policy.

### **Standard 2: During initial contact, key information about the client must be collected or verified in the Electronic Medical Record (EMR).**

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

- Contact and identifying information.
- Emergency contact, if available.
- Insurance status.
- Documentation of income and status of residing in Wisconsin.
- Demographic information.
- Contact information for other service providers and corresponding ROIs.
- Proof of HIV diagnosis.

In some cases, Brief Services clients are transitioning from another HIV care service provider and this information can be transferred from their previous provider. Information can also be gathered from any existing client record at the agency where Brief Services are being provided.

## Documentation

Documentation of attempts to collect this information must be completed within 30 days of first visit, initial referral, or contact. Documentation must show any corresponding ROIs as needed and applicable.

### **Standard 3: As needed, clients will be referred to other health and support services.**

Providers must support clients with referrals to other health and support services when the client requests a referral, or when the provider identifies a need and the client agrees to accept the referral.

## Documentation

Documentation of any referral(s) made, and outcome(s) of referral(s), must be included in the client record.

### **Standard 4: The client must receive a WAI score of 0 within 30 days before or after date of intake to Brief Services.**

The appropriateness of Brief Services is based on the results of a WAI administered within 30 days after intake. Clients who score a 0 should be enrolled in Brief Services; clients who score a 1, 2, or 3 should continue in Medical Case Management (MCM), Registered Nurse Case Management (RNCM), or Linkage to Care (LTC), unless the client declines more intensive case management services or is receiving more intensive case management services at another Ryan White Part B subrecipient agency.

## Documentation

A completed WAI form or equivalent imbedded in the electronic medical record (EMR) must be available for review in the client record.

The client record must document that the initial WAI was administered within 30 days after intake to Brief Services.

If the client scored above a 0 on the WAI, there must be documentation that the provider completing the intake attempted to conduct a warm handoff to link the client into more intensive case management services, or there must be documentation the client declined more intensive case management services or is receiving more intensive case management services at another Ryan White Part B agency.

## **Standard 5: The provider must briefly re-assess client needs and appropriate level of service at least annually.**

When needed, Brief Services clients can and should be proactively checked in with by a provider. This is especially crucial for the first three months after a client transitions from more intensive care services.

At least annually, the provider must re-assess client needs in a manner that is convenient, trauma-informed, and acceptable to the client. Should a client's needs increase prior to annual assessment, a new WAI must be completed at the earliest convenience of the client and provider.

During the annual assessment, the provider will offer a brief check-in that outlines the range of services available and how to connect if they ever need them.

A new WAI may be conducted at any time and must be conducted if the client has experienced any of the following:

- Emergency hospitalization (physical or behavioral) in the last six months.
- Absence from more than two medical appointments without notice or rescheduling.
- Houselessness in the last six months.
- Loss of a key support person.

### **Documentation**

The client record must document how the re-assessment was accomplished and the outcome. If a new WAI was completed, documentation of WAI score must be present in the client record.

The client record must document that the assessment included information on how the client can connect with their Brief Services provider and the range of services available.

## **Standard 6: Upon termination of brief services, the client is discharged from brief services.**

Criteria for client discharge are:

- Client acuity score reaches greater than 0.
- Client is no longer eligible for services.
- Client is lost to follow-up or does not engage in any service at the provider agency.\*
- Client is referred to another Ryan White Part B Brief Services program.
- Client is incarcerated longer 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 and include a brief discharge narrative.