



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

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Dear HIV/AIDS Case Management Providers:

The Health Resources and Services Administration (HRSA) has joined with Centers for Disease Control and Prevention (CDC) and others in providing recommendations and guidance on the CDC's initiative, *Advancing HIV Prevention: New Strategies for a Changing Epidemic* (MMWR April 18, 2003; 52:329-356). *Advancing HIV Prevention* (AHP) supports the prevention work of the past two decades and emphasizes proven strategies that have been used successfully in preventing other infectious diseases. These strategies include:

- 1) Make voluntary HIV testing a routine part of medical care.
- 2) Implement new models for diagnosing HIV infections.
- 3) Prevent new infections by working with persons diagnosed with HIV and their partners.
- 4) Further decrease perinatal HIV transmission.

As people living with HIV live healthier lives, they need additional support maintaining positive health practices to promote their own well-being and to avoid passing the virus to others. The National Association of People with AIDS (NAPWA) has reported that it is essential to offer a variety of interventions delivered in a variety of settings. Advantages of a multidisciplinary approach are that skill sets vary among staff members from an assortment of disciplines and that a client may be more receptive to discussing prevention-related issues with one team member than with another. While medical settings offer an important venue for intervention, there are many additional advantages to offering these services in a non-medical or case management setting.

New York State has offered a continuum of prevention services through outreach, education, harm reduction, counseling and testing services. Agencies helping HIV-positive persons enter into medical care and providing a broad range of other services, either directly or through actively linked referrals, have a significant effect on reducing the toll of the HIV epidemic. The multi-step nature of case management lends itself to providing ongoing and comprehensive support of the prevention needs of clients and their families.

A number of AHP-related collaborations were initiated to determine how the AHP strategies would impact on providers, including HIV/AIDS case management programs. The CDC and the Center for Medicare and Medicaid Services (CMS) met with CMS Regional HIV/AIDS Coordinators to review the legal and financial basis for Medicaid reimbursement of HIV prevention services. An Intra-Agency Working Group was also developed, made up of members from the CDC, HRSA, CMS and Substance Abuse and Mental Health Services Administration (SAMHSA), to share information about case management activities. The first meeting was held in November 2003, where the group began discussing program requirements, developing strategies to strengthen collaboration at the service level and reviewing policies to examine the provision of prevention services to people with HIV under Medicaid reimbursement systems.

HIV/AIDS case management fulfills a critical role in assuring a continuum of services to meet the needs of HIV-infected individuals in New York State. By virtue of the long-term, trusting relationship that

exists between a case manager and client, case managers are particularly well positioned to identify and make arrangements to address and support the prevention needs of clients. Often, people who require more intensive services are struggling with other psychosocial factors (e.g., mental illness, substance abuse, domestic violence, homelessness, and economic stressors), decreasing their ability to obtain and adhere to proper medical care or to reduce their HIV risk behaviors. Integrating consideration of these issues into prevention programs for HIV-positive persons is crucial.

To assist HIV/AIDS case management programs we have attached a Technical Assistance Bulletin, which aims to clarify the roles of individual case managers in relation to HIV prevention by setting forth expectations and guidance. It describes how integration of prevention into case management can be achieved during the intake, re/assessment and service planning phases. Service planning for prevention services should be no different than planning for any other need with which clients may present, and it needs to address the issue of prevention at whatever readiness stage clients are in, being deliberate with steps that a client can take toward achieving a prevention-related goal.

In *"Incorporating HIV prevention into the medical care of persons living with HIV"* (MMWR 2003; 52 (No. RR-12): [p11]), the CDC defines areas that case management staff may address directly with clients and those that might need a referral to outside agencies. The following is a list of prevention topics that should be addressed directly by most case management providers:

- ⌚ Lack of knowledge about HIV transmission risks;
- ⌚ Misconceptions about risk of specific types of sexual and drug-use practices;
- ⌚ Misconceptions about viral load and transmission of HIV;
- ⌚ Ways to disclose HIV-seropositive status to a sex partner, family member, or friend;
- ⌚ Importance of using condoms or not exchanging fluids with partners;
- ⌚ Ways to reduce number of sex or drug partners;
- ⌚ Ways to keep condoms accessible;
- ⌚ Ways to remember to use condoms;
- ⌚ How to persuade a sex partner to use a condom;
- ⌚ Ways to obtain support (e.g., emotional, financial) from family, friends, and lovers;
- ⌚ Ways to clean/disinfect injection equipment;
- ⌚ Ways to obtain clean needles; or
- ⌚ Ways to avoid sharing injection equipment.

Ongoing staff training, therefore, should be focused on preparing staff to increase their comfort levels with each of the above topics. While some case management staff may have the skills necessary, the following prevention issues will most likely require a referral to outside agencies specializing in each area:

- ⌚ Need for intensive HIV prevention intervention;
- ⌚ Partner notification and/or directly disclosing status to others for the client;
- ⌚ Excessive use of alcohol or recreational drug use;
- ⌚ Drug addiction, including injection drug use;
- ⌚ Depression, anger, guilt, fear, or other mental health needs;
- ⌚ Sexual compulsivity;
- ⌚ Sexual or physical abuse (victim or perpetrator); or
- ⌚ Desire to have children, contraceptive counseling.

Our future steps include a new training that will offer skill-building opportunities specifically designed for HIV/AIDS case managers. The goal of this training will be to increase case managers' ability to assist their HIV positive clients to avoid sexual and substance use behaviors that can result in transmitting the

virus to others and lead to negative health outcomes for themselves. All program directors and supervisors are asked to encourage and support staff to attend. We will also be working to increase monitoring, technical assistance and the development of outcome measures for prevention activities.

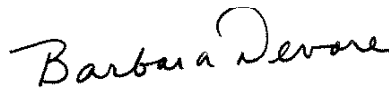
Given advances in treatment and New York State's effort to ensure access to treatment for all, people with HIV are living longer and healthier. HIV/AIDS case managers are essential in this process, and we will be unveiling additional resources for those providers looking to expand their ability to offer prevention activities. CDC, other federal and state agencies, and the HIV prevention community will continue their work to help ensure prevention efforts are sustained and re-energized as an integrated approach. These efforts, and those to come, will help us realize new successes in our fight against this disease and help to build the necessary foundation to effectively target proven interventions and reduce the transmission of HIV.

If you have any questions or comments on prevention activities as they relate to HIV/AIDS case management, please contact Mr. Jay Freedman, Director of the Bureau of Community Support Services, by phone at (518) 473-3339 or by email at [JXF07@health.state.ny.us](mailto:JXF07@health.state.ny.us).

Sincerely,



Humberto Cruz  
Executive Deputy Director  
AIDS Institute



Barbara Devore  
Executive Deputy Director  
AIDS Institute

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