

**214.650 Review of HIV and AIDS care coordination -- Surveillance of newborns exposed to HIV -- HIV and AIDS pharmacological services.**

- (1) The cabinet shall:
  - (a) Conduct a review of any guidelines for HIV or acquired immunodeficiency syndrome (AIDS) care coordination to ensure:
    1. Consistency;
    2. Comprehensive in service; and
    3. That access to health care and sustaining individuals infected with HIV/AIDS in primary HIV-related medical care is the top priority for care coordinators;
  - (b) Conduct objective peer reviews, as necessary, of each care coordination agency to insure that care coordinators are in compliance with the care coordination guidelines;
  - (c) Conduct outcome evaluations, as necessary and as permitted by funding limitations, to measure the quality and impact of the care coordinator delivery system;
  - (d) Review the need for additional care coordinators to assure that client caseloads are manageable and, to the extent that funds are available, strive for a maximum client caseload of forty (40) to fifty (50) clients per care coordinator. If, after this review, the cabinet finds the need for additional staff, it may develop a plan and request funding for the hiring of additional care coordinators in the geographic areas of greatest need;
  - (e) Review eligibility criteria for persons who wish to receive treatment medications through the Kentucky AIDS Drug Assistance Program to ensure that these funds are the funds of last resort;
  - (f) Review the data collected under KRS 214.645 to determine whether allocated resources are sufficiently distributed to meet the geographic distribution of reported HIV and AIDS cases;
  - (g) Work with other agencies, departments, and cabinets to advise on their development of educational HIV and AIDS programs that are mandated by law;
  - (h) Urge access to Spanish-speaking interpreters to provide prevention, treatment, and service efforts where needed in the Commonwealth;
  - (i) Provide for consistent and comprehensive HIV and AIDS counseling and testing education in all public health departments as needed;
  - (j) Require collaboration between HIV prevention educators and HIV care coordinators with the goal of reducing the further transmission of HIV by those already infected; and
  - (k) Encourage community-based organizations to develop an outreach program designed to foster active partnerships with willing faith-based communities. These partnerships may be used to educate community members about illegal

drug use, the value of harm reduction programs, and HIV and AIDS prevention and services.

- (2) Authorized surveillance staff designated by the cabinet shall review all known cases of newborns with perinatal exposure to HIV infection or with HIV infection.
- (3) Any pharmacy or clinic that provides HIV or AIDS-related medications through the Kentucky AIDS Drug Assistance Program or any other state assistance program shall:
  - (a) Be encouraged to provide pharmacological consultation reimbursement with written documentation. Documentation may include date of interview, assessment of timely drug refills, side effects, problems, remediation, outcomes noted, and the pharmacist's HIV specialized physician; and
  - (b) Be encouraged to seek HIV pharmacological certification in addition to already recommended continuing education training on HIV and AIDS.

**Effective:** July 14, 2000

**History:** Created 2000 Ky. Acts ch. 432, sec. 5, effective July 14, 2000.