



Norfolk TGA Ryan White Part A OUTPATIENT AMBULATORY HEALTH SERVICES SERVICE STANDARD

SERVICE CATEGORY DEFINITION

Outpatient Ambulatory Health Services (OAHS):

Outpatient / Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventative care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related HIV diagnosis

NOTE: Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's are required to have a client intake and eligibility policy on file. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A—Norfolk TGA Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.



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Eligible clients must:

- ◇ Live in the Norfolk TGA (Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Hampton, Newport News, Poquoson, Williamsburg, York County, James City County, Gloucester County, Matthews County, Isle of Wight and Currituck County, North Carolina)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 300% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

PERSONNEL QUALIFICATIONS

Outpatient/Ambulatory Health Services must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians shall have documented unconditional licensure/certification in his/her particular area of practice.
2. Subrecipient's shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience with HIV/ AIDS shall be supervised by one who has such experience.
3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.



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CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Outpatient / Ambulatory Health Services is to provide effective diagnostic and therapeutic medical care services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for Outpatient / Ambulatory Health Services are:

- 90% of clients receiving Outpatient Ambulatory Health Services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two year measure and in the second half of a single year measure.
- 100% of clients receiving Outpatient Ambulatory Health Services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 90% of clients receiving Outpatient Ambulatory Health Services are virally suppressed as documented by a viral load of less than 200 copies / mL at last test.

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of current Virginia licensure.	100%
2. Staff providing services have been trained to work within the population.	Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	100%
3. Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident in client chart.	90%



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Standard	Measure	Goal
4. Client had viral load test performed at least every 3 – 6 months.	Documentation of viral load test outcomes evident in client chart.	100%
5. Client had CD4 test performed at least every 3-6 months	Documentation of CD4 test outcomes evident in client chart.	100%
6. Clients 6 years of age and older are prescribed PCP prophylaxis when CD4 counts are < 200 cells/mm	Documentation of PCP prophylaxis prescription evident in client chart.	90%
7. Client was prescribed HIV Antiretroviral therapy during the measurement year.	Documentation of HIV Antiretroviral therapy evident in client chart.	90%
8. Client had HIV resistance test performed prior to the initiation of ART if ART is initiated during the measurement year.	Documentation of resistance test evident in client chart.	90%
9. Client had one medical visit in each 6-month period of a 24-month measurement period with a minimum of 60 days between visits.	Documentation of medical visit history evident in client chart.	90%
10. Client did not have medical visit in the last 6-months of the measurement year.	Documentation of medical visit history evident in client chart.	0%
11. Client had a fasting lipid panel completed if client was on ART during the measurement year.	Documentation of fasting lipid panel evident in client chart.	90%



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Standard	Measure	Goal
12. Client had a TB screening test at least once since HIV diagnosis.	Documentation of TB screening test evident in client chart.	90%
13. Client received influenza vaccine or reported receipt through other provider between October 1st and March 31st of the measurement year or documentation of client refusal.	Documentation of influenza vaccine evident in client chart.	90%
14. Client received pneumococcal vaccine since HIV diagnosis or documentation of client refusal.	Documentation of pneumococcal vaccine evident in client chart.	90%
15. Client had Hep C screening at least once since HIV diagnosis.	Documentation of Hep C screening evident in client chart.	90%
16. Client had Hep B screening at least once since HIV diagnosis.	Documentation of Hep B screening evident in client chart.	90%
17. Client had Hep B vaccine series if not Hep B positive or documentation of client refusal.	Documentation of Hep B vaccine series evident in client chart.	90%
18. Adult female client had pap screen in the last three years.	Documentation of pap screening in past three years evident in client chart.	90%
19. Client had annual screening for syphilis.	Documentation of annual syphilis screening evident in client chart.	90%
20. Client had annual screening for chlamydia if they were new to services, were sexually active, or had an STI.	Documentation of annual screening for chlamydia evident in client chart.	90%
21. Client had annual screening for gonorrhea if they were new to services, were sexually active, or had an STI.	Documentation of annual screening for gonorrhea evident in client chart	90%
22. Client received an oral exam by a dentist at least once during the measurement year based on client self report.	Documentation of reported annual oral exam evident in client chart.	90%



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Standard	Measure	Goal
23. Client received HIV risk counseling during the measurement year.	Documentation of HIV risk counseling evident in client chart.	90%
24. Client received screening for clinical depression during the measurement year.	Documentation of clinical depression screening evident in client chart.	90%
25. If clinical depression screen was positive, client received follow-up plan on the same date of encounter.	Documentation of follow-up plan evident in client chart.	90%
26. Client received screening for tobacco use at least once in a 24 month period.	Documentation of screening for tobacco evident in client chart.	90%
27. If tobacco screening was positive, client received tobacco cessation counseling intervention or referral.	Documentation of referral or tobacco cessation intervention evident in client chart.	90%
28. Client received screening for substance use (alcohol & drugs) during the measurement year.	Documentation of substance abuse screening evident in client chart.	90%

CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient’s providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.



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CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Subrecipient's providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipient's must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Norfolk Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each Subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the Subrecipient must honor the request from the client.