

Service Category Definition – Outpatient Ambulatory Health Services

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.



Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic Testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive 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 to HIV diagnosis, including audiology and ophthalmology

Personnel Qualifications

Outpatient Ambulatory Health services will be provided by staff who meet the minimum requirements and qualifications listed in this section.

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 provisions of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

Subrecipient Responsibility

- Provide care based on HHS Clinical Guidelines <https://aidsinfo.nih.gov/guidelines> and <https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources>
- Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection

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- Include clinician notes in patient records that are signed by the licensed provider of services
- Maintain professional certifications and licensure documents and make them available to the grantee on request
- Document, include in client medical records, and make available to the grantee on request:
 - The number of laboratory tests performed
 - The certification, licenses, or FDA approval of the laboratory from which tests were ordered
 - The credentials of the individual ordering the test

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Norfolk TGA Care Continuum Performance Measures

(Appendix B: Norfolk TGA Care Continuum Performance Measures)

Standard	Measure
Services are rendered to eligible clients	Review of eligibility documentation
Care is provided by health care professionals certified in the jurisdictions to prescribe medications in an outpatient setting	Review of Licensure for medical staff
Services are consistent with HHS Treatment Guidelines (See https://aidsinfo.nih.gov/guidelines and https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources)	Review of medical charts
Services are provided as part of the treatment of HIV infection	Review of medical charts and progress notes
Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects	Review of medical charts and progress notes

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/Description	Numerator	Denominator	Exclusions	Goal
Percentage of OAHS patients who have a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	The number of OAHS patients with a viral load <200 copies/mL at last test during the 12-month measurement period.	All patients with at least one OAHS visit during the 12-month measurement period.	None	85%

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<i>HRSA/HAB Performance Measure: HIV Medical Visit Frequency (NQF#: 2079)</i>				
Performance Measure/Description	Numerator	Denominator	Exclusions	Goal
Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period.	Patients who died at any time during the 24-month measurement period.	90%
<i>HRSA/HAB Performance Measure: Gap in HIV Medical Visits (NQF#: 2079)</i>				
Performance Measure/Description	Numerator	Denominator	Exclusions	Goal
Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year	Patients who died at any time during the measurement year	85%

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