



SERVICE CATEGORY DEFINITION

Outpatient Ambulatory Health Services (OAHS):

Provision of Outpatient Ambulatory Health Services, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment)

- Well-baby care
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)

As part of Outpatient Ambulatory Health Services, provision of laboratory tests integral to the treatment of HIV infection and related complications.

Documentation that tests are:

- Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider
- Consistent with medical & laboratory standards
- Approved by the Food and Drug Administration (FDA) and/or Clinical Laboratory Improvement Amendments (CLIA)

Documentation of Eligibility must be updated every six (6) months to include proof of income and proof of residency

HRSA DEFINITION

Outpatient Ambulatory Health Services (OAHS):

Provision of Ambulatory Outpatient Health Services, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS)



Ryan White Planning Council of New Haven/Fairfield Counties

SERVICE STANDARD

OUTPATIENT AMBULATORY HEALTH SERVICES

guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Allowable services include:

- Diagnostic testing;
- Early intervention and risk assessment;
- Preventive care and screening;
- Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions;
- Prescribing and managing of medication therapy;
- Education and counseling on health issues;
- Well-baby care;
- Continuing care and management of chronic conditions;
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services).

As part of Ambulatory Outpatient Health Services provision of laboratory tests integral to the treatment of HIV infection and related complications.

PERSONNEL QUALIFICATIONS

Ambulatory Outpatient Health Services will be provided by a trained, licensed or certified practitioner as required by Federal, State, and Local regulations and with credentials appropriate for treating HIV-infected clients.

- Subrecipients' 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.
- Subrecipients' will ensure that all unlicensed/certified staff member servicing Ryan White clients will complete at least **10 hours** of medical specific training per year. Employee files contain training certificates or proof of attendance



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 Ambulatory Outpatient Health Services will be documented in CAREWare 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 in the measurement year.

SERVICE STANDARDS, MEASURES, AND GOALS

	Standard	Measure	Goal
1.	Services are provided by trained professionals.	Documentation of Connecticut 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 indicating viral suppression 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. 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%
6. Client was prescribed HIV Antiretroviral therapy during the measurement year.	Documentation of HIV Antiretroviral therapy evident in client chart.	90%
7. Clients who are newly diagnosed 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%
8. 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%
9. Client without medical visit in the last 6-months of the measurement year have documented efforts of return to care.	Documentation of efforts to return client to care evident in client chart.	90%
10. Client had a fasting lipid panel completed if client was on ART during the measurement year.	Documentation of lipid panel evident in client chart.	90%
11. Client had a TB screening test at least once since HIV diagnosis.	Documentation of TB screening test evident in client chart.	90%
12. 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%



Standard	Measure	Goal
13. Client received pneumococcal vaccine or documentation of client refusal.	Documentation of pneumococcal vaccine evident in client chart.	90%
14. Client had Hep C screening at least once since HIV diagnosis.	Documentation of Hep C screening evident in client chart.	90%
15. Client had Hep B screening at least once since HIV diagnosis.	Documentation of Hep B screening evident in client chart.	90%
16. 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%
17. Adult female client had pap screen in the last three years.	Documentation of pap screening in past three years evident in client chart.	90%
18. Client had annual screening for syphilis.	Documentation of annual syphilis screening evident in client chart.	90%
19. Client had annual screening for chlamydia.	Documentation of annual screening for chlamydia evident in client chart.	90%
20. Client had annual screening for gonorrhea.	Documentation of annual screening for gonorrhea evident in client chart	90%
21. 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%
22. Client received HIV risk counseling during the measurement year.	Documentation of HIV risk counseling evident in client chart.	90%
23. Client received screening for clinical depression during the measurement year.	Documentation of clinical depression screening evident in client chart.	90%



Standard	Measure	Goal
24. 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%
25. Client received screening for tobacco use at least once in a 24 month period.	Documentation of screening for tobacco evident in client chart.	90%
26. 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%
27. Client received screening for substance use (alcohol & drugs) during the measurement year.	Documentation of substance abuse screening evident in client chart.	90%

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, New Haven/Fairfield Counties EMA Part A managed, CAREWare Database.