


<p><b>TITLE:</b> Outpatient/Ambulatory Medical Care Service Standards  <b>PROGRAM:</b> Ryan White Part B  <b>SECTION:</b> Core Medical Services</p>	 <p>UTAH DEPARTMENT OF  <b>HEALTH</b></p>
<p><b>Executive Sponsor:</b> Utah Department of Health  <b>Policy Owner:</b> RWB Administrator  <b>Approved by:</b> RWB Manager</p>	<p>Origination Date: 2011.09.15  Last Review: 2022.04.01  Next Review: 2023.04.01</p>

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## **PURPOSE**

To define and establish standards for the minimal level of OAMC provided to the client enrolled in UDOH RWB. Service standards follow [HRSA PCN #16-02](#) and national guidelines to assure optimal client-centered care for all clients.

## **SCOPE**

OAMC service providers include: physician, physician assistant, clinical nurse specialist, nurse practitioner, PharmD, pharmacist, or pharmacy technician in an outpatient setting. Outpatient medical settings include: clinics, medical offices, pharmacies, and mobile van locations where the client does not stay overnight. Allowable services cannot be provided in an emergency room, hospital or any type of inpatient treatment center location as they are not considered outpatient settings.

## **DEFINITIONS**

**ART:** Antiretroviral therapy – the combination of medications used to treat HIV.

**Benchmark:** A standard or point of reference used for comparison or assessment.

**CLIA:** Clinical Laboratory Improvement Amendments

**Client:** A consumer, patient, customer and/or individual who is eligible for RWB and is enrolled to receive one or more services.

**FDA:** Food and Drug Administration

**Grantee/Grant Recipient:** The “Grantee” is UDOH, who implements and manages RWB.

**Guidelines:** Federally approved medical practice recommendations for HIV/AIDS.

**HAB:** HIV/AIDS Bureau

**HHS:** United States Department of Health and Human Services

**HRSA:** Health Resources and Services Administration, the funder for Ryan White HIV Services.

**IDSA:** Infectious Disease Society of America

**OAMC:** Outpatient/Ambulatory Medical Care

**PCN:** Policy Clarification Notice

**PHS:** Public Health Service

**Policy:** A set of principles that are used for actions with an overall description of the approach and general goals acceptable to the leadership of the organization.

**Provider:** A person licensed by the State of Utah to practice medicine, including physician, physician assistant, clinical nurse specialist, nurse practitioner, PharmD, pharmacist, or pharmacy technician.

**RWB:** Ryan White Part B Program. The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services. Utah Ryan White HIV/AIDS Program Part B is funded by a federal grant to provide core medical and support services to eligible people living with HIV/AIDS in the state of Utah.

**UDOH:** Utah Department of Health

## **SERVICE STANDARDS**

Service standards provide the framework and guidance from which service processes and outcomes are measured. They are the foundation for clinical quality management and establish the minimal level of service or care that a RWB contracted agency or provider may offer within the State. Service standards are important to maintain quality of care, improve the client and public health outcomes. Standards provide benchmarks for monitoring and inform contract development. The service standard aligns care practices, clinic policy, and service delivery consistent with the HHS and IDSA clinical guidelines. The clinical guidelines are frequently updated and should be accessed directly at the web site. Any deviation is justified by specific client circumstances and evidence-based medical practices.

## **UNIVERSAL SERVICE STANDARDS**

Universal service standards apply to all contracted service providers, and are applicable to all service categories funded by RWB. These standards are compliant with the HRSA/HAB monitoring standards issued April 2013. Recipients are required by HRSA/HAB to adhere to these monitoring standards and subrecipients/contractors funded for RWB services are held to the same standards.

Universal Service Standards include the following:

- Access to Care
- Records Management
- Staff Requirements/Personnel Qualifications
- Eligibility Determination/Screening
- Client-Related Policy
- Fiscal Standards
- Quality Management Standards
- Monitoring Standards

## **SERVICE DELIVERY**

According to [HRSA PCN #16-02](#), RWB OAMC 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. Hospital, hospital emergency room, or any other type of inpatient treatment center or urgent care services are not considered outpatient settings. Services are related to:

1. The treatment of HIV
2. Uninsured clients needing medical visits
3. Antiretroviral and combination antiretroviral therapies
4. Other drug therapies, including prophylaxis and treatment of opportunistic infections (PHS Act 2604 (c) (3) (A) care)

## **Allowable Activities**

1. Professional medical care and therapeutic services
2. Practitioner examination
3. An initial comprehensive medical history and physical assessment performed for the client by the outpatient medical care provider within 30 business days of initial client/provider contact.
4. Diagnosis, treatment, and management of physical and behavioral health conditions including:
  - A. Oral health assessment
  - B. Psychosocial/mental health assessment
  - C. Substance use screening and assessment
5. Diagnostic and laboratory testing
6. Early intervention and risk assessment
7. Immunizations
8. Prescribing and managing medication therapy
9. Medication consultation and adherence assistance conducted by an individual who is a PharmD, also known as a Doctor of Pharmacy

10. Treatment adherence services provided during an OAMC service visit, which are reported under the OAMC service category
11. Medication monitoring for toxicity or efficacy
12. Obstetrics and gynecology services
13. Prescription medication updates, refill prescriptions, or assistance
14. Preventive care and screening
15. Behavioral risk assessment, subsequent counseling, and referral
16. Health education and counseling
17. Chronic conditions continuing care and management
18. Referral to and provision of HIV-related specialty care (includes all medical subspecialties including audiology, ophthalmic and optometric services)
19. Follow up appointments as needed. The client needs may be determined by multiple factors including, current status, chief complaint, prior history, family history, future plans, etc.
20. Medical interpretation services at the discretion of the client

*Measure:* Documentation of the following:

1. Care provided by healthcare professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van.
2. Only allowable services provided.
3. Services provided as part of the treatment of HIV infection.
4. Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects.
5. Services are consistent with HHS Guidelines.
6. Services are consistent with HRSA/HAB National Monitoring Standards.

#### **Access to Treatment by Qualified, Licensed Health Care Professionals**

Services are provided by appropriately licensed and credentialed providers including: physician, physician assistant, clinical nurse specialist, nurse practitioner, PharmD, pharmacist, or pharmacy technician in an outpatient setting. Provider personnel file documentation shows:

1. Service professionals are currently certified/licensed to provide medical care and clinical services in their jurisdiction, and prescribe medications in an outpatient setting in Utah.

2. Comprehensive medical history and physical assessment completed within 30 business days of initial client /provider contact.

*Measure:* documentation of the following:

1. Professional License/Certification in their jurisdiction for healthcare service provider.
2. A minimum of 10 hours HIV/AIDS continuing education annually located in personnel files for service providers.
3. Notes in the client records are signed and dated by the licensed clinical service provider.

### **Records Management**

The service provider is responsible to document in the client medical records in compliance with OAMC Service Standards including:

- Date of service
- Reason for visit
- Activities performed
- Vital signs
- Lab and diagnostic testing results
- Problem list
- Medication sheet
- Anti-retroviral history
- Immunizations and screenings
- X-ray and procedure log
- Controlled substance flow sheet
- Treatment and monitoring flow sheet
- Prevention/chronic disease flow sheet
- Health maintenance education
- HIV/office visit/progress notes including desired outcome

### **Laboratory Tests**

Laboratory tests are integral to the treatment of HIV infection and related complications.

*Measure:* Laboratory test documentation supports:

1. Necessity based on established clinical practice.
2. Order by a registered, certified, licensed provider, and consistent with medical and laboratory standards.
3. When a tuberculosis screening is medically indicated, a QuantiFERON test is performed.
4. The laboratory is approved by the FDA, and/or certified under the CLIA Program.
5. The number of laboratory tests performed are included in the client medical records and available to the grantee on request.

## **Service Coordination**

Service coordination involves active collaboration and coordination with other agencies to facilitate client access to the full spectrum of HIV-related services.

*Measure:* Documentation of the following:

1. A comprehensive list of target providers (both internal and external), including, but not limited to regional AIDS service providers, local, state and federal services available for people living with HIV.
2. Appropriate follow up on identified needs, and coordination with community service providers.
3. In the client medical record:
  - A. Needs identified through screenings, which result in delivery of services, or appropriate referral.
  - B. Psychosocial and behavioral health screenings.
  - C. Substance use screening using an evidence-based tool. If indicated describe intervention, and referral to treatment.

## **Health Education/Risk Reduction**

Client assessed for ready, willing and able to engage in care and receive HIV education.

*Measure:* Documentation in the client medical record includes:

1. Information provided to the client about available medical and psychosocial support services.
2. HIV transmission and how to reduce the risk of HIV transmission.
3. Counseling on how to improve their health status.

## **Treatment Adherence Counseling**

Services are designed to support client adherence with complex HIV/AIDS treatments.

*Measure:* Documentation of treatment adherence counseling in the client medical record includes:

1. Readiness assessment and treatment adherence services provided during an OAMC service visit.

2. Information to persons with HIV that maintaining HIV RNA levels < 200 copies/mL with ART prevents HIV transmission to sexual partners.
3. Information to persons starting ART to use another form of prevention with sexual partners for at least the first 6 months of treatment and until an HIV RNA level of < 200 copies/mL is documented (many experts recommend confirming sustained suppression before assuming there is no risk of sexual HIV transmission).
4. Information to persons who rely on ART for prevention the need to maintain high levels of ART adherence. Transmission is possible with periods of poor adherence or treatment interruptions.
5. Maintaining an HIV RNA level of < 200 copies/mL does not prevent acquisition or transmission of other sexually transmitted infections.
6. Provision of counseling or linkage to special programs to support adherence to complex HIV/AIDS treatments, provided by non-medical personnel outside of the clinical setting.

### **Case Review**

Case review is an opportunity to address major life transitions for the client.

1. Interdisciplinary team case reviews are performed every six months at minimum for clients who are not virally suppressed or require special considerations due to management complexity.
2. Case review may include physician, case manager, pharmacy or other care provider as indicated to coordinate care and facilitate treatment success for the client.

*Measure:* Documentation of case review in the client record includes:

1. Date
2. Name of participants
3. Issues and concerns
4. Adherence barriers identified for the client with high viral load levels
5. Follow-up plan
6. Verification that guidance has been implemented



## RESOURCES

1. [HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B](#)
2. [HRSA PCN #15-02 Clinical Quality Management](#)
3. [HRSA PCN #16-02 Eligible Individuals & Allowable Uses of Funds](#)
4. [IDSA Primary Care Guidance for Persons With Human Immunodeficiency Virus](#) (Guidelines are frequently updated and should be accessed directly)
5. [NASTAD Service Standards for Ryan White HIV/AIDS Program Part B](#)
6. [National Monitoring Standards for Ryan White B Grantees: Fiscal – Part B](#)
7. [National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B](#)
8. OMB Circulars: Educational and Non-Profit Instructions Documents  
(<https://www.whitehouse.gov/omb/information-for-agencies/circulars/> )  
([https://obamawhitehouse.archives.gov/omb/circulars\\_default/](https://obamawhitehouse.archives.gov/omb/circulars_default/))
9. [Public Service Health Act, Title XXVI, Amendment - October 2009](#)
10. [Service Standards Ryan White HIV/AIDS Programs](#)
11. [Uniform Guidance](#)
12. [U.S. Department of Health and Human Services Clinical Guidelines for the Treatment of HIV/AIDS](#) Guidelines are frequently updated and should be accessed directly
13. [Utah Administrative Code – Rule R388-805](#)
14. [Utah Department of Health Ryan White Part B Quality Management Plan](#)
15. [U.S. Department of Health and Human Services Ryan White HIV/AIDS Program Part B Manual](#)

## APPROVAL GROUP

Review Date	Reviewer Title	Change Description
2022.03.04	Quality Coordinator	<ul style="list-style-type: none"> <li>• Last Review: 2022.04.01 Next Review: 2023.04.01</li> <li>• Simplified Universal Service Standards list</li> <li>• Added acronyms to <i>Definitions</i> section</li> <li>• Changed approval group order to descending dates (most recent changes listed first)</li> <li>• Confirmed all <i>Resource</i> links work</li> </ul>
2022.02.28	RN Quality Consultant	Minor suggestions for formatting and sentence structure
2022.02.03	Part B Administrator	Review the documentation to ensure content is up to date.
2021.03.29	Part Administrator	Updated all changes and feedback.
2021.03.22	Part B Administrator	Fixed formatting and grammar throughout the documentation
2021.03.19	Quality Coordinator	Formatting, grammar and punctuation edits. Resources review with broken links reported to Part B Administrator.
2021.03.17	RN Quality Consultant	Minor suggestions for wording.
2021.03.11	Part B Administrator	Add/delete grammar and punctuation throughout the doc. Review the resources page to determine if links are currently up to date or need to be deleted.

Approval Group	Review Date
Part B Administrator: Seyha Ros	2022.02.03
Quality Coordinator: Marcee Mortensen	2022.03.04
Senior RN Quality Consultant: Vinnie Watkins	2022.02.28
Ryan White Program Manager: Tyler Fisher	2022.03.16
Director, Bureau of Epidemiology: Sam LeFevre	2022.03.16