

Ryan White Program Standards of Care – Outpatient/Ambulatory

County of Santa Clara Public Health Department
STD/HIV Prevention & Control Program



Santa Clara County HIV Commission



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Introduction

This document describes the “Outpatient/Ambulatory Health Services” service category of core medical services under the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care released by the Santa Clara County HIV Commission and County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Outpatient/Ambulatory Health Services and must be followed by any provider receiving RWHAP Part A and/or Part B funding for this service category.

How This Document is Organized

This document is intended to be used in tandem with the Universal Standards of Care (USOC) and provides additional detail about the Requirements for Outpatient/Ambulatory Health Services beyond what is established in the USOC. All service providers are responsible for understanding and maintaining compliance with the USOC, which apply to every RWHAP service category.

Within this document, the Standards of Care are described in terms of (1) Service Definition, (2) Requirements, and (3) Tools and Resources.

Service Definition

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, including telehealth technology, and urgent care facilities for HIV-related visits. Emergency room visits and non-HIV related visits to urgent care are not allowable costs under Outpatient/Ambulatory Health Services.

Objective

Outpatient/Ambulatory Health Services are intended to provide primary medical care for the treatment of HIV infection consistent with the most recent U.S. Public Health Service (PHS) guidelines, also known as Health and Human Services (HHS) guidelines. Care must include access to antiretroviral and other drug therapies, preventative therapies such as prophylaxis, and treatment of opportunistic infections.

Care provided under Outpatient/Ambulatory Health Services may only be funded by RWHAP in the event that RWHAP funds are the payer of last resort.

Key Activities

- 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 referrals
- Preventative care and screening
- Pediatric development assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of medical or surgical specialty care related to HIV diagnosis, including audiology and optometry, to a non-Ryan White provider (referrals for specialty care related to HIV diagnosis to another Ryan White provider will be covered by that respective provider).

Ryan White HIV/AIDS Program Services Report (RSR) Reporting

Outpatient/Ambulatory Service providers must report RSR data annually. For 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.

Requirements

In addition to complying with **all** the standards, measures, and monitoring criteria identified in the USOC, service providers shall adhere to the specifications for providing Outpatient/Ambulatory Health Services as updated below.

1.0 ARIES: AIDS Regional Information & Evaluation System

Standards, Measures, and Monitoring criteria identified in USOC 1

2.0 Client Eligibility

Standards, Measures, and Monitoring criteria identified in USOC 2

3.0 Recertification

Standards, Measures, and Monitoring criteria identified in USOC 3

4.0 Care and Treatment

4.1 Intake, Orientation, and Evaluation

The service provider shall conduct a complete intake assessment, orientation, evaluation, and initial treatment of each client **within 30 days**.

Intake is a time to gather registration information and provide basic information about HIV services, as appropriate. It is also a pivotal moment for the establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to client need and conduct the client intake with respect and compassion.

Outpatient/Ambulatory Health Services must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients. Providers may provide any or all of the Key Activities included in the *Service Definition* section of this document.

#	Standard	Measure
4.1.1	<p>Initial Appointment: It shall take place as soon as possible, within five (5) business days of referral or initial client contact (see USOC 2.0- 2.4). In order to facilitate rapid initiation of antiretroviral therapy, persons newly diagnosed with HIV should have their first appointment occur within 24 hours of diagnosis.</p> <ul style="list-style-type: none"> • Medical evaluation: At the start of Outpatient/Ambulatory Health Services, a baseline medical evaluation must be conducted. This evaluation should be performed in accordance with HHS guidelines and CDPH STD guidelines and is usually inclusive of elicitation of clinical history, physical examination, review of prior medical records, and ordering of any initial diagnostic tests and studies deemed necessary by the provider. • HIV education: Patients should always be provided with information regarding the results of diagnostic tests, prognosis, risks and benefits of treatment, instructions on treatment management and follow up, and treatment adherence. In addition, they should be given HIV risk reduction and prevention education. 	<p>Record of intake and scheduled appointment in client record/chart</p>

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	<ul style="list-style-type: none"> • Partner Services: Providers funded for Outpatient/Ambulatory Care Services must have a process for Partner Services counseling and referral for clients. Partner Services information should be offered and referrals made for clients according to established processes during the initial appointment. 	
4.1.2	Patient’s need and eligibility for HIV services is assessed and confirmed. Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available upon request.	Assessment and referral in client record/chart
4.1.3	Complete documentation includes appropriate consents and release. All patient contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the patient chart. Documentation will be signed and dated.	Signed documentation in client record/chart
4.1.4	Identification of immediate issues that impact patient’s ability to be retained in care, including assessment of the patient’s ability to be retained in care.	Assessment and notes in client record/chart
4.1.5	Outpatient/Ambulatory Care Service providers should create an individualized treatment plan for each patient that identifies and prioritizes the patient’s medical care needs and incorporates client input. All treatment plans must be signed and dated by a provider and should follow national guidelines as outlined in the HHS guidelines including review and reassessment of the plan at each care appointment.	Record of signed client treatment plan
4.1.6	Orientation Checklist: Each new client receiving Outpatient/Ambulatory Health Services must receive an orientation to available services at the facility. Service provider should create a checklist of all pertinent information to be covered during the orientation.	Record of Orientation Checklist in client record/chart
4.1.7	Service Providers should have a documented Policy and Procedure for Orientation and Evaluation of Clients	Service Provider Policy and Procedure Manual

Monitoring

Documentation – Performance of a timely initial assessment, along with complete documentation of assessment findings, existence of a comprehensive laboratory/diagnostic evaluation, individual client treatment plan, and provision of applicable referrals/linkages, will be monitored via site visit. Service provider must have policies and procedures for intake, orientation, and evaluation of clients available for review during the site visit. This information can be included in the service provider’s required Ryan White programmatic manual or as individual documents.

4.2 Individualized Care Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.2

4.3 Empowerment

Standards, Measures, and Monitoring criteria identified in USOC 4.3

4.4 Linkage & Availability

Standards, Measures, and Monitoring criteria identified in USOC 4.4

4.5 Risk Reduction Education

Standards, Measures, and Monitoring criteria identified in USOC 4.5

4.6 Professional Linkages/Collaboration

Standards, Measures, and Monitoring criteria identified in USOC 4.6

4.7 Outreach Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.7

5.0 Service Access, Management, and Closure

Standards, Measures, and Monitoring criteria identified in USOC 5

6.0 Grievances

Standards, Measures, and Monitoring criteria identified in USOC 6

7.0 Client Rights, Responsibilities, & Confidentiality

Standards, Measures, and Monitoring criteria identified in USOC 7

8.0 Staff Requirements and Qualifications

8.1 Education & License

Staff and volunteers shall have appropriate knowledge of the HIV/AIDS disease process. All service providers, staff and contractors, who provide direct care services must hold the appropriate degrees, certification, licenses, permits or other qualifying documentation as required by Federal, State, County, local authorities, or RW Standards of Care. See each specific service standard for detailed requirements by service.

#	Standard	Measure
8.1.1	Professional diagnostic and therapeutic services under this service category must be provided by physicians, physician’s assistants, and nurse practitioners licensed by the State of	Documentation in Personnel files

	<p>California and operating within the scope of their license. Other professional and paraprofessional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to, nurses, medical assistants, pharmacists, and pharmacy assistants. The following describes the position and corresponding license staff must possess in order to provide Outpatient/Ambulatory Health Services:</p> <table border="1" data-bbox="402 688 1031 1016"> <thead> <tr> <th>Position</th> <th>License/Degree</th> </tr> </thead> <tbody> <tr> <td>Physician</td> <td>MD/DO</td> </tr> <tr> <td>Physician’s Assistant</td> <td>PA</td> </tr> <tr> <td>Nurse Practitioner</td> <td>NP</td> </tr> <tr> <td>Nurse</td> <td>RN, LVN/LPN</td> </tr> <tr> <td>Medical Assistant</td> <td>CCMA</td> </tr> <tr> <td>Pharmacist</td> <td>Pharm.D + NAPLEX</td> </tr> <tr> <td>Pharmacy Assistant</td> <td>PT</td> </tr> </tbody> </table> <p>Any non-clinician staff providing services must be (1) supervised by a clinician; (2) hold current licensure as required by the State of California when applicable; (3) provide services appropriate for their level of training/education; and (4) be trained and knowledgeable about HIV.</p>	Position	License/Degree	Physician	MD/DO	Physician’s Assistant	PA	Nurse Practitioner	NP	Nurse	RN, LVN/LPN	Medical Assistant	CCMA	Pharmacist	Pharm.D + NAPLEX	Pharmacy Assistant	PT	
Position	License/Degree																	
Physician	MD/DO																	
Physician’s Assistant	PA																	
Nurse Practitioner	NP																	
Nurse	RN, LVN/LPN																	
Medical Assistant	CCMA																	
Pharmacist	Pharm.D + NAPLEX																	
Pharmacy Assistant	PT																	
8.1.2	Attendance at trainings or appropriate Continuing Education.	Documentation in Personnel files																

Monitoring

Education and Experience – Proof of staff certification, licenses, permits, and/or other qualifying documentation must be available for review during site visits.

Licensure – Proof of required staff degrees, certification, licenses, permits, and/or other qualifying personnel documentation must be available for review.

Provider Qualifications – Compliance with minimum qualifications for all providers offering diagnostic and therapeutic services, as well as the required licensure of clinical and non-clinical staff (when applicable), will be monitored during site visits. Availability of clinician supervision for unlicensed providers will be monitored via discussion during site visits.

8.2 Professional Licensure

#	Standard	Measure
8.2.1	Staff members are licensed as appropriate to provide services.	Copy of licenses or other documentation in Personnel file
8.2.2	Service providers employ appropriately credentialed staff.	Documentation in Personnel file
8.2.3	Service provider and/or contractor facility providing Outpatient/Ambulatory Health Services must be licensed and Medi-Cal certified by the State of California and must comply with current federal and state standards.	Site visit report

Monitoring

Professional Licensure – Service providers must provide personnel licensure documentation for review. Personnel documentation regarding credentials/qualifications (as applicable to position) must also be provided for review.

Facility – Agency compliance with facility requirements will be monitored through review of facility documentation during in-person site visits.

8.3 Staff and/or Volunteer Requirements

Standards, Measures, and Monitoring criteria identified in USOC 8.3

8.4 Orientation/In-Service

Initial: All staff providing Outpatient/Ambulatory Health Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed **within 15 days of hire**. Topics must include:

- General HIV knowledge, such as HIV transmission, care and prevention
- HIV counseling and testing
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

#	Standard	Measure
8.4.1	Policy and Procedure for New Staff Orientation and Training.	Documentation in Personnel files

8.4.2	<p>Topics must include:</p> <ul style="list-style-type: none"> • General HIV knowledge, such as transmission, care, and prevention • Navigation of the local HIV system of care, including ADAP • Rapid Anti-Retroviral Therapy Initiation (Rapid ART) • Confidentiality and Security • Legal/ethical issues, human sexuality, gender, and sexual orientation • Cultural sensitivity, including but not limited to LGBTQ cultural competence, cultural humility, and social determinants of health • HIV counseling and testing • Privacy requirements and HIPAA regulations <p>Other topics may include:</p> <ul style="list-style-type: none"> • Psychosocial issues • Health maintenance for people living with HIV • Client service expectations • Medication Assisted Treatment (MAT) • Trauma Informed Care 	Documentation in Personnel files
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Monitoring

Staff Orientation and Training - Agencies must maintain a comprehensive list of staff with hire date, all trainings provided, dates of trainings, and dates of refreshed confidentiality agreements; this list must be available for review during site visits or upon request.

9.0 Cultural and Linguistic Competency

Standards, Measures, and Monitoring criteria identified in USOC 9

10.0 Fiscal Responsibility

Standards, Measures, and Monitoring criteria identified in USOC 10

11.0 Licensure and Quality Assurance

Standards, Measures, and Monitoring criteria identified in USOC 11

12.0 Continuous Quality Improvement

Standards, Measures, and Monitoring criteria identified in USOC 12

Tools and Resources

Clinical Guidelines for ARVs, laboratory testing, and other services within the Outpatient/Ambulatory Care Services category are available at:

<https://aidsinfo.nih.gov/guidelines>