

OUTPATIENT AND AMBULATORY MEDICAL CARE

IMPORTANT: Prior to reading service-specific standards, please read the [HRSA/HAB National Monitoring Standards--Universal](#), [HRSA/HAB National Monitoring Standards--Part A](#), and the [Universal Standards outline document](#) and the [Hartford Transitional Grant Areas Planning Council Directives](#).

Service Category Definition

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services rendered by a licensed physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient 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. Primary Medical Care for the Treatment of HIV/HCV Infection includes the provision of care that is consistent with Public Health Service (PHS) guidelines. Such services include 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; pediatric developmental assessment; continuing care and management of chronic conditions; referral to and provision of HIV/HCV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services).

HIV Testing and Treatment and Pre-Exposure

- Starting and Maintaining Treatment: to Documentation that ART is discussed and offered to begin within 5 days of first identification of HIV positive status.
- HHRWP supports that ART should be initiated as soon as possible in all patients living with HIV, regardless of CD4 count
- In persons with acute or recent (early) HIV infection, in pregnant people with HIV, or in people who will initiate ART on the day of or soon after HIV diagnosis, ART initiation should not be delayed while awaiting resistance testing results; and that the regimen can be modified once results are reported.

Pre-Exposure Prophylaxis (PrEP)

- Pre-exposure prophylaxis (PrEP): Documentation that education and a discussion on PrEP has occurred, including documentation that a discussion on access (provider pharmacy and referral) to PrEP for HIV-negative partners has occurred at least twice per year during medical encounters.

STANDARD	MEASURE
1. Staff Requirements	
a. Primary health care clinics must be licensed and, where applicable,	<ul style="list-style-type: none"> • A copy of most recent license and accreditation certificate

accredited to deliver primary medical care	
b. Ryan White clinic staff and contracted service providers must have current license and/or certification with their professional scope of practice and as required by the State of Connecticut	<ul style="list-style-type: none"> • A copy of most recent license and/ or certification with scope of practice
2. Service Delivery	
a. Core elements of HIV/HCV primary care must include <ul style="list-style-type: none"> • A complete history and physical exam • Laboratory tests, including drug resistance testing • Antiretroviral therapy • Age-appropriate immunizations • Prescription for prophylaxis and or treatment of opportunistic infections • Medication adherence counseling • For female, completion of regular gynecological exams and appropriate follow-ups • Screening and referrals for sexually transmitted diseases • Screening for Latent Tuberculosis Infections (LTBI) performed and results interpreted at least once since the HIV diagnosis • Screening and treatment or referral for other acute and/or chronic medical comorbidities, including Hepatitis • Screening and referral for mental health/substance abuse treatment and medical case management • Assessment of high-risk behaviors and referrals to provide HIV/HCV prevention education • Screening for clinical trials, as appropriate 	<ul style="list-style-type: none"> • Documentation in consumer records of specified core elements
b. The medical care provider must work in partnership with their consumer to offer adequate information about their health and consumer-centered treatment options	<ul style="list-style-type: none"> • Documentation in consumer records of instructions and education regarding treatment options • Documentation in consumer records of interventions to assist consumer's adherence to plan of care
3. Fee For Service	
a. Ensure that the referral (manual/CAREWare) is a completed referral and meets all the eligibility requirements	<ul style="list-style-type: none"> • Documentation reflects completed referral • Documentation of eligibility

<p>b. Sub-recipient will have documentation that consumer's health care services fall within specified service caps, expressed by dollar amounts, and type of procedure</p>	<ul style="list-style-type: none"> • Documentation in consumer records of services delivered, amount, and number of procedures
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Performance Measures:

A list of the required HAB Performance Measures:

- HAB02** ≥ 2 CD4 counts in the measurement year
- HAB03** CD4 < 200 with PCP prophylaxis
- HAB06** Adherence assessment
- HAB07A** Cervical cancer screening
- HAB08E** Hepatitis B vaccination
- HAB09** Hepatitis C screening
- HAB10** HIV Risk Counseling
- HAB12A** Oral Exam
- HAB13** Syphilis screening
- HAB14** Tuberculosis screening
- HAB17E** Hepatitis B screening
- HAB21** Mental health screening
- HAB23** Substance abuse assessment
- CORE01** Viral load suppression
- CORE02** Prescribed antiretroviral therapy
- CORE03** Medical visit frequency
- CORE04** Gap in medical visit

Service Units:

Face to ½-1 clinic face

CAREWare Data Reporting:

Part A service sub-recipients are responsible for documenting and keeping accurate records of Ryan White program data/client information, units of service, and client health outcomes.