

**Service Category Definition (approved by SPA June 2021)**

Outpatient/Ambulatory medical care (health services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, APRN, RN or LPN in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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 medication therapy, education, and counseling on health issues, well baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

**Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)**

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead, charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

**REQUIRED ELIGIBILITY DOCUMENTATION TABLE**

<b>Eligibility Requirement</b>	<b>Initial Eligibility Determination</b>	<b>Recertification Once a Year/12 Month Period</b>
<b>HIV Status</b>	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> <li>• Confirmatory lab results</li> <li>• Lab results (including VL/CD4)</li> <li>• Lab request form signed by provider</li> </ul>	No documentation required
<b>Income</b>	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> <li>• Paystubs</li> <li>• SSI, SSDI and DSS income determination forms</li> <li>• Zero income affidavit</li> <li>• Bank Statement</li> <li>• Self-Employment Letter</li> </ul>	<ul style="list-style-type: none"> <li>• Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>• Self-attestation of no change</li> <li>• Self-attestation of change - Recipient must require documentation of change in eligibility status</li> </ul>

<p><b>Residency</b></p>	<p>Documentation required for Initial Eligibility Determination:</p> <ul style="list-style-type: none"> <li>• Driver’s License/ID</li> <li>• Utility Bill</li> <li>• Medical Bill</li> <li>• Bank Statement</li> <li>• Landlord Letter-Notarized</li> <li>• Copy of Lease/Mortgage</li> <li>• Letter from Shelter</li> <li>• Official Correspondence</li> </ul>	<ul style="list-style-type: none"> <li>• Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>• Self-attestation of no change</li> <li>• Self-attestation of change - Recipient must require documentation of change in eligibility status</li> </ul>
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All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA’s eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

**Eligible clients in the New Haven & Fairfield Counties EMA must:**

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

**Guidance on Complying with the Payor of Last Resort Requirement:**

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payors to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients’ healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

**Payor of Last Resort:**

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

**Personnel Qualifications (including licensure)**

Outpatient Ambulatory 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. Services are provided by trained professionals, and staff providing services have been trained to work within the population.

- Agencies shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV/AIDS clinical practice. All staff without direct experience with HIV/ AIDS shall be supervised by one who has such experience.
- Agencies 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 will 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 exception is newly diagnosed and return to care; 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 based on contractual agreements.
- 90% of clients are virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.

**Service Standards and Goals**

<b>HRSA/HAB Performance Measure: Influenza Immunization (NQF#: 0041)</b>		<b>GOAL</b>
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
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%
<b>HRSA/HAB Performance Measure: Pneumocystis jiroveci Pneumonia (PCP) Prophylaxis (NQF#: 0405)</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
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.	100%
<b>HRSA/HAB Performance Measure: Tuberculosis Screening (NQF#: 0408)</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
Client had a TB screening test at least once since HIV diagnosis.	Documentation of TB screening test evident in client chart.	90%

<b>HRSA/HAB Performance Measure: HIV Medical Visit Frequency (NQF#: 2079)</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
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%
<b>HRSA/HAB Performance Measure: Viral Suppression (NQF#: 2082)</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
Clients are virally suppressed.	Documentation that the client is virally suppressed by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.	90%
<b>HRSA/HAB Performance Measure: Lipid Screening</b>		<b>GOAL</b>
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
Client had a fasting lipid panel completed if client was on ART during the measurement year.	Documentation of fasting lipid panel evident in client chart.	90%
<b>HRSA/HAB Performance Measure: Annual Retention in Care</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
Client had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters need to be a medical visit with a provider with prescribing privileges.	Documentation of medical visit history evident in client chart.	90%
<b>HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services</b>		
<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>	
Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van	Maintain professional certifications and licensure documents and make them available to the Recipient on request.	100%
Documentation that: 1. Only allowable services are provided 2. Services are provided as part of the treatment of HIV infection 3. Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects 3. Services are consistent with HHS Guidelines 4. Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center	Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection and include clinician notes in patient records that are signed by the licensed provider of services	100%

<p>Documentation that tests are:</p> <ol style="list-style-type: none"> <li>1. Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider</li> <li>2. Consistent with medical and laboratory standards</li> <li>3. Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program</li> </ol>	<p>Document includes in client medical records and make available to the Recipient on request:</p> <ol style="list-style-type: none"> <li>1. The number of laboratory tests performed</li> <li>2. The certification, licenses, or FDA approval of the laboratory from which tests were ordered</li> <li>3. The credentials of the individual ordering the tests</li> </ol>	<p>100%</p>
<p>Documentation of the following:</p> <ol style="list-style-type: none"> <li>1. A medication formulary that includes pharmaceutical agents from all the classes approved in HHS Clinical Practice Guidelines for use of Antiretroviral Agents in HIV-1 infected Adults and Adolescents</li> <li>2. A medication formulary that meets the minimum requirements from all approved classes of medications according to HHS treatment guidelines.</li> <li>3. Policies and procedures for access, monitoring, and assure adherence to 5-10 percent of the State's total ADAP funding</li> <li>4. An eligibility process requiring documentation in client medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency.</li> <li>5. A process used to secure the best price available for all products including 340B pricing or better</li> </ol>	<p>Provide to the Part A Recipient, on request, documentation that the ADAP program meets HRSA/HAB requirements:</p> <ol style="list-style-type: none"> <li>1. Maintain documentation and make available to the Part A grantee on request, proof of client ADAP eligibility that includes HIV status, EMA residency, and low- income status as defined by the State based on a specified percent of the FPL</li> <li>2. Provide reports to the Part A program of number of individuals served and the medications provided</li> </ol>	<p>100%</p>
<p><b>New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Outpatient Ambulatory Health Services.</b> <span style="float: right;"><b>GOAL</b></span></p>		
<p><b>STANDARD/MEASURE</b></p>		<p><b>AGENCY RESPONSIBILITY</b></p>
<p>Staff providing services have been trained to work within the population.</p>	<p>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 charts.</p>	<p>100%</p>
<p>Newly Diagnosed clients have Rapid ART Start protocol initiated.</p>	<p>ART initiation will be prescribed within 1 business day after receipt of initial diagnosis to all people living with HIV</p>	<p>85%</p>
<p>Newly Diagnosed or Returned to Care clients have HIV resistance test during the measurement year.</p>	<p>Documentation of resistance test evident in client chart for Newly Diagnosed/Returned to Care.</p>	<p>90%</p>

Client had viral load test performed at least every 3 – 6 months.	Documentation of viral load test outcomes evident in client chart.	100%
Client was prescribed current PHS approved HIV Antiretroviral therapy during the measurement year.	Documentation of offering of current PHS approved HIV Antiretroviral therapy by provider evident in client chart.	90%
Client without medical visit in the last 9-months of the measurement year has documentation efforts of returning to care.	Documentation of efforts to return client to care evident in client chart.	90%
Client received pneumococcal vaccine or documentation of client refusal.	Documentation of pneumococcal vaccine evident in client chart.	90%
Client had Hep C screening at least once since HIV diagnosis.	Documentation of Hep C screening evident in client chart.	90%
Client had Hep B screening at least once since HIV diagnosis.	Documentation of Hep B screening evident in client chart.	90%
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%
Adult female client had pap screen in the last three years.	Documentation of pap screening in past three years evident in client chart.	90%
Client had annual screening for syphilis.	Documentation of annual syphilis screening evident in client chart.	90%
Client had annual screening for chlamydia.	Documentation of annual screening for chlamydia evident in client chart.	90%
Client had annual screening for gonorrhea.	Documentation of annual screening for gonorrhea evident in client chart	90%
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%
Client received HIV risk counseling during the measurement year.	Documentation of HIV risk counseling evident in client chart.	90%
If clinical depression screen was positive, client received follow-up plan on the same date of encounter. PHQ2 & 9	Documentation of follow-up plan evident in client chart.	90%
Client received screening for tobacco use at least once in a 24-month period.	Documentation of screening for tobacco evident in client chart.	90%
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%
Client received screening for substance use (alcohol & drugs) during the measurement year.	Documentation of substance abuse screening evident in client chart.	90%

### **Clients Rights and Responsibilities**

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer fully understands their rights and responsibilities.

### **Client Charts, Privacy, and Confidentiality**

Agencies 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 the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

### **Cultural and Linguistic Competency**

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

### **Client Grievance Process**

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

### **Case Closure Protocol**

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.