POLICY AND PROCEDURE NOTICE: PPPN-040
OUTPATIENT/AMBULATORY HEALTH SERVICES (OAHS)

Summary and Purpose of PPN: To guide the administration of the Ryan White Part A Program to provide a standard Priority Service definition and requirements.

Authority:

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
  https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

- HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

- Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions
  https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B (Covers Both Fiscal and Program Requirements)
  http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf

Background:

Atlanta EMA Quality Management Standards

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. These standards set forth the minimal acceptable levels of quality in service delivery and to provide measurement of the effectiveness of services. EMA Standards of Care may be found on the Ryan White Part A website at **www.ryanwhiteatl.org**.

Also see PPPN-038 Compliance with Standards.

Service Definition

Provision of Outpatient and Ambulatory Health Services Care, defined as the provision of professional diagnostic and therapeutic-related 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 HHS guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Policy and Procedure:

1. Treatment and Care is provided by health care professionals certified in their jurisdiction to prescribe medications in an outpatient medical setting such as clinics, medical office, mobile vans, using telehealth technology and urgent care facilities for HIV-related visits.

2. 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 behavioral health conditions
   - Behavioral risk assessment, subsequent counseling, and referral
   - Prescribing and managing of medication therapy
   - Education and counseling on health issues
   - Pediatric developmental assessment
   - Treatment adherence
   - 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)

   - **Stop-Gap Medications**
     - Documentation that funds are expended for only those medications listed on the ADAP formulary
     - Medications are documented in client chart
     - Agency has consistent procedures/ systems that account for tracking and reporting of expenditures and income, drug pricing, client utilization, and client eligibility
     - Documentation that medications are for stop-gap purposes
     - Documentation of arrangements made for longer term access to medications

3. Diagnostic testing includes HIV confirmatory and viral load testing, as well as laboratory testing. Included as part of OAHS is the provision of laboratory tests integral to the treatment of HIV infection and related complications; necessary based on established

clinical practice; ordered by a registered, certified, licensed provider; consistent with medical and laboratory standards; and approved by the Food and Drug Administration (FDA) and or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.

4. Subrecipient is expected to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:
   - Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, mobile van, using telehealth technology or urgent care facilities for HIV-related visits.
   - Only allowable services are provided
   - Services are provided as part of the treatment of HIV infection
   - Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects
   - Services are consistent with HHS Guidelines
   - Services are chronicled in client medical records
   - Clinician notes in patient records that are signed by the licensed provider of services
   - Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center
   - Professional certifications and licensure documents
   - For laboratory services:
     - The certification, licenses, or FDA approval of the tests
     - The credentials of the individual ordering the tests

5. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program (ADAP), or while they await entrance into such programs, and/or for drugs that are not on the State ADAP or Medicaid formulary.

6. Designed to hasten linkage to HIV care for eligible clients[1], all funded OAHS clinics will rapidly provide medical care to linked clients. The goal is for a newly diagnosed or newly re-engaged patient to see a clinician to initiate HIV health care[2] [3], be offered ART, receive

[1] Linkage to care is defined as attendance at first medical visit with a clinician (physician, physician assistant, or advanced practice nurse).

[2] Meet with a medical care provider for a comprehensive physical and medical history including baseline lab testing for CD4 count and viral load; initiation of therapy as appropriate.

[3] Request may include initiation of care via clinicians on mobile HIV testing units so long as privacy can be maintained.

counseling[4], and agree on a sustainable care plan on the day of their diagnosis or re-engagement, or within 2-3 days if same-day initiation is not possible. OAHS clinics serve as temporary/transitional care providers designed to initiate care and treatment until such time that the client is able to have the first medical appointment with the long-term provider selected by the client; as such, they should have a high client churn rate.

Outpatient/Ambulatory Clinic Description

Selecting Long-Term Provider: As part of the linkage to care process, Ryan White eligible clients should be provided with a list of all Ryan White Part A clinics and allowed the option to select the clinic to be used for on-going HIV care and treatment. Processes must be in place to:

1. schedule the client's first clinical appointment with the long-term provider - facilitate enrollment process
2. provide short-term care until the client has been linked with the selected long-term provider
3. warm hand off including transfer of medical chart and other relevant documents

Client Screening: Client should be screened for the need for further assessment for medical case management, mental health, substance abuse, or legal services (EMA screening tool must be used). Linkages should be made as indicated.

Establishing a sustainable long-term care plan: Successful outcomes in HIV depend on not only the rapid initiation of therapy but also upon the rapid establishment of a sustainable HIV care plan. Based on the initial assessment of potential barriers to successful linkage to care, a plan should be put in place to address both immediate and long-term barriers. Based on the identification of barriers to linkage and retention in care, a contingency plan is identified for potential problems such as missed appointments, missed dosages of ART, inability to fill medications at the pharmacy, etc. Patients should be given clear guidance on how to get help and support and remain connected to the clinic.

First Medical Visit: The first medical visit should include the following:

I. **Medical Evaluation:**

A. **HIV history,** including:

1. Date of last negative HIV test and prior HIV tests

[4] A full discussion should occur with the patient regarding the risks and benefits of immediate ART. The role of viral load monitoring should be included in this discussion to introduce the concept and therapy goals. Clients must be counseled on the importance of being in close contact with the health system during early months of treatment should any complications arise related to medication or HIV disease.

2. PrEP use
3. PEP use
4. Sexual practices and serostatus of partners, if known

B. **Medical history:** A quick medical history will be taken, particularly since patients will be started on ART before most laboratory test results have returned:
   1. Co-morbidities (especially renal/liver problems)
   2. Medications
   3. Drug allergies
   4. Review of systems (to alert for the presence of OIs or seroconversion syndrome)

II. **Initiation of immediate ART:**

The provider reviews the patient's plan for long-term ART and follow-up care. Unless there is a clear contraindication or the patient declines, the provider offers, selects (in consultation with the patient) and prescribes immediate ART. The selection of a particular ART regimen for an individual patient will depend upon the patient's preferences, co-morbidities, potential drug interactions, and drug allergy history. The client should be enrolled in ADAP or other third-party payer source as appropriate.

Prescribing and/or Dispensing Initial ART:

Once an ART regimen has been selected, the health team should dispense a supply of medications, typically 14-day supply.[5] The patient should be encouraged to take the first dose during the visit.

The goal is to provide sufficient ART until the patient's ADAP/insurance is able to supply a standard monthly supply. It is presumed that client would have a follow-up appointment within the 14 day period to evaluate medication side-effects. It is also presumed that lab results would be in at this time and the medical regimen may need to be altered. In situations where this period is anticipated to be longer than 14 days, additional pills may be dispensed.

[5] In most instances Part-A funded antiretroviral therapies may not be initiated until full enrollment is completed. In rare and urgent instances, antiretrovirals may be provided to a client by a clinician authorized in the State of Georgia to prescribe antiretrovirals based upon the medical necessity for immediate initiation of therapy. The clinician's authorization must be maintained in the client chart/record. No more than a total 30 day supply should be provided or prescribed. In the event that antiretroviral therapies are provided in these rare circumstances and it is later determined that the client is ineligible for Ryan White services it would be necessary for the agency to reimburse the Ryan White Part A Program for the cost of the medication(s).

A member of the medical care team (preferably a nurse) should follow-up with the client on the day following ART initiation to provide psychosocial support, and assess for any clinical symptoms or medication side effects. Any medical symptoms or questions should be conveyed to the client's clinician for appropriate follow-up.

Next Medical Visits:

I. **Day 5-14:** The patient has a follow-up appointment with the Clinic Provider or the Long-Term Provider who provides follow-up on clinical care and laboratory tests that are ordered. At that visit, CD4, HIV RNA and HLAB5701 results are reviewed with the patient. Assessment is made for HIV or medication side effects. Treatment may be adjusted as appropriate. Care resumes with the provider as per routine primary HIV care.

Unit of Service Definition

RYAN WHITE CORE MEDICAL SERVICE Outpatient/Ambulatory Health Service			
Subservice Name	**Definition**	**Unit**	**Funding Sources**
Initial Primary Care Visit	Intensive initial HIV primary care visit for a new client provided by a physician, physician's assistant, or advanced practice registered nurse. Includes chief complaint; history of present illness (HPI); past medical, family, and social history; complete review of systems (ROS); comprehensive physical exam; diagnosis/treatment plan; counseling and referrals as appropriate.	Visit	A,B,C,D
Comprehensive Primary Care Visit	Intensive HIV primary care visit provided by a physician, physician's assistant, or advanced practice registered nurse. Includes re-enrollment client visit with detailed and updated history; extended or complete ROS; detailed or comprehensive physical exam; diagnosis/treatment plan; counseling and referrals as appropriate. Takes more time than routine interim visit.	Visit	A,B,C,D
Interim Primary Care Visit	Routine HIV primary care visit provided by a physician, physician's assistant, or advanced practice registered nurse. Includes routine follow-up of chief complaint and history or problem focused history; review of HIV-related symptoms; routine physical exam; update treatment plan; and counseling and referrals as appropriate.	Visit	A,B,C,D
Acute Primary Care Visit	"Sick visit." Client requires prompt evaluation because of new symptoms, acute illness, medication side effects or adverse reaction, or other urgent reason. Usually seen within 24 hours of contacting clinic and seen by the physician, physician's assistant, or advanced practice registered nurse.	Visit	A,B,C,D

Limited Service Visit	"Nurse visit." Limited service visits may include immunizations, STI treatments, birth control, blood pressure checks, injections, and TB skin test readings.	Visit	A,B,C,D
Lab Reviews	Phone or face-to-face lab review with provider. Letters to clients are not included.	15 Minutes	A,B,C,D
Lab Visit	Lab draws only, no visit with provider.	Visit	A,B,C,D
Medication Pick Up	Either a pharmacist or other trained healthcare provider may hand out dispensed medications to the client (only those authorized by Georgia law may dispense dangerous drugs). Medication pick-up visit must include brief adherence discussion and/or brief medication counseling. Includes routine pick-up of medications and refilling pill boxes as part of adherence program. Includes Nutritional Supplements provided as part of a routine medical visit.	Visit	A,B,C
Enrollment/Intake/Re-enrollment	Includes education and lab components of intake for new or re-enrolling clients into primary medical care once they are determined eligible. Clients must be re-screened for eligibility and labs if they have not been seen in 6 months.	Visit	A,B,C,D
Routine HIV/TB Primary Care Visit	Visits to TB clinic by HIV/TB co-infected clients.	Visit	A,B,C
Specialty Care Visit	Visit with specialty care health provider. Specialties may include Cardiology, Dermatology, Gastroenterology, Hepatitis C Clinic, Infectious Disease, Nephrology, Neurology, Oncology, Obstetrics/Gynecology, Optometry/Ophthalmology, Pharmacist, Radiology, Surgery, or Urology.	Visit	A,B,C
ADAP Stop Gap Prescription	Provision of HIV/AIDS medication to patients, while awaiting ADAP or PAP approval.	Prescription	A,B,C
Primary Care Prescription (non-HIV)	Provision of primary care medication (non-HIV) to patients.	Prescription	A,C
Primary Care Client Education	Provision of education/risk reduction in a primary care setting.	Session	A,C

Approved: June 2016

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