

Indiana Department of Health HIV Services Program Outpatient/Ambulatory Health Services Service Standard

HRSA Service Definition:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- 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 referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

- Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.
- Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.
- Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Key Service Components and Activities:

Specific treatment services must be consistent with current DHHS treatment guidelines. Key services components and activities are noted in the Service Standards below.

HIV Services Program Service Standards:

Standard	Documentation
1. Personnel Qualifications	
1. Care is provided by health care professionals certified in Indiana to	1. Documentation of all applicable licensures, certifications, registrations,

<p>prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van.</p> <p>2. Providers have specific experience and appropriate training in caring for clients living with HIV or access to such expertise through consultations.</p>	<p>or accreditations is available for review by IDOH upon request.</p> <p>2. Documentation (such as Continuing Education Units (CEUs) and Advanced HIV/AIDS Certified Registered Nurse (AACRN) certification for nurse practitioners) is present in personnel files and available for review by IDOH upon request.</p> <p>3. Consultation relationships are documented by signed memoranda of understanding.</p>
<p>2. Eligibility Criteria</p>	
<p>1. Sub-recipients must have established criteria for the provision of outpatient ambulatory medical services that includes, at minimum:</p> <ul style="list-style-type: none"> a. Eligibility verification consistent with recipient requirements 	<p>1. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.</p> <p>2. Documentation must be made available for review by IDOH upon request.</p>
<p>3. Intake</p>	
<p>1. New clients will be provided an appointment with a medical provider within 14 days of contact with the provider or provider agency.</p>	<p>1. New client charts will document an appointment scheduled within 14 days of client contact with the provider or provider agency.</p>
<p>4. Assessment</p>	
<p>1. A comprehensive medical history and physical assessment is performed on the client by the outpatient medical care provider within 30 days of client contact with outpatient medical care provider.</p>	<p>1. New client charts reflect a medical history and physical completed within 30 days of client contact with provider, or an explanation for the delay.</p>
<p>5. Service Delivery/Treatment</p>	
<p>1. A treatment plan exists that is appropriate to each client's age, gender, and specific needs, and that both provider and client have reviewed. Plans include, at a minimum:</p> <ul style="list-style-type: none"> a. Diagnostic information b. Referrals (as appropriate) 	<p>1. Client record documentation includes a treatment plan including the required elements.</p> <p>2. Client record documentation includes elements of specific treatment as indicated.</p> <p>3. Client record and agency records comply with laboratory testing requirements.</p>

<ul style="list-style-type: none">c. Discussion of risk reduction, HIV education, secondary prevention, and behavior modification (as appropriate)d. Prophylaxis against opportunistic infectionse. Preventive care (e.g., mammograms, pap smears, prostate screenings) that is age, gender, and health-status appropriatef. Medications (including a current list of prescribed medication or notations explaining the absence of prescriptions)g. Education related to treatment adherence and the management of side effects (as appropriate) <p>2. Specific treatment shall include (consistent with current DHHS Guidelines):</p> <ul style="list-style-type: none">a. Hepatitis B and C screenings performed at least once since diagnosisb. Hepatitis B vaccination series completed if recommended by medical providerc. Clients with CD4 count below 200 cells/mm³ are prescribed PCP prophylaxisd. Clients are offered HAART prescriptions within the previous yeare. Pregnant women are prescribed antiretroviral therapyf. Syphilis tests performed within the previous yearg. Tuberculosis (TB) testing performed at least once since diagnosis	<ul style="list-style-type: none">4. Client record documentation includes referrals for psychosocial, mental health or substance abuse services when identified.5. Client record documentation includes efforts to contact client when medical appointments are missed.6. Services provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided.
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<ul style="list-style-type: none"> h. Psychosocial, mental health, and substance abuse screenings are conducted in the context of Outpatient/Ambulatory Medical Care within 30 days of the initial client visit and are reassessed annually i. HIV Risk Reduction Counseling during the previous year j. Oral health initial or updated history and dental treatment plan once in the previous year <p>3. All laboratory tests are:</p> <ul style="list-style-type: none"> a. Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider b. Consistent with medical and laboratory standards c. Approved by the Food and Drug Administration (FDA) and certified under the Clinical Laboratory Improvement Amendments (CLIA) program <p>4. When psychosocial, mental health, or substance abuse needs are identified, clients are referred to a case manager or appropriate service provider.</p> <p>5. Staff follow up with clients who miss medical visits to address barriers and to reschedule the appointment.</p>	
<p>6. Discharge</p>	
<p>1. Reasons for case closure are documented when applicable. Notes reflect attempts to provide continuity of care (such as linkage with another service, attempts to contact client, referrals made for or on behalf of client, or a plan for after-care) prior to closure. Allowable reasons for closure include:</p>	<p>1. Client record documentation notes reason for case closure and appropriate referrals if indicated.</p>

<ol style="list-style-type: none">a. The client has requested termination of servicesb. Goals of the treatment plan have been achieved (upon mutual agreement by provider and client)c. The client has moved out of the service area or is otherwise no longer eligibled. The agency has had no contact with the client for 12 months or moree. The client is deceased	
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Subservices:

- OAHS – Medical visit
- OAHS – Lab (IDOH)

Service Unit Definition:

- Unit = 1 visit/interaction