



Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards**

Outpatient Ambulatory Health Services

I. HRSA 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 where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- (a) Medical history taking
- (b) Physical examination
- (c) Diagnostic testing, including laboratory testing
- (d) Treatment and management of physical and behavioral health conditions
- (e) Behavioral risk assessment, subsequent counseling, and referral
- (f) Preventive care and screening
- (g) Pediatric developmental assessment
- (h) Prescription, and management of medication therapy
- (i) Treatment adherence
- (j) Education and counseling on health and prevention issues
- (k) Referral to and provision of specialty care related to HIV diagnosis

Program Guidance: 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

II. Service Goals and Objectives

To provide access to comprehensive medical care to people living with HIV in Nevada.

- A. Continue to provide quality HIV care, which meets Public Health Service (PHS) Guidelines, to all new and returning clients requiring a routine health screening every six months. Screening will include CD4 count, Viral Load, PAP Test, TB Test, Syphilis serology screening, Gonorrhea testing, Chlamydia testing, Toxoplasmosis screening and Hepatitis testing; and continue to provide HIV specialty medical care as needed.
- B. Increase the capacity to provide HIV medical care, based on PHS Guidelines at each of the outpatient/ambulatory clinics in Nevada, while reducing wait times for medical service appointments.

III. Currently Funded Outpatient Ambulatory Health Services

- A) Laboratory/Diagnostic Service
- B) Office Visit
- C) Patient Advocacy and Liaison Service
- D) Treatment Adherence Consultation



Nevada Office of HIV/AIDS Ryan White Part B Program Service Standards

Outpatient Ambulatory Health Services

- E) Medication Therapy Management
- F) Specialty Population Care Coordination

IV. Outpatient/Ambulatory Health Services Eligibility

Before services are provided under this Service Category, Provider Agency staff must ensure current Ryan White Part B enrollment by using the client's Member ID Card with valid dates or through CAREWare's Eligibility and Enrollment Fields tab.

The following eligibility criteria are specific to Outpatient/Ambulatory Health Services: Client has been referred to a RWPB Outpatient/ Ambulatory Health Services (OAHS) Provider from another RWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside RWPB provider. If the client is referred to the OAHS Provider from a non-RWPB provider, the OAHS Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the OAHS Provider is responsible for logging the referral in CAREWare.

V. Service Delivery

Diagnostic Testing/Laboratory Service (Service A)

All clients living with HIV receiving medical care must receive frequent to periodic laboratory testing. The Nevada Office of HIV/AIDS supports the most recently revised "Guide for HIV/AIDS Clinical Care." Laboratory & Diagnostic Services are any of the approved specimen testing that is related to the client's HIV medical care. Non-routine laboratory and diagnostic services will need a citation of the Guideline's page number where that clinical recommendation is made. *This service is interpreted to be inclusive of items c, e (assessments), f (screening), g from the list in Section I.*

Office Visit (Service B)

A medical office visit is with a licensed medical healthcare provider. Services provided during the office visit can include any of the following: medication treatment adherence counseling and education; prescription and management of medication therapy; provision of laboratory diagnostic slip; diagnostic referral; preventive care screening; risk assessment; and laboratory or diagnostic results counseling. *This services interpreted to be inclusive of items a, b, d, f (care), h, i, and j from the list in Section I.*

Patient Advocacy and Liaison Service (Service C)

Referral and related activities are to help the eligible individual obtain needed medical services; coordination of care activities to ensure successful referrals and linkages to specialty care. *This service is interpreted to be inclusive of items e (behavioral health referrals) and k from the list in Section I.*



Nevada Office of HIV/AIDS Ryan White Part B Program Service Standards

Outpatient Ambulatory Health Services

Treatment Adherence Consultation (Service D)

Pharmacist to assess and evaluate patient understanding of ART and importance of beginning pharmacotherapy early in treatment. To provide education and referrals to Primary Medical Provider or Medical Case Manager regarding adherence issues, acquisition of medications, eligibility for RWPB-ADAP, or barriers to care. The pharmacist is to dispense medications as prescribed by Primary Care Provider and provide client side effect management strategies in consultation with the Primary Care Provider, as necessary. *This service is interpreted to be inclusive of items i and j from the list in Section I.*

Medication Therapy Management (Service E)

Pharmacist to work collaboratively with physician and other health care professionals to optimize the medication use by a patient consumer. Consultative services can either be with the patient consumer or with the health care team and are meant to be patient-centered rather than product-centered. Medication management services should be informed by the American Pharmacists Association's publication Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. *This service is interpreted to be inclusive of items a, h, i, and j from the list in Section I.*

Specialty Care Coordination (Service F)

Some specialty populations are tracked separately to ensure attention to their unique health care needs. Currently, justice-involved individuals and perinatal women are target populations to ensure an optimized collaboration of care, treatment, and access to medications. All services, whether treatment adherence, medication management, referral facilitation, or professional consultations are tracked under this service name. *This service is interpreted to be inclusive of items a, e (assessments), f (screening), h, i, j, and k from the list in Section I.*

VI. Licensing, Knowledge, Skills, and Experience

Medical care for persons living with HIV must be provided by provided by licensed, credentialed healthcare professionals in an outpatient setting and treatment standards are consistent with Public Health Service (PHS) guidelines, including access to antiretroviral and other drug therapies.

The provider must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, etc. If for any reason eligible candidates who do not possess the six month experience in the HIV field then within 12 months of hire the qualified individual must complete HIV specific training.



Nevada Office of HIV/AIDS Ryan White Part B Program Service Standards

Outpatient Ambulatory Health Services

The agency must utilize an RN, LVN, PA, NP, MD or Pharmacist licensed in the State of Nevada to provide educational services.

VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded Outpatient Ambulatory Health Services. It is expected that all providers follow these standards as well as the universal programmatic and administrative **National Monitoring Standards**. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

IX. References and further reading

All Part B funded providers should read their individual Part B contracts as well as but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative **National Monitoring Standards**.

[Federally approved clinical guidelines for the treatment of HIV](#)

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[American Pharmacists Association – Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model.](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

X. Revision Schedule

Published	October 16, 2017	Located at dph.nv.gov
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Outpatient Ambulatory Health Services

XI. Contact

For further information or clarification please contact the Nevada Office of HIV Prevention and Care, Ryan White Part B Program Care Services Specialist at (702) 486-5665.