

<b>OUTPATIENT/AMBULATORY MEDICAL CARE</b>
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**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE  
RIVERSIDE/SAN BERNARDINO TRANSITIONAL GRANT AREA  
RYAN WHITE HIV/AIDS PROGRAM**

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

**Purpose of Standards**

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White Program legislation (Part A and Part A MAI) across the Riverside/San Bernardino Transitional Grant Area (Riv/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

**Definition of Service (HRSA)**

**Outpatient/Ambulatory medical care (health services)** *is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner 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.*

## I. Care and Treatment Goal(s)

To maintain and/or improve the health status of persons living with HIV/AIDS in the Riv/SB TGA, thus lengthening and improving their quality of life.

## II. Service Goal

To provide high quality, cost-effective outpatient/ambulatory care to PLWH/A who do not otherwise have access to medical care to maintain and improve their health status and quality of life.

### A. Service Objectives

1. Assess client health status and develop treatment plan, in collaboration with client.
2. Provide outpatient/ambulatory medical care services that result in an interruption or delay of HIV disease progression.

### B. Description of Services

#### *Service Components*

1. Development of Treatment Plan in collaboration with the client and other service providers.
2. Diagnostic testing
3. Documentation and tracking of viral loads and CD4 counts
4. Early intervention and risk assessment
5. Preventive care and screening
6. Practitioner examination
7. Medical history taking
8. Diagnosis and treatment of common physical and mental conditions in a manner consistent with the AAHIVM (American Academy of HIV Medicine) standards, USPHS (United States Public Health Service) guidelines, accepted industry patient safety standards as well as the AMA (American Medical Association) guidelines for general and chronic care
9. Prescribing and managing medication therapy
10. Short-term provision of antiretroviral prescriptions/medications and other HIV-related medications to eligible consumers that have no other source of payment as a measure to meet an emergent service gap for consumers until eligibility in another program can be established/reestablished.
11. Education and counseling on health issues
12. Continuing care and management of chronic conditions
13. Provision of specialty care and referrals to specialty care when the needs exceed the provider capacity or scope
14. Treatment Adherence Counseling/Education
15. Participate in case conferencing
16. Annual peer reviews to ensure consistency with guidelines
17. Outpatient/Ambulatory providers shall have a client Advisory group

**C. Limitations**

1. Prescriptions must be signed by a licensed clinician.
2. Medications must meet the current guidelines of the U.S. Public Health Service (PHS), National Institutes of Health (NIH), and the American Academy of HIV Medicine (AAHIVM) guidelines.
3. Medications prescribed must be in accordance with the most recently established R/SB TGA Formulary Policy established by the RWP Office in collaboration with community stakeholders

**III. Service-Specific Qualifications**

- *Staff:* Medical Care personnel must be board certified and/or meet all credentialing requirements for their specialty/medical degree. Certification by the American Academy of HIV Medicine (AAHIVM), Association of Nurses in AIDS Care (ANAC), and/or other comparable organizations is strongly encouraged.
- *Facility:* The agency must be licensed and Medi-Cal certified by the State and must comply with current federal and state standards for such programs.

**IV. Exceptions and Urgent Need**

*Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.*

**V. Reportable Units of Service and Financial Eligibility**

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*