I. DEFINITION OF SERVICES

OAKLAND TRANSITIONAL GRANT AREA (TGA)
Ambulatory/Outpatient Medical Care: The provision of integrated accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

HEALTH RESOURCES AND SERVICES ADMINISTRATION—HRSA
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. This includes diagnostic testing, early interventions 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 Treatment Guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

It is important to coordinate ambulatory care with Ryan White Program Part C, D, State Early Intervention Program and Federal Early Intervention programs and County Healthcare Services.
II. PURPOSE OF SERVICE

The purpose of Ambulatory/Outpatient Medical Care services is to ensure that clients receive integrated, high quality and accessible health care services provided by licensed clinicians to enhance and prolong their lives.

III. GOALS OF SERVICE

To improve health outcomes and quality of life for HIV+ clients that have severe medical needs or are from special populations

Provide HIV+ clients with seamless access to primary care and link to and maintain in health care

PROVIDER QUALIFICATIONS

Maintain a current and valid M.D., D.O., PA or N.P. state licensure. Provide direct, continuous, ongoing care for at least 20 HIV patients over the past two years. If the clinician providing the bulk of the care is not yet HIV experienced, supervision must be provided on site by a clinician who is experienced. Complete at least 30 hours of HIV-related CME Category 1 credits over the past two years and successfully complete the American Academy of HIV Medicine (AAHIVM) Credentialing Examination.

-If a mid-level practitioner is providing the bulk of clinical care, s/he must be HIV-experienced. Protocols must be in place describing the supervisory relationship between the mid-level practitioner and the physician
- Clinical support staff, if not HIV-educated, must receive in-service and or continuing education appropriate for the particular position on topics related to HIV care.

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<th>STANDARD</th>
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<td>0.1 Staff meets the minimum qualifications detailed in the job description and standard of care.</td>
<td>0.1 Resume, license (as applicable); CME’s and written job descriptions</td>
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<td>0.2 Each agency will ensure that appropriate staffing levels are reached and maintained to provide contracted services.</td>
<td>0.2 Full and part-time positions funded under contract are filled; or appropriate actions are taken to fill positions.</td>
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IV. CLIENT CHARACTERISTICS AND NEEDS
Individuals living with HIV/AIDS can live longer, healthier lives because of advances in treatment of HIV care. The Oakland Transitional Grant Area (TGA) will focus on uninsured populations of MSM, IDU’s and women who have presenting co-morbidities such as substance abuse and mental health. Clients are eligible for medical care services based on: Proof of HIV+ Serostatus; established residence within the TGA; income verification; consent to case conference and consent to share information. Referrals are from support service providers, outreach service providers, counseling and testing service providers, self-request/presentation or other external sources (e.g. memorandum of understanding/linkages agreements). Community-based organizations may have other criteria or caps on services. CARE funds will be used only for services that are not reimbursed by any other source of revenue.

Primary care agency activities as part of a multidisciplinary care team include:

- providing healthcare to HIV+ clients and increasing access to primary health care for individuals not in care. (< 2 visits/yr)
- assisting clients to maintain the care and support they need and provide seamless access to critical support services such as case management, treatment adherence support, peer advocacy, substance use services and mental health services.

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<tr>
<td>0.3 Agencies providing Ambulatory/Outpatient Medical Care must document a client’s eligibility upon enrollment into services.</td>
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<tr>
<td>0.3 Documentation of HIV+ status, residence, identification and income in the client record within 30 days of initiation of service. Completed TGA form/database entry. Financial eligibility</td>
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V. UNITS OF SERVICE

Ambulatory care services are reimbursed by a fee for service contract. The following are services that are reimbursed.

- Provider medical visits (initial, limited, moderate, extensive)
- Enhanced or Integrated Service Visits (e.g. case conference or services by an R.N. or M.S.W. or other health professional)
- Laboratory and Diagnostic Services
VI. HIV Outpatient Medical Care Service Activities

1. INITIAL ASSESSMENT OF SERVICE NEEDS /SCREENING/ INTAKE

Primary care staff must screen for Medi-cal or other payment sources or eligibility to ensure the client can access the most comprehensive payment source and ensure Ryan White Program funds are used as a last resort. A health history assessment should be obtained on initial visit, and include the following:

- Prior medical history
- Contact information from referring care providers
- Current medications and changes in regimen
- Allergies (baseline)
- Current and past alcohol, tobacco, and other substance use
- Laboratory data
  - HIV antibody test
  - Hepatitis A, B & C status (baseline)
  - CD4 and viral load results
  - TB screening
  - CBC
  - Complete metabolic panel
  - STD screening – syphilis; based on risk factor-chlamydia, gonorrhea
  - Vaccines
  - Pap smear (female), male if indicated
  - Lipid screening
  - Genotype/phenotype if indicated

2. ACCESS TO CARE

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<td>1.1 Staff must screen clients for Medi-cal eligibility or other payer sources.</td>
<td>Documented denial of eligibility for other funding sources (Medi-cal, etc.).</td>
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<td>1.2 A history and physical assessment should be obtained on initial visit and as needed.</td>
<td>Documentation in the client record.</td>
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Services are offered in a way that overcomes barriers to access and uses resources to support positive health outcomes.

Provider Availability:
- A Clinician who provides expert HIV medical advice must be available by phone 24 hours/day, 7/days/week, 365 days/year
- **Clinic Visits:**
  - Initial visits must be available within a month
  - Urgent visits must be available within 2-3 days

**Emergency visits:** patients must be assisted in determining whether their symptoms indicate the need for emergency care, and informed of how to access 24-hour emergency care.

On site services: phlebotomist (on site or within walking distance); AIDS Drug Assistance Program (ADAP) enrollment;

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<td>2.1 Primary care provider agencies must ensure access to care.</td>
<td>2.1 Documentation in client record, client satisfaction survey. Direct signage in clinics.</td>
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3. HEALTH MAINTENANCE

Each agency must have a procedure to conduct Annual Health Maintenance screenings per Public Health guidelines. Each client should be provided ongoing health assessment and maintenance as indicated:

- CD4 Count Measurement
- Viral Load Measurement
- Antiretroviral therapy
- Mental Health Assessment
  (cognitive function, screening for depression and anxiety, psychiatric history, psychosocial assessment and sleeping and appetite assessment)
- Substance Use, Misuse, Abuse Assessment
- Hepatitis C Screening
- M. tuberculosis (PPD) Screening
- Tobacco Use Assessment
- Pelvic Exam and Pap Smear
- Counseling and Testing of Pregnant Women
- Lipid Screening
- Pneumocystis carinii Pneumonia (PCP) Prophylaxis
- Dental Exam/Referral
- STD Screening
- Vaccines
4. DIAGNOSIS, PROBLEM LIST AND TREATMENT PLAN

The purpose of the treatment plan is to guide the provider in delivering high quality care corresponding to the client’s level of need, including the determination of emergency versus non-emergency care, triage care and referral as indicated. With “patient-centered” treatment planning, the doctor’s plan will be listed with notations regarding which treatments will be delivered (as per client’s consent).

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<tr>
<td>3.1 CLIENTS WILL RECEIVE HEALTH MAINTENANCE PER PUBLIC HEALTH GUIDELINES. <a href="http://www.hivguidelines.org/">http://www.hivguidelines.org/</a></td>
<td>3.1 ANNUAL CHART REVIEW</td>
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5. PRIMARY HEALTH CARE EDUCATION

Primary Health Care Education should be provided to the client at least annually, and include the following components:
- What is HIV?
- How is HIV transmitted
- Prognosis/progression of HIV
- Interpretation of lab results
- Treatment information
  - Indications for treatment, goals of treatment
  - General information regarding the benefits of treatment
  - General information regarding potential side effect of treatment
  - Access to medication and adherence
  - Insurance information
  - Treatment options
- Smoking cessation
- Prevention for positives activities/ Harm Reduction/Disclosure Assistance
- Nutrition
- Clinical trials
- Oral health
- Support services and support groups available to the client
5.1 Primary care health staff must provide health education at least annually to all clients. Patient education must be provided in a language and at a literacy level appropriate for the client.

5.1. Documentation in the client record, brochures, fact sheets and other health education materials.

6. COORDINATION AND REFERRAL OF SERVICES

Primary health care site staff should maintain appropriate referral relationships with key points of entry within and outside of the HIV system to ensure referral into care of newly diagnosed who are not currently in care. Key points of entry include but are not limited to: emergency rooms, inpatient hospital settings, counseling and testing sites, substance use treatment program, homeless shelters and SRO hotels, community based case management provider etc.

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<td>6.1 Maintain appropriate referral relationships with key points of access.</td>
<td>6.1 Documented referral list of providers, letters of cooperation, progress notes</td>
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<tr>
<td>6.2 Conduct case conferencing at a minimum of once per month.</td>
<td>6.2. Documentation in client record of necessity of specialty referral, follow-up required, and desired outcome.</td>
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7. ADDITIONAL KEY ACTIVITIES AND REQUIREMENTS

Antiretroviral therapy

“Therapeutic decisions require a mutual understanding between the patient and the health care provider regarding the benefits and risks of treatment. Antiretroviral regimens are complex, have major side effects, pose difficulty with adherence, and carry serious potential consequences from the development of viral resistance due to non-adherence to the drug regimen or suboptimal levels of antiretroviral agents. Patient education and involvement in therapeutic decisions is important for all medical conditions, but is considered especially critical for HIV infection and its treatment.” This quote comes directly from the “Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents (January 28, 2000) on the HIV/AIDS Treatment Information Service (ATIS) website.

The most recent information is available from:
- AIDS Education and Treatment Center National Resource Center; info@aidsetc.org; aidsetc.org
- hivguidelines.org
- the AIDS Treatment Information Service work-wide web site www.hivatis.org
- Guide to Primary Care for People with HIV/AIDS, 2004 edition
HIV Disease Reporting Requirements
An HIV test is required to confirm diagnosis. As part of confirming HIV disease, state and local reporting laws apply. Disease reporting requirements: In accordance with Title 17, California Code of Regulations (CCR), 2500 Reportable Diseases and Conditions, providers must submit CMR and HIV/AIDS Case Report Forms to the Local Health Officer.

- See Administrative Standards for additional requirements of all Ryan White Care Act service providers.
- The Standards of Care will be reviewed every two years by the Oakland Transitional Grant Area Quality Management Staff to address changes in the scope of practice.

Client Level Outcomes
Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in treatment. Outcomes can be client-level or system-level. An Indicator is a measure used to determine, over time, an organization’s performance of a particular element of care. The indicator may measure a particular function, process or outcome. An indicator can measure: accessibility, continuity, effectiveness, efficacy, efficiency, and client satisfaction. Data collected should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized. The following indicators are recommended for Ambulatory Outpatient Medical Care for fiscal year 2007-2008

TGA wide: e-% of clients enrolled that have a minimum of 2 primary care visits within the fiscal year

Scope of Work Required Indicators for fiscal year 2007-2008
% of clients with HIV infection who have a medical visit with an HIV specialist at least every 6 months

% of clients with HIV infection who have a dental referral and/or documentation of a dental visit