B. Outpatient/Ambulatory Health Services

Service Definition

Outpatient/Ambulatory Health Services (OAHS) aim to support people living with HIV (PLWH) by providing diagnostic and therapeutic services directly to a client by a licensed health care provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, urgent care clinics, and mobile vans where clients do not stay overnight. Emergency room or inpatient services are not considered outpatient settings.

OAHS must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Recipients providing OAHS are expected to comply with the Life Care Early Intervention Services (LCEIS) Universal Standards of Care, as well as the standards outlined below.

Standard 1: OAHS providers ensure services are delivered in accordance with the Wisconsin LCEIS Eligibility and Recertification Policy and Procedures.

Providers are responsible for determining eligibility at enrollment and for confirming eligibility annually.

Documentation

Client records must document that the client is living with HIV and resides in Wisconsin at initial enrollment in accordance with the Wisconsin LCEIS Eligibility Policy.

Standard 2: Intakes are conducted in a safe, welcoming, and trauma informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 3: Intakes may be performed by providers, non-service provider staff, or interns.

Intake may be performed by recipient staff or interns who are not OAHS providers granted they meet all the following criteria:

- Are an employee or intern of the recipient.
- Received proper onsite training and signed the agency confidentiality agreement.
- Completed the HIV Basics Online Course offered through the University of Wisconsin-Madison, HIV Training System.

Documentation

The client record must indicate who performed the intake.

If the client record shows that intake is performed by someone who is not an OAHS provider, the required criteria must be documented in their personnel file or somewhere easily accessible for chart audits.

Standard 4: Intake includes identification of alternative funding sources and assurance that LCEIS is payer of last resort.

On intake, clients must be assessed for current or potential eligibility for third-party payment, including Medicaid and private health insurance plans.

Third-party payers for which the client is enrolled should be utilized before LCEIS funding. These provisions do not apply to Ryan White, Veterans Administration, and Indian Health Services benefits.

Documentation

Client records and billing records must document assessment, enrollment assistance, and use of alternative payment sources before using LCEIS funding.

Standard 5: OAHS are provided in an outpatient setting for allowable services.

Only allowable services are provided. Allowable services include:

- Diagnostic testing.
- Early intervention and risk assessment.
- Preventative care and screening.
- Practitioner examination, medical history taking, diagnosis, and treatment of common physical and mental conditions.
- Prescribing and managing of medication therapy.
- Education and counseling on health issues.
- Well-baby care.
- Continuing care and management of chronic conditions.
- Referral to and provision of HIV-related specialty care.

To be allowable, the service cannot be provided in an emergency room, inpatient unit, or any other type of inpatient treatment center.

Documentation

The client record must contain documentation that allowable services were provided in an outpatient setting.

Standard 6: OAHS must be consistent with guidelines and recommendations from the U.S. Department of Health and Human Services (HHS) and the Infectious Disease Society of America (IDSA).

The treatment and management of HIV-related conditions through the delivery of OAHS must be consistent with HHS Clinical Guidelines for Treatment of HIV/AIDS and IDSA Practice Guidelines.

OAHS providers must be familiar with and generally follow such guidelines and recommendations.

Documentation

OAHS providers must provide care in accordance with HHS and IDSA guidelines under most circumstances. Any deviations from these guidelines must be justified by specific client circumstances or evidence-based medical practices.

Standard 7: OAHS are provided in a timely manner.

OAHS providers must follow policies and procedures that facilitate timely, medically appropriate care.

Providers are encouraged to understand the benefits of timely initial clinic visits and rapid initiation of antiretroviral therapy in newly diagnosed patients. Providers are encouraged to demonstrate scheduling flexibility to accommodate newly diagnosed patients.

Clients with acute symptoms should have immediate same-day telephone access to, at minimum, registered nurse (RN) nursing staff to assess symptoms to determine the urgency and level of care needed to triage response. OAHS providers are encouraged to have planned availability for urgent visits based on the need in their client population.

Documentation

Recipient policies and procedures must specify how emergent, urgent, and acute needs of new and established clients are managed.

Standard 8: OAHS providers systematically assess clients' retention in care and implement clinic practices that encourage retention.

A pattern of missed or canceled appointments can lead to discontinuity of medical care services and may be related to underlying mental health, substance abuse, financial challenges, or other issues. Providers should address this systematically and proactively, to promote continuity of care for all clients.

Understanding that PLWH face multiple barriers to care, clinics should, as often as feasible, develop approaches that accommodate clients who arrive late for appointments or miss them. This may include building in clinic time for late-arriving clients (or urgent care needs), offering video or telehealth visits, or weekend and drop-in hours.

Recipients must develop a policy to follow up as soon as possible when clients do not attend scheduled appointments, to encourage retention in care.

Documentation

Recipients must have a written policy on file at provider agency regarding retention in care and missed or canceled appointments. This policy should include a clear plan for clients who are "lost to follow-up."

Documentation of attempts to contact clients at risk of being "lost to follow-up" must be included in client records. Follow-up may include telephone calls, written correspondence, direct contact, or other technological means, such as text messaging or email.

Standard 9: When a client receiving OAHS needs a translator or interpreter, the recipient must make a certified medical interpreter available to the client.

Recipients must have available and offer certified medical interpreter services to clients. A client's family members and friends should not be considered as interpreters due to medical terminology limitations and should only be considered as interpreters if the client refuses services of a certified medical interpreter.

Recipients should proactively inform clients that medical interpretation services are available.

Documentation

Recipients must maintain a current contract with a provider of certified medical interpreter services or maintain medical interpretation certifications of staff employed by the clinic. If the client refuses the use of a certified medical interpreter, the client record must include documentation of client refusal.

Standard 10: Voluntary client transitions to other OAHS providers are seamless and emphasize uninterrupted access to care, whenever possible.

When clients express an intent to transfer their OAHS to another provider, this transition should be handled with courtesy and professionalism.

Whenever possible, all transition of records should happen within 30 days of request and should include all items requested by the client and the provider, within the limits of HIPAA and other laws, regulations, and policies.

Documentation

Recipients must document how its protocols, policies, and practices regarding voluntary transfers emphasize uninterrupted access to care.

A medical provider, non-medical provider, or other non-service provider staff member must document steps taken to transfer care to another OAHS provider and why the transfer occurred in the client record.

Standard 11: Recipients establish and apply criteria by which clients will be transferred to other OAHS providers without client request.

There may be time when clients need to be transferred to other providers for a variety of reasons, including client behavior that poses a threat to clinic staff and clients.

Each recipient must establish criteria and processes for such transfers and apply it consistently, while still attempting to prevent interruptions in care.

Documentation

The clinic must document how its protocols, policies, and practices regarding involuntary transfers emphasize uninterrupted access to care.

Standard 12: Recipients must establish criteria for client discharge from OAHS.

Clients may be discharged from OAHS for reasons that include, but are not limited to:

- Voluntary withdrawal from the service.
- Relocation outside of the service area.
- Client not attending or responding to correspondence for six months past client's anticipated appointment date.
- Severe, inappropriate, threatening, or otherwise destructive behavior on the part of the client that makes continuation of services dangerous to the provider or unlikely to be helpful to the client.
- Client death.

Documentation

The client record must document which discharge criteria were met. Documentation must show notification of the client and other care team members as outlined in the Universal Standards.

Standard 13: Recipients must establish criteria for encouraging re-engagement in OAHS after an extended absence.

Unless contraindicated, providers should attempt to convey that ongoing medical care is extremely important, and that the provider would be open to re-engagement in care in the future.

Documentation

The clinic must document how its protocols, policies, and practices regarding re-engagement to care are reasonable and attempt to motivate the client to re-engage in OAHS.