# Outpatient Ambulatory Health Services[i]

**Description:**
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. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including 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

Emergency room or urgent care services are not considered outpatient settings.

**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.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health (VDH) Service Standards for people living with HIV, including the following:

**1.0 Intake and Eligibility**
***National Monitoring Standards: Eligibility determination process requiring documentation in client medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of client eligibility every six months.***[ii]

***Health Resources and Services Administration (HRSA), the funder for Ryan White HIV Services, prohibits continued HIV services, including medications to clients who are not***

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| ***recertified for eligibility of services by their specified date; therefore, if a client has not completed their annual certification or recertification at six months they may not be eligible for Ryan White services.[iii]*** | |
| **Standard** | **Measure** |
| Referral | |
| 1.1) Self-referral or referral by a Part B provider for Outpatient Ambulatory Health Services (OAHS) is documented prior to initiation of the service. | 1.1) Documentation (notes or check list) of referral for OAHS is present in the client's record, signed and dated. |
| Eligibility | |
| 1.2) The client's eligibility for Ryan White Part B services is determined. | 1.2) Documentation of the client's eligibility is present in the client's record. |
| 1.3) To be eligible for this service applicants must:<br>a) Be diagnosed with HIV<br>b) Live in Virginia<br>c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL)<br>d) Ryan White Part B is the payer of last resort and other funding sources must be vigorously pursued. Providers are responsible to ensure that clients are screened and deemed ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third party payers such as private and commercial insurance plans, and other payers.<br>e) Provide recertification every six months with proof of income, changes in insurance coverage, or any changes in residency<br>f) **Client eligibility ensures Part B services are used as the payer of last resort.** Client must agree to participate in the insurance option client is eligible and that best meets the client's medical needs regardless of preference.<br><br>*Note:* The Part B Program is the payer of last resort. This is interpreted as "funds received...will not be utilized to make payments for any item or service to the extent | 1.3) Documentation is present in files that verifies:<br>a) Client is diagnosed with HIV<br>b) Client lives in Virginia<br>c) Client meets income guidelines<br>d) Client Medicaid status (gap of services)<br>e) Recertification for continued eligibility for Part B services every six months<br>f) Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible. |

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| that payment has been made, or can reasonably be expected to be made..." by another payment source.[iv]<br><br>Apply through the VDH Central Office or through agency's eligibility services. | |
| Intake | |
| 1.4) Eligibility screening and intake to be started within 15 days of initial visit (intake visit) with client. | 1.4) Documentation of intake, eligibility screening in client record signed and dated. |
| Recertification | |
| 1.5) Client must be recertified every six months to continue to receive Ryan White services. There is no grace period. | 1.5) Documentation of recertification of the client's eligibility every six months is present in the client's record. |
| **2.0 Key Services Components**<br>***PCN 16-02: Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting…Allowable activities include: a) medical history taking; physical examination; c) diagnostic testing, including laboratory testing; d) behavior risk assessment, counseling & referral; e) preventive care and screening; f) pediatric developmental assessment; g) prescription & management of medication therapy; h) treatment adherence; i) education & counseling on health and prevention issues; j) referral to and provision of specialty care related to HIV diagnosis.[v]*** | |
| **Standard** | **Measure** |
| **Documentation** | |
| 2.1) All OAHS provided is documented in client record. | 2.1) Documentation of OAHS is in client's record signed and dated. |
| 2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer's record and the dental agencies record must contain:<br>• Referral;<br>• Initial assessment;<br>• Individualized treatment plan, including treatment modality and frequency and quantity of treatments;<br>• Documentation of all contacts & dates of service;<br>• Reassessment of treatment plan to include monitoring and assessment of client progress;<br>• Referrals and follow-ups; and<br>• Discharge plan. | 2.2) Signed, dated reports located in the client's record. |

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| All reports must be signed and dated. | |
| **Assessment/Service Plan/Provision of Services** | |
| 2.3) A comprehensive initial medical history and physical examination is performed within 30 days of client contact with provider. Additional dimensions of the comprehensive history and assessment include:<br>• Oral health assessment<br>• Psychosocial/Mental health assessment<br>• Substance use screening and assessment<br>• Nutritional assessment. | 2.3) Documentation of comprehensive medical history and physical assessment in client's record signed and dated by provider. |
| 2.4) Initial Physical Examination is completed within 30 days of client contact with the provider? | 2.4) Documentation of initial physical assessment in client's record signed and dated by provider. |
| 2.5) Medication history assesses which includes:<br>a. drug allergies<br>b. current medications<br>c. drug/substance abuse | 2.5) Documentation of medical history in client's record signed and dated by provider. |
| 2.6) Initial laboratory results or orders are completed as a component of the initial assessment. | 2.6) Documentation of initial labs in client's record signed and dated by provider. |
| 2.7) A medical treatment plan is developed in collaboration with the client. The client is offered a copy of the medical plan. | 2.7) Documentation of the medical care plan in the client's record, signed and dated by provider and client. |
| 2.8) Medical care plan is updated every six months or more frequently as needed | 2.8) Documentation in the client record that the medical care plan is updated at least every six months signed and dated by medical care provider |
| **Follow Up Visits** | |
| A.1) Provision of the following services in accordance with HHS HIV Treatment Guidelines as part of the treatment of HIV infection[vi]:<br>• Diagnostic testing, including laboratory testing<br>• Early intervention and risk assessment<br>• Preventive care and screening<br>• Physical examination<br>• Medical history taking<br>• Diagnosis, treatment, and management of physical and behavioral health conditions | A.1) Documentation of services in client's record signed and dated by provider. |

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| • Behavioral risk assessment, subsequent counseling and referral<br>• Prescription and management of medication therapy<br>  ▪ Access to antiretroviral therapies, including combination antiretroviral treatment, and prophylaxis and treatment of opportunistic infections<br>• Treatment Adherence<br>• Education and counseling on health and prevention issues<br>• Pediatric developmental assessment/Well-baby care<br>• Referral to and provision of HIV-related specialty care related to HIV diagnosis.<br><br>*Note:* Care must be provided in outpatient setting, such as clinic, medical office or mobile van. Only allowable services can be provided. Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects. | |
| A.2) History, q. 6 months, or p.r.n. | A.2) Documentation of services in client's record signed and dated by provider. |
| A.3) Physical Exam, q. 6 months, or p.r.n. | A.3) Documentation of services in client's record signed and dated by provider. |
| A.4) Clients seen at least twice in the past 12 months by a medical provider | A.4) Documentation of services in client's record signed and dated by provider. |
| A.5) Laboratory Testing, q. 6 months, or p.r.n | A.5) Documentation of services in client's record signed and dated by provider. |
| A.6) Medication history reviewed at each visit which includes new:<br><br>a) Drug allergies<br>b) Current medications<br>c) Drug/substance abuse<br>d) Treatment adherence | A.6) Documentation of services in client's record signed and dated by provider. |
| A.7) Oral health assessment, referral, and annual/routine dental care to be completed | A.7) Documentation of services in client's record signed and dated by provider. |

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| A.8) Nutritional assessment or referral to be completed | A.8) Documentation of services in client's record signed and dated by provider. |
| A.9) Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN to be completed | A.9) Documentation of services in client's record signed and dated by provider. |
| A.10) Breast exam to be completed, where applicable (females) | A.10) Documentation of current breast exam, where applicable in the client's record? (females) |
| A.11) Follow up from referrals documented | A.11) Is there documentation of follow up from referrals in the client's record? |
| B.1) CD4, q. 12 months, or p.r.n. | B.1) Documentation of services in client's record signed and dated by provider. |
| B.2) Viral Load (HIV/RNA), q. 6 months, or p.r.n. | B.2) Documentation of services in client's record signed and dated by provider. |
| B.3) CBC, q. 12 months, or p.r.n. | B.3) Documentation of services in client's record signed and dated by provider. |
| B.4) Chemistry Panel, q. 6 months, or p.r.n. | B.4) Documentation of services in client's record signed and dated by provider. |
| B.5) Toxoplasmosis Antibody Titer at baseline if CD4< 100. | B.5) Documentation of services in client's record signed and dated by provider. |
| B.6) Resistance Genotyping /Phenotyping, p.r.n.<br>a) Genotypic resistance testing (baseline; treatment failure)<br>b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s) | B.6) Documentation of services in client's record signed and dated by provider. |
| B.7) Lipid Panel (annually) | B.7) Documentation of services in client's record signed and dated by provider. |
| B.8) Urinalysis (baseline & annually or if on TDF- tenofovir) | B.8) Documentation of services in client's record signed and dated by provider. |
| 3.9) Liver/Hepatic Panel (baseline; q. 6 months, annually) | B.9) Documentation of services in client's record signed and dated by provider. |
| B.10) Glucose (if not in Chem Panel; baseline& annually); Hemoglobin A1C q 6 months or p.r.n. | B.10) Documentation of services in client's record signed and dated by provider. |
| B.11) Hepatitis A serology at baseline | B.11) Documentation of services in client's record signed and dated by provider. |

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| If negative, patient referred for Immunization | Documentation of services in client's record signed and dated by provider. |
| B.12) Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior | B.12) Documentation of services in client's record signed and dated by provider. |
| If negative patient referred for Immunization | Documentation of services in client's record signed and dated by provider. |
| B.13) Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior | B.13) Documentation of services in client's record signed and dated by provider. |
| B.14) Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior | B.14) Documentation of services in client's record signed and dated by provider. |
| If positive, patient evaluated and /or referred | Documentation of services in client's record signed and dated by provider. |
| B.15) STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia) | B.15) Documentation of services in client's record signed and dated by provider. |
| B.16) Asked about STD symptoms at each visit | B.16) Documentation of services in client's record signed and dated by provider. |
| B.17) VDRL/ RPR initially and q12 months with reports on the record where applicable? | B.17) Documentation of services in client's record signed and dated by provider. |
| B.18) TB risk factors reviewed annually and p.r.n, | B.19) Documentation of services in client's record signed and dated by provider. |
| B.19) TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but has risen to > 200, and p.r.n based on risk factor review? | B.19) Documentation of services in client's record signed and dated by provider. |
| B.20) Pap Smear, twice in first year and then annually thereafter –Are dates and results in the record? | B.20) Documentation of services in client's record signed and dated by provider. |
| B.21) Mammogram annually > 50 years with dates and results in the record? | B.21) Documentation of services in client's record signed and dated by provider. |
| B.22) Chest x-ray at baseline for patients with positive TB testing or prn for underlying lung disease – dates and results in the record? | B.22) Documentation of services in client's record signed and dated by provider. |
| B.23) Special Studies-other testing based on individual needs. Dates and results in the record (as applicable) | B.23) Documentation of services in client's record signed and dated by provider. |

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| B.24) Pre-Conceptual Discussion and Counseling for all women of childbearing age at baseline and routinely thereafter. | B.24) Documentation of services in client's record signed and dated by provider. |
| C.1) Current medications documented in the client's record | C.1) Are all current medications documented in the client's record? |
| C.2) Medication adherence assessment done at each visit | C.2) Is medication adherence assessment with documentation done at each visit? |
| C.3) Medication side effects assessed and documented | C.3) Documentation of services in client's record signed and dated by provider. |
| C.4) When applicable, document clients AIDS diagnosis status | C.4) Does the client have a documented AIDS diagnosis? |
| C.5) Document if HAART been offered to the client | C.5) Has HAART been offered to the client, when applicable? |
| C.6) Document if the client currently on HAART | C.6) Documentation of services in client's record signed and dated by provider. |
| C.7) Ensure HAART are consistent with current PHS Guidelines? | C.7) Is HAART consistent with current PHS Guidelines? |
| C.8) Client on PCP prophylaxis if CD4<200 | C.8) Documentation in client's record signed and dated by provider. |
| C.9) Client on Toxoplasmosis prophylaxis if CD4<100 | C.9) Documentation in client's record signed and dated by provider. |
| C.10) Client on MAC prophylaxis if CD4<50 | C.10) Documentation in client's record signed and dated by provider. |
| E.1) .45) An appropriate outcome based medical plan of treatment developed with the client | E.1) Documentation of an appropriate outcome based medical plan of treatment developed with the client and present in the client's record . |
| E.2) Client Education documented in the client's record? | E.2) Documentation of services in client's record signed and dated by provider. |
| E.3) Progress notes present, current, legible, signed and dated in the client's record | E.3) Are progress notes present, current, legible, signed and dated in the client's record? |
| E.4) Prevention and Risk factor reduction/ Counseling message provided at each visit? | E.4) Documentation of Prevention and Risk factor reduction/ Counseling message at each visit? in client's record signed and dated by provider. |
| F.1) Influenza (annually) | F.1) Documentation of services in client's record signed and dated by provider. |

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| F.2) Pneumovax | F.2) Documentation of services in client's record signed and dated by provider. |
| F.3) Prevnar 13 | F.3) Documentation of services in client's record signed and dated by provider. |
| F.4) Hepatitis A series- if serology is negative- is series completed? | F.4) Documentation of services in client's record signed and dated by provider. |
| F.5) Hepatitis B series –if serology is negative –is series completed? | F.5) Documentation of services in client's record signed and dated by provider. |
| F.6) Tetanus/Diphtheria (or Tdap x 1) (every/ ten years) | F.6) Documentation of services in client's record signed and dated by provider. |
| F.7) .Others | F.7) Documentation of services in client's record signed and dated by provider. |
| G.1. Is there adequate documentation of care provision in the client's record? | G.1) Documentation of services in client's record signed and dated by provider. |
| G.2. Are there an initial history, physical, and laboratory reports in the client's record? | G.2) Documentation of services in client's record signed and dated by provider. |
| G.3. Do all progress notes reflect health status, response to treatment and services provided to client? | G.3) Documentation of services in client's record signed and dated by provider. |
| G.4. Are there current laboratory reports in the client's record? | G.4) Documentation of services in client's record signed and dated by provider. |
| G.5. Are there current medication records, ADAP and non-ADAP (name of drug, dosage, time) in the client's record? | G.5) Documentation of services in client's record signed and dated by provider. |
| G.6. Is appropriate referral and follow-up documented in the client's record? | G.6) Documentation of services in client's record signed and dated by provider. |
| G.7. Is there documentation in the client's record that current standards of care for the HIV/AIDS client are practiced? If not, comment. | G.7) Documentation of services in client's record signed and dated by provider. |
| G.8) Provide laboratory tests integral to the treatment of HIV infection and related complications. Tests must be:<br>a) Ordered by a certified, licensed provider<br>b) Consistent with medical and laboratory standards | G.8) Documentation of laboratory tests performed in client's record, signed and dated. |

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| c) Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program. | |
| G.9) Refer clients not following up with Outpatient Ambulatory Health Services for six (6) months to case management or patient navigator services for re-engagement in care. | G.9) Documentation of attempts to contact client and referrals in the client's record, signed and dated. |
| G.10) Refer client to HIV specialty care and/or other services as appropriate, e.g. mental health, substance abuse treatment. | G.10) Documentation of referrals made and status of outcome in client's record. |
| Transition and Discharge | |
| 2.10) Client discharged when outpatient ambulatory medical care (health services) are no longer needed, goals have been met, upon death or due to safety issues. (*see 2.11*)<br><br><u>Prior to discharge</u>: Reasons for discharge and options for other service provision should be discussed with client. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter must be sent to client's last known address. If client is not present to sign for the letter, it must be returned to the provider.<br><br><u>Documentation:</u> Client's record must include:<br><br>a) Date services start<br>b) Special client needs<br>c) Services needed/actions taken, if applicable<br>d) Date of discharge<br>e) Reason(s) for discharge<br>f) Referrals made at time of discharge, if applicable.<br><br><u>Transfer:</u> If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of | 2.10) Documentation of discharge plan and summary in client's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. |

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| request. If client moves to another area, transferring agency will make referral for needed services in the new location.<br><br>Unable to Locate: If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.<br><br>Withdrawal from Service: If client reports that services are no longer needed or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.<br><br>Administrative Discharge: Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by leadership according to that agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart. | |

| Case Closure | |
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| 2.11) Case will be closed if client:<br><br>a) Has met the service goals;<br>b) Decides to transfer to another agency;<br>c) Needs are more appropriately addressed in other programs;<br>d) Moves out of state;<br>e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services;<br>f) Fails to maintain contact with the insurance assistance staff for a period of three months despite three (3) documented attempts to contact client;<br>g) Can no longer be located;<br>h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan;<br>i) Exhibits pattern of abuse as defined by agency's policy.<br>j) Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or<br>k) Is deceased. | 2.11) Documentation of case closure in client's record with clear rationale for closure. |
| **3.0 Client Rights and Responsibilities**<br>***National Monitoring Standards: Provision of Part B funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.***[vii] | |
| **Standard** | **Measure** |
| 3.1) Services are available and accessible to any individual who meets program eligibility requirements.<br><br>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with | 3.1) Written eligibility requirements and non-discrimination policy on file. |

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| Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering services on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.<br><br>Each provider shall make available to clients process for requesting interpretation services, including American Sign Language. | |
| 3.2) Clients Rights and Responsibilities policy exists which requires each client to sign & date indicating they has been offered:<br>a) explanation of the policy, and<br>b) copy of *'Client's Rights and Responsibilities*, and<br>c) communication of client's understanding of the policy. | 3.2) Written policy on file. |
| 3.3) Explanation of *Client's Rights and Responsibilities* is provided to each client.<br><br>Client rights include:<br>o Be treated with respect, dignity, consideration, and compassion;<br>o Receive services free of discrimination;<br>o Be informed about services and options available.<br>o Participate in creating a plan of services;<br>o Reach an agreement about the frequency of contact the client will have either in person or over the phone.<br>o File a grievance about services received or denied;<br>o Not be subjected to physical, sexual, verbal and/or emotional abuse or threats;<br>o Voluntary withdraw from the program;<br>o Have all records be treated confidentially;<br><br>Have information released only when:<br>o A written release of information is signed; | 3.3) Current *Client's Rights and Responsibilities* form signed and dated by client and located in client's record. |

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| o A medical emergency exists;<br>o There is an immediate danger to the client or others;<br>o There is possible child or elder abuse; or<br>o Ordered by a court of law.<br><br>Client responsibilities include:<br>o Treat other clients and staff with respect and courtesy;<br>o Protect the confidentiality of other clients;<br>o Participate in creating in a plan of service;<br>o Let the agency know any concerns or changes in needs;<br>o Make and keep appointments, or when possible to phone to cancel or change an appointment time;<br>o Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail and<br>o Not subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. | |
| **4.0 Grievance Process** | |
| **Standard** | **Measure** |
| 4.1) Grievance policy exists which requires each client to sign & date form indicating they has been offered:<br>a) explanation of the policy, and<br>b) copy of *Grievance Procedure* and communication client's understanding of the policy.<br><br>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.<br><br>Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served. | 4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served. |

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| 4.2) Explanation of *Grievance Procedure* is provided to each client.<br><br>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received. | 4.2) Current *Grievance Procedure* form signed and dated by Client and located in p's record. |
| 4.3) Grievance process shall be fair and expeditious for resolution of client grievances. | 4.3) Documentation of client grievances, status and resolution. |
| 4.4) Review the grievance policy yearly with client signature. | 4.4) Current *Client's Rights and Responsibilities* form signed and dated by client and located in client's record. |
| **5.0 Personnel Qualifications (including licensure)**<br>***National Monitoring Standards: Provision of Outpatient and Ambulatory Medical Care, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center)***[viii] | |
| **Standard** | **Measure** |
| 5.1) All physicians, physician's assistants, clinical nurse specialists and nurse practitioners will have appropriate and valid licensure and certification by the Commonwealth of Virginia. | 5.1) Copy of current licensure/certification in personnel file. |
| 5.2) All providers must complete their required continuing education in HIV/AIDS treatment or care annually. | 5.2) Documentation of agency process to track completed trainings. |
| **6.0 Cultural and Linguistic Competency** | |
| **Standard** | **Measure** |
| 6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include:<br><br>• Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted;<br>• Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services;<br>• List of cultural competency trainings completed by staff. | 6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report. |

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| 6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available.[ix] | 6.2) Culturally and linguistically appropriate materials and signage accessible. |
| **7.0 Privacy and Confidentiality (including securing records)** | |
| **Standard** | **Measure** |
| 7.1) Client confidentiality policy exists which include:<br>a) release of information requirements, and<br>b) Health Insurance Portability and Accountability Act compliance were applicable. | 7.1) Written Client confidentiality policy on file at provider agency. |
| 7.2) Client's consent for release of information is determined. | 7.2) Current *Release of Information Form* signed and dated by client and provider representative and located in client's record. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months from date of signature. |
| 7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use. | 7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protected and access is limited to appropriate personnel. |
| 7.4) Annual submission of *Verification of Receipt of Assurance of Key Requirements* document by all staff that handle client identifying information. | 7.4) Documentation of signed *Verification of Receipt of Assurance of Key Requirement* forms. |
| **8.0 Quality Management**<br>***National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.***[x] | |
| **Standard** | **Measure** |
| 8.1) Measure and report client health outcomes using Outpatient Ambulatory Health Services measures approved by VDH. | 8.1) Performance measurement data on the following indicators:<br>• Percentage of people living with HIV and receiving Outpatient Ambulatory Health Services, regardless of age, who will have at least two care markers in a 12 month period that are at least 3 months apart (Care marker defined as evidence of a |

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| | HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).<br><br>• Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Outpatient Ambulatory Health Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. |

[i] HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice # 16-02 (revised 10/22/18).
[ii] HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 23.
[iii] HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Ryan White Program Eligibility Determinations and Recertification Requirements Policy Clarification Notice #13-02
[iv] Public Health Service Act; Sections 2605(a)(6), 2617 (b) (7) (F), 2664 (f) (1), and 2671 (i).
[v] HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice # 16-02.
[vi] Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents. Department of Health and Human Services (2016)
[vii] HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 61-62.
[viii] HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 3.
[ix] National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Available at: https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf
[x] HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 71.