

Seattle TGA Ryan White Program Standards

Outpatient Ambulatory Health Services - Treatment Adherence

Approved by the Council 5/8/17

HRSA Definition: Outpatient/Ambulatory Health Services

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

Note: Allowable activities have been redacted from this definition, because not all are allowable in the Seattle TGA, due to coverage availability through other payers.

Seattle TGA Definition: *The only allowable activity for this service category within the Seattle TGA is Treatment Adherence. Treatment adherence programs funded under this category must provide all of the following services, either in person or by phone:*

- *Treatment readiness discussions*
- *Medication adherence assessments*
- *Review of past medication adherence*
- *Review of changes to medication regimen*
- *Medication education*
- *Medication management*
- *Directly observed treatment*

While all of these services must be provided, not all clients will need every service.

This service may only be covered by Ryan White in cases where it is not covered by Medicaid or other insurers per PCN 13-04

1.0 General Standards

	STANDARD	MEASURE
1.1	Program adheres to Seattle TGA Ryan White Program General Standards	Contract monitoring site visits document adherence

2.0 Staff Qualifications and Training

	STANDARD	MEASURE
2.1	Staff providing treatment adherence will be trained in core competencies such as: <ul style="list-style-type: none"> ▪ Client assessment skills ▪ HIV co-morbidities, symptoms, medications, interactions and side effects ▪ Barriers to treatment adherence ▪ Drug resistance issues ▪ Harm reduction and substance abuse ▪ Pharmacology of HIV and other meds 	Documentation that new staff received training within 3 months of hire and current staff have proof of training in their personnel record
2.2	Staff providing treatment adherence support will receive continuing education in areas related to the provision of treatment adherence.	Documentation in personnel record

3.0 Services

	STANDARD	MEASURE
3.1	Staff providing treatment adherence will complete a standardized intake with client within 30 days	Completed intake or documentation that staff made attempts to complete an intake is present in client record
3.2	Staff providing treatment adherence will conduct an on-going assessment of readiness and need for services, taking into account the following factors: <ul style="list-style-type: none"> • Barriers to adherence • History of adherence, treatment and opportunistic infections 	Documentation in progress notes of ongoing assessments and/or presence of an Action or Service Plan in client record
3.3	Staff providing treatment adherence will identify interventions that address barriers and are appropriate to the client, such as: <ul style="list-style-type: none"> • Skill building • Adherence strategies • Behavior change • Referrals • Health and treatment information and education 	Documentation in client record of identified needs/barriers and intervention strategies.
3.4	Staff providing treatment adherence will evaluate success of intervention(s) and/or continued need for services.	Documentation in of successful intervention and/or follow-up assessment(s) for continued need for treatment adherence services present in client record.
3.5	Staff providing treatment adherence and agency will establish and maintain relationships with appropriate service providers as warranted to ensure continuity of care.	Documentation of attendance at provider group meetings and in-services. Documentation of presentation of materials to referral source agencies.

4.0 Case Closure

	STANDARD	MEASURE
4.1	Case closure will occur when one or more of the following situations takes place: <ul style="list-style-type: none"> ▪ Client expresses desire to end services ▪ Client is not seen for ninety (90) days or more ▪ Treatment Adherence issues have been successfully resolved and client has been independently (without program support) adherent for a period of time to be based on client need. 	Documentation in client record of one of the following: <ul style="list-style-type: none"> ▪ Consistent relationship between client and Case Manager and/or Medical Provider for three (3) months ▪ Charted independent adherence ▪ Attempts to locate or contact client
4.2	Staff providing treatment adherence will document in the client record within three (3) days of client case closure.	Documentation in client record of client discharge that includes the reasons for discharge.

Dates Revised:

Note: Ambulatory/Outpatient Health Services this service was provided under the service category Treatment Adherence Counseling until 2017, when that service category was eliminated. The revisions refer to previous changes to that category.

6/1/12

10/13/14

11/28/16

4/24/17