

OUTPATIENT/AMBULATORY HEALTH SERVICES

Bergen-Passaic Transitional Grant Area

Grant Year: 2022/23



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

Service Category Definition – Outpatient/Ambulatory Health Services

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.



Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as 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, including audiology and ophthalmology

Program Guidance

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category. (HIV/AIDS Bureau, 2019)

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Ryan White HIV/AIDS Program Eligibility Requirements

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)



Person(s) seeking services in the Ryan White HIV/AIDS Program (RWHAP) must meet the following requirements for eligibility:

- Any person(s) with an HIV diagnosis or their legal guardian who lives in the City of Paterson, Passaic County, and/or Bergen County, New Jersey; **OR**
- A person designated as the individual's medical power of attorney (i.e., their court appointed representative or legal representative). *Proper documentation must be collected at initial determination and redetermination to verify guardianship or medical power of attorney.* **AND**
- Any individual with a household income that is at or below 500% of the federal poverty level; **AND**
- Any individual who is uninsured or underinsured.



Client eligibility must be certified annually and recertified at least every six months. The primary purpose of the RWHAP eligibility certification process is to ensure that an individual's residency, income, and insurance status continues to meet the Bergen-Passaic Transitional Grant Area (TGA) eligibility requirements and to verify that the RWHAP is the payor of last resort. The eligibility recertification process includes checking for the availability of all other third-party payors. Subrecipients are also required to obtain documentation of CD4 and viral load laboratory results at each eligibility certification and recertification for all clients. Laboratory results must be recent and within 6-months of the eligibility determination date. Subrecipients are required to obtain documentation and maintain the results of the laboratory results in client chart and documented in eCOMPAS.

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Ryan White HIV/AIDS Program Eligibility Requirements

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)

RWHAP Required Documentation Table and Frequency

Eligibility Requirement	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
<h3>HIV STATUS</h3>	Documentation required at initial eligibility determination.	<p>No documentation required (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)</p>
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA). • A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test. • A detectable (quantitative) HIV viral load (<i>undetectable viral load tests are NOT proof of HIV.</i>) • An HIV nucleotide sequence (genotype). 	
	Documentation required for once a year/12-month recertification.	
	<p>No documentation required (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)</p>	

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<h2>HOUSEHOLD INCOME</h2>	<p>Proof of household income: This includes income for the client, client’s spouse if legally married, client’s minor child under the age of 18, any person claimed by the client as a dependent on a tax return, and any person that has legal custody or other legal arrangements or guardianship of the client).</p> <p><i>*** Income that is not counted includes grants, scholarships, fellowships, value of SNAP benefits, 401K if not accessed, and any other non-accessible income, such as trust funds.</i></p>	
	<p>Documentation required at initial eligibility determination and for once a year/12-month recertification.</p>	<p>Documentation required at eligibility recertification.</p>
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Pay stubs (at least two); OR • A signed and dated employer statement on company letterhead may be used. It must state the name of client, rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive health benefits from the employer; OR • IRS 1040 form or IRS W-2 from most recent year; OR • IRS W-4 form. 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Self-attestation of no change; OR • One of the approved documents listed in the <i>Initial Eligibility Determination & Once a Year/12 Month Period Recertification (on the left)</i>.
	<p>For clients declaring no income.</p>	
<p>At least one of the following is required:</p> <ul style="list-style-type: none"> • A statement provided as to how the client receives food, clothing, and shelter (also known as a letter of support). • A recent Summary Earnings Query (SEQY) printout, or Work and Gain Economic Self Sufficiency (WAGES) printout or an income tax return from the previous year. • Federal Insurance Contributions Act (FICA) to establish prior work year income. 		

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RESIDENCY	Documentation required at initial eligibility determination and for once a year/12-month recertification.		Documentation required at eligibility recertification.
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Current New Jersey or local photo identification (includes NJ driver’s license); OR • Utility bill with client name and street address; OR • Housing, rental, or mortgage agreement with client’s name and street address; OR • Recent school records with client’s name and street address; OR • Bank statement with client’s name and street address; OR • Letter from person with whom the client resides; OR • Property tax receipt or W-2 form for previous year with client’s name and street address; OR • Unemployment document with client’s name and street address; OR • Current voter registration card with client’s name and street address; OR • Official correspondence (postmarked in last three months) with client’s name and street address; OR • Prison records (if recently released) with client’s name and street address. 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Self-attestation of no change, OR • If client has moved, proof of residency is required. One of the approved documents listed in the <i>Initial Eligibility Determination & Once a Year/12 Month Period Recertification (on the left)</i>. 	
	For clients declaring homeless status or living in a shelter.		
INSURANCE STATUS	<p>Subrecipient must verify if the client is eligible for or is enrolled in health care coverage programs. Obtain documentation of insurance status maintain status in client chart and documented in eCOMPAS. This includes Medicaid, Medicare, and employer-based health insurance programs.</p>		
	Documentation required at initial eligibility determination and for once a year/12-month recertification.	Documentation required at eligibility recertification.	

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	<p>Clients with Insurance:</p> <ul style="list-style-type: none"> Obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS. <p>Clients without Insurance:</p> <ul style="list-style-type: none"> Document steps taken to ensure insurance is not available; AND Document steps taken to screen client for Medicaid benefits; OR Documentation of Medicaid denial; OR If the client is employed but without insurance, the client will need to provide proof that they have no access to insurance from their employer (Letter from employer; or Personnel handbook that describes benefits). 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Self-attestation of no change; OR If the client has lost insurance coverage: <ul style="list-style-type: none"> Document steps taken to ensure insurance is not available (e.g. Cobra); AND Document steps taken to screen client for Medicaid benefits; OR Documentation of Medicaid Denial. If the client has gained insurance coverage, obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS.
<p>CD4 / VIRAL LOAD RESULTS</p>	<p>Subrecipient must obtain documentation of most recent CD4/Viral Load laboratory results at least every 6-months to be maintained in client chart and documented in eCOMPAS.</p>	
	<p>Documentation required at initial eligibility determination and for once a year/12-month recertification.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility certification date). 	<p>Documentation required at eligibility recertification.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility recertification date).
	<p>For clients who are newly diagnosed.</p> <p>Subrecipient is responsible for:</p> <ul style="list-style-type: none"> Obtaining documentation of CD4/Viral Load laboratory test results within 90 days of initial eligibility determination. Documentation of most recent CD4/Viral Load laboratory results to be maintained in client chart and documented in eCOMPAS. 	

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Quality Management Outcomes and Quality Assurance Measures

(HIV/AIDS Bureau Policy Clarification Notice #15-02, Updated 11/30/2018)

In addition to the system-wide Service Standards applicable to all RWHAP Part A and Minority AIDS Initiative (MAI)-funded subrecipients, the following program specific Service Standards apply to Outpatient/Ambulatory Health Services (OAHS) subrecipients. These Service Standards are an essential component of the Bergen-Passaic Quality Management program to inform the on-going monitoring and evaluation of RWHAP Part A and MAI-funded OAHS subrecipients by the City of Paterson Ryan White Grants Division Office (Recipient). Full compliance with these Service Standard is expected for RWHAP Part A funded subrecipients that have contracts with the City of Paterson, Ryan White Grants Division.

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, did the client have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N) 	NONE	90%
	Denominator Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.			
HRSA/HAB Performance Measure: Prescription of HIV Antiretroviral Therapy (NQF#: 2083)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of client, regardless of age, with a diagnosis of HIV prescribed ARV therapy for the treatment of HIV infection during the measurement year.	Number of clients from the denominator prescribed HIV ARV therapy during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) 	NONE	90%
	Denominator			

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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, was the client prescribed HIV ARV therapy during the measurement year? (Y/N)		
HRSA/HAB Performance Measure: HIV Medical Visit Frequency (NQF#: 2079)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	Number of clients who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. Denominator Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, did the client have at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 24-month measurement period.	90%
HRSA/HAB Performance Measure: Gap in HIV Medical Visits (NQF#: 2079)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of clients who did not have a medical visit in the last 6 months of the measurement year. Denominator	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 12-month	90%

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	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	i. If yes, did the client have at least one medical visit in the last 6 months of the measurement year? (Y/N)	measurement period.	
HRSA/HAB Performance Measure: Pneumocystis jiroveci Pneumonia (PCP) Prophylaxis				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	<p>Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³</p> <p>Denominator</p> <p>All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit</p>	<p>1. Is the patient 6 years or older and have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)</p> <p>i. If yes, did the patient have a CD4 count <200 cells/mm³</p> <p>1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm³?</p>	Patient did not receive PCP prophylaxis because there was a CD4 count below 200 cells/mm ³	90%
HRSA/HAB Performance Measure: HIV Drug Resistance Testing Before Initiation of Therapy				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy started during the measurement year	<p>Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy.</p> <p>Denominator</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>i. If yes, was HIV antiretroviral therapy prescribed during the measurement year for the first time? (Y/N)</p>	NONE	90%

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	Number of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy during the measurement year for the first time AND had a medical visit with a provider with prescribing privileges at least one in the measurement year.	1. If yes, was an HIV drug resistance test performed at any time prior to prescribing ARV therapy? (Y/N) If yes, list date		
HRSA/HAB Performance Measure: Influenza Immunization (NQF#: 0041)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients aged 6 months and older seen for a visit between October 1 st and March 31 st who received an influenza immunization OR who reported previous receipt of an influenza immunization	<p>Patients who received an influenza immunization OR who reported previous receipt of influenza immunization during the current season.</p> <p>Denominator</p> <p>All patients aged 6 months and older seen for a visit between October 1st and March 31st</p>	<p>1. Did the patient, aged six months and older, have at least one medical visit between October 1st and March 31st? (Y/N)</p> <p>a. Did the patient receive an influenza vaccination or report previous receipt of an influenza vaccination? (Y/N)</p>	<p>1. Documentation of medical reason(s) for not receiving influenza immunization.</p> <p>2. Documentation of patient reason(s) for not receiving influenza immunization.</p> <p>Documentation of system reason(s) for not receiving influenza immunization.</p>	90%
HRSA/HAB Performance Measure: Lipid Screening				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year.	Number of patients who had a fasting lipid panel in the measurement year	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)</p>	NONE	100%

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	Denominator			
	Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges at least once in the measurement year.		i. If yes, was the client prescribed HIV antiretroviral therapy during the measurement year? (Y/N) 1. If yes, did the patient have a fasting lipid panel during the measurement year? (Y/N)	
HRSA/HAB Performance Measure: Tuberculosis Screening (NQF#: 0408)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentages of patients aged 3 months and older with a diagnosis of HIV/AIDS for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted for (tuberculin skin tests) at least once since the diagnosis of HIV infection.	Denominator All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.	1. Does the patient, aged three months and older, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N) i. If yes, has the patient had tuberculosis (TB) screening test performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection? (Y/N)	Documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e., patients with a history of positive PPD or treatment for TB)	90%
HRSA/HAB Performance Measure: Cervical Cancer Screening (NQF#: 0032)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years	Denominator Number of patients in the denominator who were screened for cervical cancer in the last three years	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, is the patient female? (Y/N) i. If yes, did the patient have at least one medical visit with a provider	Patients who had a hysterectomy for non-dysplasia /non-malignant indication	90%

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	Number of female patients with a diagnosis of HIV who had at least one medical visit with a provider with prescribing privileges AND Were > 21 years old in the measurement year	<ul style="list-style-type: none"> ii. with prescribing privileges in the measurement year? (Y/N) <ul style="list-style-type: none"> 1. If yes, is the patient > 21 years old in the measurement year? (Y/N)? <ul style="list-style-type: none"> a. If yes, was a cervical cytology (Pap test) performed in the measurement year or the two years prior to the measurement year? 		
HRSA/HAB Performance Measure: Chlamydia Screening				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year	Number of patients with a diagnosis of HIV who had a test for chlamydia	<ul style="list-style-type: none"> 1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, is the patient new to care, sexually active or had a STI within the last 12 months? (Y/N) <ul style="list-style-type: none"> i. If yes, was the patient tested for chlamydia during the measurement year? (Y/N) 	Patients who were <18 years old and denied a history of sexual activity	90%
	Denominator			

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HRSA/HAB Performance Measure: Gonorrhea Screening				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year	Number of patients with a diagnosis of HIV who had a test for gonorrhea	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, is the patient new to care, sexually active or had a STI within the last 12 months? (Y/N) <ul style="list-style-type: none"> i. If yes, was the patient tested for chlamydia during the measurement year? (Y/N) 	Patients who were <18 years old and denied a history of sexual activity	90%
	Denominator Number of patients with a diagnosis of HIV who: <ul style="list-style-type: none"> • Were either: a) newly enrolled in care; b) sexually active; or c) had a STI with the last 12 months <li style="text-align: center;">AND • Had a medical visit with a provider with prescribing privileges at least once in the measurement year 			
HRSA/HAB Performance Measure: Hepatitis B Screening				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity	Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have at least two medical visits during the measurement year, with at least 60 days in between each visit? (Y/N) <ul style="list-style-type: none"> i. If yes, is there evidence of documented Hepatitis B 	NONE	90%
	Denominator			

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	NONE	infection or immunity in the patient medical record? (Y/N) 1. If no, was Hepatitis B screening performed at least once since diagnosis of HIV infection? (Y/N) a. If yes, list date		
HRSA/HAB Performance Measure: Hepatitis B Vaccination				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B	<p>Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B</p> <hr/> <p>Denominator</p> <p>Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, does the patient have documentation of Hepatitis B immunity or is HBV-infected? (Y/N)</p> <p>i. If no, is there documentation that the patient has completed the vaccine series for Hepatitis B? (Y/N)</p>	<p>1. Patients newly enrolled in care during the measurement year</p> <p>2. Patients with evidence of current HBV infection (HepB Surface Antigen, HepB e Antigen, HepB e Antibody or HEP B DNA)</p> <p>3. Patients with evidence of past HBV infection with immunity (HP B Surface Antibody without evidence of vaccination)</p>	90%
HRSA/HAB Performance Measure: Hepatitis C Screening				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal

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<p>Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV</p>	<p>Number of patients with a diagnosis of HIV who have documented HCV status in chart</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, is there documentation of the patient's Hepatitis C status in the medical record? (Y/N)</p>	<p>NONE</p>	<p>90%</p>
<p>HRSA/HAB Performance Measure: HIV Risk Counseling</p>				
<p>Performance Measure/ Description</p>	<p>Numerator</p>	<p>Data Element</p>	<p>Exclusions</p>	<p>Goal</p>
<p>Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year</p>	<p>Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling</p>	<p>1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, did the patient receive HIV risk counseling at least once during the measurement year with appropriate feedback to the provider? (Y/N)</p>	<p>NONE</p>	<p>90%</p>
<p>HRSA/HAB Performance Measure: Oral Exam</p>				
<p>Performance Measure/ Description</p>	<p>Numerator</p>	<p>Data Element</p>	<p>Exclusions</p>	<p>Goal</p>

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<p>Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year</p>	<p>Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation</p>	<p>1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient receive an oral exam by a dentist during the measurement year? (Y/N)</p>	<p>1. MCM clients who opted to not receive mail from subrecipient.</p>	<p>90%</p>
<p>HRSA/HAB Performance Measure: Oral Exam</p>				
<p>Performance Measure/ Description</p>	<p>Numerator</p>	<p>Data Element</p>	<p>Exclusions</p>	<p>Goal</p>
<p>Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year</p>	<p>Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation</p>	<p>1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient receive an oral exam by a dentist during the measurement year? (Y/N)</p>	<p>NONE</p>	<p>90%</p>
<p>HRSA/HAB Performance Measure: Pneumococcal Vaccination</p>				
<p>Performance Measure/Description</p>	<p>Numerator</p>	<p>Data Element</p>	<p>Exclusions</p>	<p>Goal</p>

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<p>Percentage of patients with a diagnosis of HIV whoever received pneumococcal vaccine</p>	<p>Number of patients with a diagnosis of HIV who ever received pneumococcal vaccine</p> <hr/> <p>Denominator</p> <p>Number of patients with HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year</p>	<p>1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, is there documentation in the chart that the patients ever received the pneumococcal vaccine? (Y/N)</p>	<p>Patients with CD4 counts <200 cells/mm³ within the measurement year</p>	<p>90%</p>
<p>HRSA/HAB Performance Measure: Preventive Care and Screening for Clinical Depression and Follow- Up Plan (NQF#: 0418)</p>				
<p>Performance Measure/Description</p>	<p>Numerator</p>	<p>Data Element</p>	<p>Exclusions</p>	<p>Goal</p>
<p>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen2</p>	<p>Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <hr/> <p>Denominator</p> <p>All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.</p>	<p>1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, is there documentation in the chart that the patients ever received the pneumococcal vaccine? (Y/N)</p>	<p>1. Patient Reason(s) - Patient refuses to participate</p> <p>2. Medical Reason(s) – Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status</p> <p>3. Situations where the patients’ functional capacity or motivation to improve may impact the accuracy of results</p>	<p>90%</p>

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			of standardized depression assessment tools.	
HRSA/HAB Performance Measure: Preventive Care and Screening Preventative Care and Screening Tobacco Use Smoking Cessation (NQF#: 0028)				
Performance Measure/Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user	<ol style="list-style-type: none"> 1. Is patient 18 years or older? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have 2 or more psychiatric, behavioral, or occupational therapy encounters OR 1 or more medical, wellness, or preventative encounters in the measurement period? (Y/N) i. If yes, did the patient receive a tobacco use screening? (Y/N) <ol style="list-style-type: none"> 1. If tobacco user, did patient receive an intervention counseling and/or pharmacotherapy? (Y/N) 	Documentation of medical reason(s) for not screening for tobacco use	90%
	Denominator			
HRSA/HAB Performance Measure: Substance Abuse Screening				
Performance Measure/Description	Numerator	Data Element	Exclusions	Goal
Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year	<ol style="list-style-type: none"> 1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, was the patient new to the program during the reporting period? (Y/N) i. If yes, was the patient screened for substance use during the measurement year? (Y/N) 	NONE	90%
	Denominator			

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	<ul style="list-style-type: none"> Had a medical visit with a medical provider with prescribing privileges at least once in the measurement year 			
HRSA/HAB Performance Measure: Syphilis Screening				
Performance Measure/Description	Numerator	Data Element	Exclusions	Goal
Percentage of patients with a diagnosis of HIV who had test for syphilis performed within the measurement year	<p>Number of patients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year</p> <hr/> <p>Denominator</p> <p>Number of patients with a diagnosis of HIV who:</p> <ul style="list-style-type: none"> Were ≥ 18 years old in the measurement year or had a history of sexual activity < 18 years, AND Had a medical visit with a provider with prescribing privileges at least once in the measurement year 	<ol style="list-style-type: none"> Does the patient have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> If yes, is the patient ≥ 18 years or reports having a history of sexual activity? (Y/N) <ol style="list-style-type: none"> If yes, was the patient screened for syphilis during the measurement year? (Y/N) 	Patients who were < 18 years old and denied a history of sexual history.	90%

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Clients' Rights and Responsibilities

Services will be provided to all eligible RWHAP clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law. Subrecipients providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

Clients' Charts, Privacy, and Confidentiality

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, eCOMPAS database.

Cultural and Linguistic Competency

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

Case Closure Protocol

Each subrecipient providing services must have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the subrecipient must honor the request from the client.