

OUTPATIENT/AMBULATORY HEALTH SERVICES

(Year ~~323~~ Service Priorities: #~~25~~ for Part A and MAI)

- A. **Outpatient/Ambulatory Health Services** are core medical services. These services include primary medical care and outpatient specialty care required for the treatment of people with HIV or AIDS. These services focus on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies.

IMPORTANT NOTE: Services are restricted to outpatient services only.

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Physician's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY 202~~32~~ Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the Physician's notation and related referral, as appropriate:

- Service is in relation to this client's HIV diagnosis.
- Service is needed due to a related co-morbidity.
- Service is needed due to a condition aggravated or exacerbated by this client's HIV.
- Service is needed due to a complication of this client's HIV treatment.
- Routine diagnostic test conducted as a standard of care (SOC)
 - The SOC should be implemented as recommended by established medical guidelines, including, but not limited to, Public Health Service (PHS), American Medical Association, Health Resources and Services Administration; see Minimum Primary Medical Care Standards for Chart Reviews in Section III of this Service Delivery Manual document or other local guidelines, as may be amended.

Telehealth services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

I. Primary Medical Care

1. **Primary Medical Care Definition and Functions:** Primary medical care includes the provision of comprehensive, coordinated, professional diagnostic and therapeutic services rendered by a Physician, Physician Assistant, Clinical Nurse Specialist, Nurse Practitioner, Advanced Practice Registered Nurse, or other health care professional who is licensed in the State of Florida to practice medicine to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency rooms are not considered outpatient settings; therefore, emergency room services are not covered by the Ryan White Part A/MAI Program. Inpatient (hospital, etc.) services are also not covered.**

Although HRSA allows for urgent care center services to be payable through the Ryan White Program, non-HIV related visits to urgent care facilities are not allowable or reimbursable costs within the Outpatient/Ambulatory Health Services Category (see HRSA Policy Clarification Notice #16-02). The Miami-Dade HIV/AIDS Partnership, as advised by its Medical Care Subcommittee, has elected not to include this component as an allowable service locally. This decision was made due to the complex logistics involved in limiting this component to the treatment of HIV-related services, as required by HRSA; and the fact that Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services subrecipients are required to maintain procedures (i.e., an accessible phone line for clients to call for assistance) for clients who have urgent/emergent health issues after hours.

Allowable activities include: medical history taking; physical examination; diagnostic testing, including, but not limited to, laboratory testing; treatment and management of physical and behavioral health conditions; behavioral risk assessment, subsequent counseling, and referral; preventive care and screening; pediatric development assessment; prescription and management of medication therapy; treatment adherence; education and counseling on health and prevention issues; and referral to specialty care related to client's HIV diagnosis, co-morbidity, or complication of HIV treatment. Services also include diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties if related to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment), as necessary. Chronic illnesses usually treated by primary care providers include hypertension, heart failure, angina, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression, anxiety, back pain, thyroid dysfunction, and HIV.

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code); whereas Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code).

a. New to Care Clients

One (1), initial primary medical care visit may be provided to a newly identified client (i.e., a newly diagnosed client) who has a preliminary reactive test result and a pending confirmatory HIV test result, if the client was properly referred by a Medical Case Manager or Outreach Worker. To be valid for this purpose, the referral must have an indication that the client is a “newly identified client” (NIC). Such initial primary medical care visit must be scheduled and provided within 30 calendar days of referral from the Medical Case Manager or Outreach Worker. Otherwise, a confirmatory HIV test result will be required to obtain further services.

b. Limitations on Specialty Testing

Before prescribing Selzentry (Maraviroc), a Highly Sensitive Tropism Assay (test), formerly known as the Trofile Tropism Assay, must be performed and documented in the client’s chart to determine appropriateness of the treatment regimen. The Highly Sensitive Tropism Assay includes the Trofile, Trofile DNA, or Quest Diagnostics Tropism assay. If the cost of the Highly Sensitive Tropism Assay is being covered by any other payer source, clients must access the test through those resources first. **(NOTE: ViiV Healthcare discontinued the Trofile Access Program on July 1, 2018.)**

When the cost of the Highly Sensitive Tropism Assay is not covered by any other source, then the client’s medical provider must verify and document on the corresponding Ryan White Program Letter of Medical Necessity that the client has been found to be ineligible for the test to be paid for by any other payment source.

ViiV Healthcare currently covers the cost of the following test at no charge to eligible clients or the Ryan White Program: the HLA-B*5701 screening test. This screening test is available to assist clinicians in identifying clients who are at risk of developing a hypersensitivity reaction to abacavir (Ziagen). Whenever the cost of the HLA-B*5701 screening test can be covered by the ViiV Healthcare or any other source, providers **cannot** bill the local Ryan White Program for reimbursement of this test. As of December 1, 2019, FDOH/ADAP clients do not need certificates for HLA Aware program. They simply use either their designated

Quest Diagnostic lab or LabCorp code (that was listed on their certificates) for reimbursement by ViiV Healthcare. Contracted providers that serve FDOH/ADAP clients do not need to send clients to FDOH/ADAP, they just need to enter the appropriate code depending on which lab they use. FDOH already has this code as part of their EHR system. The Ryan White Program must be the payer of last resort. Utilization of the HLA-B*5701 screening test as billed to the local Ryan White Program will be monitored, and reimbursement may be denied if documentation does not support the use of Ryan White Program funds as a last resort.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:
 - Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
 - Self-care and monitoring of health status;
 - HIV/AIDS transmission and prevention methods; and
 - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:
 - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
 - Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
 - Client involvement in the development and monitoring of treatment and adherence plans; and
 - Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:
 - Maintain contact as appropriate with other caregivers (Medical Case Manager, Nutritionist, Specialty Care Physician, Pharmacist, Counselor,

etc.) and with the client in order to monitor health care and treatment adherence;

- Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and
- Identify a single point of contact for Medical Case Managers and other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection.

II. Outpatient Specialty Care

- 1. Outpatient Specialty Care Definition and Functions:** This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment (see Allowable Medical Conditions List in Section VIII of this FY 2022~~23~~ Service Delivery Manual).**

Additional medical services, which may be provided by other Ryan White Program subrecipients, may include outpatient rehabilitation, podiatry, physical therapy, occupational therapy, and speech therapy as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment. Pediatrics and specialty pediatric care are included in the list of specialties above. A Mental Health Services provider may also make referrals to clinical psychiatry. **(IMPORTANT NOTE: Referrals to outpatient specialty care services for ongoing treatment must include documentation or a notation to support the specialty's relation to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment.)**

a. Other Specialty Care Limitations or Guidelines:

- i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services

may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.

- ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.
- iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is not covered by the local Ryan White Part A/MAI Program. In accordance with the local Ryan White Part A Program's Allowable Medical Conditions list, last updated December 16, 2019, as may be amended (next version to be distributed by July 2022), clients must meet at least one of the following criteria to access ophthalmology/optometry services:
 - Client has a low CD4 count (at or less than 200 cells/mm³ *currently*)

- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Furthermore, referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. See the Allowable Medical Conditions List in Section VIII of this Service Delivery Manual for a list of conditions that would apply, such as manifestations due to opportunistic infections, visual disturbances to rule out complications of HIV, and history of sexually transmitted infections (STI) or complications of STI.

- iv. Per Federal guidelines, **acupuncture services** are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.
- v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.
- vi. **Pediatric, adolescent, and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

IMPORTANT NOTE: Under the local Ryan White Part A/MAI Program, primary medical care provided to people with HIV is not considered specialty care.

2. Client Education: Providers of specialty care services will be expected to provide the following basic education as part of client care:

- Basic education to clients on various treatment options offered by the specialist;
- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the Primary Care or HIV Physician; and
- Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.

3. **Coordination of Care:** The specialist must communicate, as appropriate, with the Primary Care Physician and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

The following subsections B. through I. are for both Primary and Specialty Care, unless otherwise noted:

B. Program Operation Requirements:

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;
- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and
- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.
- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

C. Additional Service Delivery Standards: Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY 202~~2~~³ Service Delivery Manual for details):

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.
- HAB HIV Performance Measures to include the following, as may be amended: (<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>)

- Frequently Asked Questions
 - Core
 - All Ages
 - Adolescent/Adult
 - Children
 - HIV-Exposed Children
 - Medical Case Management (MCM)
 - Oral Health [Care]
 - ADAP [AIDS Drug Assistance Program]
 - Systems-Level
- Minimum Primary Medical Care Standards

D. Rules for Reimbursement: Providers will be reimbursed for program allowable outpatient primary medical care and specialty care services as follows, unless a procedure has been disallowed or discontinued by the Miami-Dade County Office of Management and Budget-Grants Coordination:

- Reimbursements for medical procedures and follow-up contacts to ensure client’s adherence to prescribed treatment plans will be no higher than the rates found in the “202~~23~~ Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), revised/modified **December 17, 2021**.”
- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the “202~~23~~ Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 202~~23~~ Quarter 1 (Q1) Release, added for **January 2022**, modified **December 15, 2021**.”
- Reimbursements for injectables will be based on rates no higher than those found in the “202~~23~~ Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated **January 10, 2022** (payment limit column).”
- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the “2022 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates, PDF dated **December 30, 2021**, electronic file modified **December 30, 2021**; for Core Based Statistical Area 33124 (Miami, FL).” (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).
- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved “Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 202~~23~~ (**January 2022**), corrected **January 10, 2022** (note

“b.01.10.22” in file name).” (Applies only to organizations with on-site or affiliated outpatient hospital centers).

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare “allowable” rates times a multiplier of up to 2.5.
- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.
- A Letter of Medical Necessity is required for the Highly Sensitive Tropism Assay if no other payer source is covering the cost of the test. This is necessary to ensure use of the Ryan White Program as the payer of last resort.
- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.
- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider’s submission request for review and approval by the County.
- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program’s AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).
- Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of telehealth/telemedicine services.

E. Rules for Reporting: Providers’ monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after

calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.

F. Additional Rule for Reimbursement: Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.

G. Additional Rules for Documentation: Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.

H. Additional Client Eligibility Criteria: Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate every 366 days. six (6) months. ~~(NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.)~~ While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

I. Additional Treatment Guidelines and Standards

Guidelines: Providers will adhere to the following clinical guidelines for treatment of HIV/AIDS specific illnesses (which can be found at <https://clinicalinfo.hiv.gov/en/guidelines>, unless otherwise noted below):

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv>; pp 1-464; updated January 20, 2022.

Accessed 6/21/2022.

- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv>; pp 1-610; updated April 11, 2022. Accessed 6/21/2022.
- Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Transmission in the United States. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>; pp 1-570; updated March 17, 2022. Accessed 6/21/2022.
- Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections>; pp 1-536; updated April 12, 2022. Accessed 6/21/2022.
- Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention>; pp 1-409; updated January 24, 2022. Accessed 6/21/2022.
- Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv>; pp 1-19; updated February 22, 2022. Accessed 6/21/2022.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011); and reference guides to help health care professionals as their aging population grows. Available at:

<https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols>.

Accessed 6/21/2022.

- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at:

<https://hivinfo.nih.gov/understanding-hiv/fact-sheets>

Accessed 6/21/2022.

- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

Standards:

- Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses, clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.
- Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

IMPORTANT NOTE: FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.