Part A Minority AIDS Initiative (MAI):
Program Reporting Instructions
Updated: March 2012

HIV/AIDS Bureau
Health Resources and Services Administration

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1 Introduction

The Part A Minority AIDS Initiative (MAI) originated in fiscal year (FY) 1999 when the Congress directed that a portion of the Part A supplemental appropriation be used to address growing disparities in access to care and health outcomes among minority populations disproportionately impacted by the HIV/AIDS epidemic. The MAI continued in this way until the Ryan White HIV/AIDS Treatment Modernization Act of December 2006, codified the MAI as a separate, competitive grant program beginning in FY 2007 through FY 2009. Accordingly, following a competitive grant application process in FY 2007, MAI grants were awarded to all 56 Part A eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) for a 3-year project period beginning August 1, 2007 through July 31, 2010. Non-competing continuation grants were awarded for FY 2008 and FY 2009.

However, with passage of the Ryan White HIV/AIDS Treatment Extension Act of 2009, the Congress enacted the following changes starting in FY 2010: a) the grant period is to be made "consistent" and "synchronized" with the Part A program application/award schedule, and b) MAI funds will be disbursed on a formula basis. [1] However, as a distinct component of the Part A Program, the MAI purpose remains unchanged: to provide targeted resources that are focused on reducing disparities in access and health outcomes in disproportionately impacted minority communities.

Therefore, since FY 2010, MAI funds have been awarded along with Part A Formula and Supplemental funds to all EMAs/TGAs; and the MAI formula award amount is based on the distribution of minority populations disproportionately impacted by HIV/AIDS.

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service Systems (DSS), which administers the MAI, is issuing these Part A *MAI Program Reporting Instructions* to assist Grantees in preparing and submitting the following required MAI reports.

- *MAI Annual Plan (Plan):* June 1st, unless the Congressional budget for the FY is delayed
- *MAI Annual Reports (Annual Report):*
  - FY 2011 Annual Report deadline: January 31, 2013
  - FY 2012 Annual Report deadline: January 31, 2014

The *Plan* details how the EMA/TGA will use the funds, including the unduplicated number of clients expected to receive each service and planed client-level health outcomes. The *Annual Report* documents expenditures, the number and demographics of clients served and outcomes achieved. To prepare the *Plan* and *Annual Report*, Grantees must use the web-based **MAI Report** system approved by the Office of Management and Budget, which is accessible through HRSA's Electronic Handbooks (EHBs). **Both the *Plan* and *Annual Report* must be submitted via the EHBs by the due date; no extensions are allowed**.

The *MAI Reporting Instructions* are organized as follows.
- Summary of Reporting Requirements
- Overview of the Electronic Submission Process
- Line-by-line instructions for completing the *Plan*

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[1] Section 2693 (a)(b)(c) and (d)(1) of the Public Health Service (PHS) Act

- An outline of instructions for completing the *Annual Report.*

Please read the instructions carefully. If you have MAI program-related questions, please contact your Project Officer. If you have questions regarding the EHB submission process, technical assistance is available through the following resources:

- Online Help at: https://performance.hrsa.gov/hab/maiApp/help which includes a detailed PowerPoint presentation with EHB and MAI screen shots.
- Contact the HRSA Call Center via email at CallCenter@hrsa.gov or by telephone at: 1-877-Go4-HRSA (1.877.464.4772)

1.1   Background Information

HRSA recognizes that the MAI is not the sole source of Ryan White Program funds for addressing the unmet HIV/AIDS service needs of minority communities living within an EMA/TGA. Indeed, in order to establish priorities for the use of Part A formula and supplemental funds, each EMA/TGA must take into consideration the size and demographics of the local HIV/AIDS epidemic, paying particular attention to individuals who know their status but are not in care; to disparities in access and services among affected subpopulations and historically underserved communities; and beginning in FY 2010, also the identification of individuals who are unaware of their HIV status.[2] Therefore, EMAs/TGAs are expected to use—and do use—Part A Formula and Supplemental funds as well as the MAI to address core medical and support services needs among disproportionately impacted minority communities.

The overarching goal of the MAI is to improve health outcomes by preventing transmission or slowing disease progression for disproportionately impacted communities by:

- Getting persons living with HIV disease into care at an earlier stage in their illness,
- Assuring access to treatments that are consistent with established standards of care, and
- Helping individuals and families to remain in care.

In order for Grantees and HRSA to assess the effectiveness of the MAI Program in achieving these goals, Grantees are required to document client-level health outcomes that are consistent with HRSA guidelines. To do this, all Grantees:

1) Must ensure that MAI providers document and report client-level health outcomes and the unduplicated numbers of clients receiving each service, broken out by race/ethnicity; and

2) Must use at least one HRSA recommended outcome measures for each funded service; and all outcome measures used must be consistent with HRSA guidelines.

Reminder: The *MAI Report* system is designed so that ONE Web Form only can be used to report required data for each service provided to each racial or ethnic minority community.

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[2] Section 2602(b)(4)(A)(B)(C) and (D) of the PHS Act

If more than one provider/contractor will deliver a particular service to the same racial or ethnic population, then **it is critical that the Grantee ensure that each provider tracks and reports at least one and preferably two client-level outcome measures that are the same across all providers delivering a particular service.** (The Web Forms provide fields for reporting up to three client-level outcomes.) By doing so, the EMA/TGA also will be better able to assess service quality and effectiveness in achieving planned goals and objectives.

1.2   Updates and Reminders

Below are several important reminders and updates regarding the web-based *MAI Report* system. More detailed information is provided in appropriate sections of these *Instructions.*

- <u>Preparing Submissions</u>: On or before the Grantee reporting deadline, data submitted by Grantees in either the *Plan* or *Annual Report* Web Forms must be complete, pass HRSA's internal system validation checks, and be consistent with information provided in the Grantee's accompanying *Plan* or *Annual Rep*ort narrative. Therefore, it is critical for Grantees to begin working on each submission well before their respective deadlines.

- <u>Grantee Delays</u>: Grantees that do not begin a required submission within 15 days of the deadline will receive email reminders until they begin the submission process.

- <u>Revising an **Approved** MAI *Plan*</u>: During the grant year, Grantees may request and receive approval from their Project Officer to revise their *Plan* (e.g. due to receiving carryover or re-budgeting funds), via the EHBs. In addition, in the following two cases the Grantee will also need to revise the MAI Plan Web Forms approximately 45-60 days in advance of the *Annual Report* submission process.
    1) If the EMA/TGA added an allowable service not previously included in their *Plan.*
    2) If a service included in the *Plan* served one or more additional target populations. .
    Note: See **Section 4.3.5**, page 18 for information on how to request a Plan Change.

- <u>Reminders for Other Types of *Plan* Changes</u>:
    o *Reprogramming (reallocating) funds*: HRSA grants policy requires Grantees to obtain written approval from your Project Officer before reprogramming funds that involve 20 percent or more of your grant award in any given fiscal year. Such requests should be submitted via email to your assigned Grants Specialist in the Division of Grants Management Operations (the name and email address are listed on the most recent Notice-of-Grant-Award); and a copy of that email should be sent to your Project Officer. However, Grantees are not required to enter this type of budget change in the **MAI Report System** *Plan* web-forms.

    o *MAI approved carryover:* MAI funds approved for carryover are documented in the **MAI Report System** when Grantees submit their MAI *Annual Reports.*
    <u>Please Note</u>: All Part A and MAI carryover requests must be submitted via the EHB's with their *Financial Status Reports* (FSR) [or Federal Financial Report (FFR), which is due July 30th each year or within 30 days of submitting the final FFR (i.e., no later than August 30th).

- <u>Narratives</u>: Before uploading a *Plan* or *Annual Report* Narrative, you must make sure it is clearly identifiable. To do that, please include a:

- o "Title Page" specifying the Grantee Name, Grant Number, Fiscal Year and type of submission   (i.e. *Plan Narrative* or *Annual Report Narrative*);
- o Header on subsequent pages, with the Grantee Name and Grant Number; and
- o Footer displaying page numbers, (i.e. "Page 1 of 4").

- Recommended Service Unit Definitions: HRSA recommended definitions are provided in drop-down menus for each Part A service category. Grantees **must** use a recommended definition for each service category. Exceptions will be made only in unusual circumstances, and must be approved by your Project Officer.

- Recommended Outcome Measures: Grantees **must use** at least one HRSA recommended measure provided in the service-specific drop-down menus for each service category.

- Correcting a *Plan* or *Annual Repor*t Submission: Grantees will receive an email notice generated by the **MAI Report System** if a submission is returned because it is inconsistent with their Narrative, incomplete, or not in compliance with HRSA *Reporting Instructions*.

  - o The email will specify the turn-around time for making requested corrections and resubmitting the *Plan* or *Report*, usually within 3-5 working days.
  - o Grantees can view the problems specific to each worksheet in comments provided by your Grantee. To view the comments, click the "Details of Report Sheet" link from the Summary Page of your *Plan* or *Annual Report*.

- Saving a Copy: Grantees may generate and save a copy of their entire *Plan* or *Annual Report* submission in a PDF format (See *Section 3.8* for further instructions.)

- Comments: Grantee users can edit or delete any comments entered up until the report is submitted. In addition, there is also a sort feature for viewing comments. Grantees will be able to sort through comments by selecting from drop down menus consisting of the username in which the comment was entered by and the type of comment.

2   SUMMARY OF PART A MAI REPORTING REQUIREMENTS

At the beginning of each fiscal year, Grantees submit a revised *Plan* based on their actual MAI award amount. The *Plan* consists of a descriptive narrative that is uploaded to the *MAI Report* system via the EHB, as well as quantitative data/information submitted through *MAI Report* Web Forms. Web Form data includes: MAI allocations for Grantee Administration, Clinical Quality Management, and each planned service; the racial/ethnic communities to be served; and for each community to whom a service is directed, the amount budgeted, number of planned service units, number of clients expected to be served, planned outcomes, and target percentage of clients expected to achieve each outcome.

An *Annual Report* submitted in the same way at the end of each fiscal year. Grantees use *MAI Report* Web Forms to document expenditures for each service delivered to each minority community. For each community that received a given service, Grantees report: the unduplicated number of total clients served; unduplicated numbers of women, infants, children and youth served; the total number of service units provided; and the total number of clients that achieved each planned outcome. Grantees also must upload an *Annual Report* narrative summarizing MAI program accomplishments, challenges and lessons learned.

2.1   Reporting Deadlines

Below are the deadlines for *Plans* and *Annual Reports* for FY 2010 – FY 2012. Grantees will be able to begin working on each submission in the EHBs at approximately 30 days before each deadline. Note that there are two *Plan* submission deadlines: the initial submission due date, and a deadline the next year for submitting any approved *Plan* revisions that were implemented during that year.

Reports are submitted to Project Officers for review. If your Project Officer requires changes or clarification, you will receive an email notification directing you to make corrections to your initial submission. You must return to the MAI web application through the EHB to make the corrections by the date specified in the email, which will typically be within 5 work days.

Fiscal Year	Deadlines for submission of MAI *Plan*	Deadlines for submission of MAI *Annual Report*
2010	Completed	Jan 31, 2012
2011	Completed	Jan 31, 2013
2012	June 1, 2012	Jan 31, 2014

2.2   Overview of Plan and Annual Report Components

The *Plan* and *Annual Report* contain two parts: (1) Web Forms to collect standardized quantitative and qualitative information summarized above, and (2) an accompanying narrative report.

2.2.1 Web Forms Overview

The Web Forms collect standardized quantitative and qualitative information describing how funds are budgeted and spent in relation to each service, broken out by the racial and ethnic communities served. <u>For each service directed to each community</u> this includes:

- The planned and actual numbers of service units, total unduplicated clients, and unduplicated women, infants, children and youth receiving the service;
- Whether services represent a new, continuing or expanded initiative in relation to Part A and MAI funded services provided the previous year (see page 9 for definitions); and
- Up to three planned client-level health outcomes, together with the actual results achieved.

2.2.2 *Plan* Narrative Overview

This is a 2 – 4 page description in which Grantees provide:

- **Title Page**: the Grantee Name, Grant Number, Fiscal Year, type of narrative (*Plan*);
- **Header** on subsequent pages with the Grantee Name and Grant Number;
- **Footer** on subsequent pages showing page numbers (i.e. "Page 1 of 4");
- **Background information**: provide an explanation of the data submitted in the *Plan* Web Forms;
- **Summary of the *Plan*** based on the actual award amount that addresses any service-related capacity development activities and the timeline for disbursing funds. In addition, if the EMA/TGA revised any planned services, allocation amounts or target communities after their grant application was submitted, the changes must be highlighted and explained; and the Grantee's plan and timeline for documenting client-level outcome measures.

2.2.3 *Annual Report* Narrative Overview

This is a 2- 4-page document in which Grantees provide:

- **Title Page**: Grantee Name, Grant Number, Fiscal Year, and type of narrative (*Annual Report*);
- **Header** on subsequent pages with the Grantee Name and Grant Number;
- **Footer** on subsequent pages showing page numbers (i.e. "Page 1 of 4");
- **Background information** needed to explain data submitted in the Web Forms;
- **Summary of Accomplishments**, including:
  - Progress toward achieving specific goals and objectives identified in the Grantee's approved MAI Plan for that fiscal year and in linking MAI services/activities to Part A and other Ryan White Program services;
  - Achievements in relation to client-level health outcomes and any capacity development or provider-level technical assistance activities;
  - Summary of challenges or barriers at the provider or Grantee levels, the strategies and/or action-steps implemented to address them, and lessons learned; and
  - Discussion of MAI technical assistance needs identified by the EMA/TGA.

2.3 Part A MAI Report Electronic Submission Process

Part A MAI Grantees are required to submit their MAI *Plan* and *Annual Report* electronically each fiscal year. Like the Ryan White Program Services Report (RSR), the **MAI Report** is a deliverable in HRSA's Electronic Handbooks (EHBs).

Please visit https://performance.hrsa.gov/hab/ehbdemo/mai/ for instructions about registering in the EHBs and accessing the *Part A MAI Plan* and/or *Annual Report* web application.

3   DETAILED INSTRUCTIONS FOR COMPLETING THE MAI PLAN

3.1   Start Submission in the EHBs

Below are the steps for navigating to the MAI Web Application and starting the *Plan*.

1. Log in to the EHBs
2. Click the "View Portfolio" link in the left menu
3. Locate the Part A Grant in the Grants Portfolio and click the "Open Grant Handbook" link
4. Click the "Other Submissions" link in the left menu
5. Locate the Part A **MAI Report** and click the "Start Submission" link
6. The MAI Web Application will open in a new window with your selected Plan open.

3.2   Release Lock Function

In some cases, if another user from your organization has started working on the report, you may receive a message stating: "Report available as 'Read Only. Changes can only be made by 'UserName:J2Doe' (i.e., another user in your organization)."   If you receive this message, please ask the user listed with that username to log into the system and click "Release Lock" under the left-side administration menu. If you are unsure who the user is, please contact the HRSA Call Center for further assistance.

3.3   Data Entry - Complete MAI Report Data Collection Forms

3.3.1 Grantee and Funding Information Web Form

Question 1A: Grantee Information

Prepared By: This field will be pre-populated with the name provided in your EHB Profile. Make sure it is up to date. HRSA will contact you if questions arise about information after it has been submitted.

Title: Your job title as the person preparing the report.

E-Mail Address & Telephone: Your e-mail address and phone number will be pre-populated with information in your EHBs Profile. If the information is incorrect, you may update it in this Web Form.

Question 1B: Funding Information

Part A MAI Award: Enter the **amount** of MAI funds awarded the EMA/TGA for the current fiscal year.

MAI $$ (funds) Approved for Carryover: This field will be **disabled in the *Plan*** section of the **MAI Report**; carryover funds will be reported when you submit your *Annual Report*.

MAI Funds to be used for Grantee Administration: Enter the **amount** of the FY MAI award allocated for Grantee administration. The amount cannot exceed ten percent of the total FY MAI Award. Once you enter this value, the percentage will be calculated and displayed.

MAI Funds to be used for Clinical Quality Management: Enter the **amount** of the FY MAI award allocated for clinical quality management. The amount cannot exceed 5 percent of the total MAI award. Once you enter this value, the percentage will be calculated and displayed.

3.3.2 Service Categories Web Form

This form will display all service categories eligible under the Part A MAI Grant Program. Select each service category to be funded during the fiscal year. **See Appendix II for a list of allowable Part A Core Medical and Support Service categories**.

3.3.3 Race/Ethnicity Service Group Web Form

This form will display, in <u>read-only</u> mode, the services the EMA/TGA selected in the Service Categories Web Form (item 3.3.2 above). (If you notice an error, return to the previous Web Form to make corrections.) For each planned service category and race/ethnicity listed, select the level of effort: New, Continuing, or Expanded. **Once you select the level of effort, the budget field will become enabled**. Enter the budget planned for each service and race/ethnicity combination. See Appendix I for the list of racial and ethnic communities contained on the *Plan* Web Form.

<u>Definitions</u>:

New: A service planned for the reporting FY that was not provided the previous year to the particular racial/ethnic population using either MAI or Part A funds.

Continuing: A service provided last year to the particular racial/ethnic population using MAI and/or Part A funds that will be continued wholly or in part with MAI funds for the reporting FY.

Expanded: A service provided last year to a racial/ethnic population using MAI and/or Part A funds that will be expanded wholly or in part in the reporting FY using MAI funds in order to serve an expanded geographical area, serve additional clients, or provide additional units of services.

3.3.4 MAI Report Sheet Web Forms

After completing the steps above, your *Plan* will contain separate Web Forms for each racial and ethnic client group to whom a service/activity will be directed. **This does NOT mean that Grantees should prepare an individual Web Form for each <u>service provider</u>**. Information from multiple providers delivering the same service to the same ethnic/racial group should be consolidated into a single Web Form. If you need technical assistance with this requirement, contact the HRSA Call Center at 1-877-Go4HRSA.

The information fields described below are required for each service Web Form; i.e. for each service/activity to be provided to each racial/ethnic community.

Service Information: This information will be pre-populated on each service Web Form.

1. **Service or Activity**
2. **Ethnicity and Race of Client Group to Receive This Service**

3. **New, Continuing or Expanded Effort**.

Budget Information: 4.a, b. and c. are pre-populated from information in your *Plan* in step 3.2.3 above

4. **Planned Budget and Expenditures for This Ethnic/Racial Group**

   a. <u>MAI Funds Budgeted for this Service to this Client Group</u>: The amount will be pre-populated.

   b. <u>MAI Carryover from Prior Year Budgeted for this Service to this Group</u>: The carryover field will be disabled, as carryover into the next fiscal year will be reported in your *Annual Report*.

   c. <u>Total MAI Funds Budgeted for this Service to this Group</u>: This field will be pre-populated with the value entered in item 4a above.

Service Units: Follow the instructions below to enter required information for service units.

5. **Service Unit Name and Definition**: Service unit definitions must be consistent with the type of service and HRSA recommended *Service Category Definition* in Appendix IV. For these reasons and also to enable aggregate analysis of data across Grantees, **you must select a HRSA recommended *Service Unit Definition* from the service-specific drop-down menus provided**. (Note: All *Service Unit Definitions* are listed in Appendix II.) If needed, provide clarification about the definition in a Web Form comment and/or in your Plan Narrative, e.g. with respect to amount or time duration. Examples:

   - For Outpatient/ Ambulatory Medical Care, 1 unit = 1 Visit is most consistent with the *Service Category Definition.* In the *Plan* Narrative or a comment, a Grantee might specify that visits will be documented and billed in 30-minute increments.

   - For Case Management (non-Medical), 1 unit = 1 Non-medical Case Management Encounter is most consistent with the *Service Category Definition;* and in the Plan Narrative or a comment, a Grantee might specify they will be documented in 15-minute increments.

   If the Grantee thinks local circumstances warrant using a locally established *Service Unit Definition*, then you must first check with your Project Officer to explain and receive approval. To enter an alternative, local definition:

   a. Choose "Other", and type the definition in the text box provided; and

   b. Provide an explanation of the rationale for using the local *Service Unit Definition*, using the Web Form "Comments" function. <u>**To insert a comment**</u>, click on the "Add comment to this report sheet" link located near the top of the Report Sheet (with the clipboard icon).

   Important: Your Project Officer must approve locally established Service Unit Definitions.

6. **Record of Service Units Provided:** Enter the number of service units you <u>plan</u> to provide in the reporting FY.

> **Record of Clients Served**: Follow the instructions below to enter required information for clients expected to be served in the coming year.

7. **Planned and Actual Total Number of Clients Served:** Use fields 7a – 7e to enter the **unduplicated number** of clients planned to be served for this ethnic/racial community.

   a. **Total Unduplicated Number of Clients**: The total number of clients planned for this community.

   b. **Total Unduplicated Number of Women**: The unduplicated total number of women (25 years or older) planned for this community.

   c. **Total Unduplicated Number of Infants**: The unduplicated total number of infants (< 2 years) planned for this community.

   d. **Total Unduplicated Number of Children**: The unduplicated total number of children (2-12 years) planned for this community.

   e. **Total Unduplicated Number of Youth**: The unduplicated total number of youth (13-24 years) planned for this community.

8. **8A. Planned Client Level Outcome(s): Grantees are expected to use at least <u>one</u> HRSA-recommended, service-specific Client Level Outcome for each MAI-funded service**. You may select up to three Planned Client Level Outcomes for each service report sheet Web Form.

   a. Click on the drop-down menu containing HRSA-recommended outcomes measures to select each Planned Client Level Outcome. **You MUST choose at least one HRSA-recommended measure for each service category/population Web Form**.

   b. Grantees may also select "Other" from the drop-down list to enter a locally defined Client Level Outcome using the text box provided, provided it is consistent with HRSA guidelines.

   c. For each Planned Client Level Outcome chosen, enter the target number/percentage of clients served who are expected to achieve the outcome during the year.

Reminders:

- The *Plan Narrative* must include a Title Page identifying the Grantee Name, Grant Number and fiscal year, and specifying that it is a Plan Narrative. On subsequent pages, include a header with the Grantee Name and Number and a footer showing page numbers.

- Use the *Plan Narrative* to provide information to explain or describe outcome measures.

- Using HRSA-recommended service-specific client level health outcomes will enable Grantees and HRSA to better assess program performance in improving access to care for minority communities, retaining clients in care, and preventing or slowing disease progression. Please refer to Section 5 for more information about selecting outcomes and technical assistance resources; and to Appendix III for a list of HRSA recommended outcome measures.

<Click the SAVE Button to Save Changes>

3.4 Inserting Web Form Grantee Comments

Grantees may insert a comment on each Web Form/Report Sheet if needed to provide additional information about the data entered on each service Report Sheet, e.g. with respect to the *Service Unit Definition* and/or planned *Client Level Outcomes.* To enter a comment:

1. Go to the Web Form (Report Sheet) on which you want to insert a comment

2. Click the icon in the top right corner that says "Add comment to this report sheet".

3. Type your comments in the text box provided, indicate if you would like to apply this comment to all other race/ethnicity sheets receiving the same service, and click the <u>Submit</u> button.

4. Your comment is saved.

5. **To review all comments**, both at the **MAI Report** and Report Sheet levels, click the "View Comments" link under the left-side administration menu. All comments will be listed chronologically with the most recent comment at the top of the page. **If you would like to sort through the comments, you can sort by the user that entered the comment or by the type of comment that was entered.**

6. **If you would like to edit or delete a comment**, click "View Comments" under the left-side administration menu. Each comment listed will have a comment ID. Click on the comment ID, and you will then have the option to delete or edit that comment. **Please note that you may only edit or delete comments that you have entered, and this may only be done up until the point that the report is submitted.**

3.5 Upload MAI Annual Plan Narrative

Upload the MAI *Plan* Narrative via the EHB into HRSA's Part A *MAI Report* system.

1. Click the "Upload Narrative" link under the left-side administration menu.

2. Browse to locate and select the *Plan Narrative* file (Microsoft Word or WordPerfect files only) and then click the Upload File button.

3. The system will confirm that the file was uploaded successfully by refreshing the upload window and displaying the following confirmation message in red type:

<div style="border:1px solid black; text-align:center; color:red; font-weight:bold;">
File uploaded and processed successfully.
Thank you for uploading Narrative document. Your document has been successfully uploaded to our database!
</div>

3.6 Validate Report

As you continue through your report, the system will be automatically performing validation checks that will check for any errors. There are two types of validation checks.

- <u>Page-Level Validation:</u> This occurs when you click "Save" or "Next Page" on a data entry screen of the report, and the system will display any errors thus far in the report. Page-Level validation does not display warnings.

- Report-Level Validation: This occurs when you click "Validate" under the left-side administration menu. The entire report will validate, and the system will display all errors and warnings in the entire report.

Types of failed system-check messages:
- Data Errors: Grantees must correct all data errors before you can submit the *Plan* for review (e.g. the sum budgeted amounts cannot exceed the amount of service dollars available.)
- Data Warnings: Grantees are encouraged to correct any data warnings before submitting the *Plan* for review. If you do not correct it, a comment explaining the reason for the warning is required in order to submit the *Plan.*

3.7   Submit Report for Review

Once you have completed all Web Forms for each service provided to each racial/ethnic group, the data entered has passed validation, and you have uploaded your *MAI Narrative*, you will submit the *Part A MAI Annual Plan* to HRSA for review. Click the "Submit" button under the left-side administration menu to complete this process. **You will see a "Submission Successful" confirmation window when you have successfully submitted your** *Plan*.

3.8   Download MAI Plan for your record

Grantees may download a copy of their MAI *Plan* with the information you entered in the Web Forms for your records in a PDF format.

1. Click on any data entry page.
2. Click on the "Print PDF" link under the left-side administration menu.
3. The PDF will appear in a pop-up page. You can save or print this PDF, identifying it as above.

Important: The PDF file is for your convenience and reference only. It may NOT be used to submit your *Plan.*   **Any** *Plan* **revisions MUST be entered into the MAI Web Forms and submitted to HRSA via the EHB.**

4   DETAILED INSTRUCTIONS FOR COMPLETING THE MAI ANNUAL REPORT

4.1   Start Submission in the EHBs

Steps for navigating to the MAI Web Application and starting the MAI *Annual Report*:

1. Log in to the EHBs
2. Click the "View Portfolio" link in the left menu
3. Locate the Part A Grant in the Grants Portfolio and click the "Open Grant Handbook" link
4. Click the "Other Submissions" link in the left menu
5. Locate the *Part A MAI Annual Report* for the desired fiscal year and click the "Start Submission" link
6. The MAI Web Application will open in a new window with your selected annual report open.

4.2   Release Lock Function

In some cases, if another user from your organization has started working on the report, you may receive a message stating: "Report available as 'Read Only. Changes can only be made by 'UserName:J2Doe' (i.e., another user in your organization)."   If you receive this message, please ask the user listed with that username to log into the system and click "Release Lock" under the left-side administration menu. If you are unsure who the user is, please contact the HRSA Call Center for further assistance.

4.3   Complete MAI Report Data Collection Forms

4.3.1 Grantee and Funding Information Web Form

Step 1A: Grantee Information

Prepared By: This field will be pre-populated with the name in your EMA/TGA's **EHB Profile**. Make sure that information is correct before you begin. HRSA will contact this individual if questions arise about information after the *Annual Report* is submitted.

Title: Your job title as the person preparing the report.

E-Mail Address & Telephone: Your e-mail address and phone number will be pre-populated with information in your EHB's Profile. If the information is incorrect, you may update it in this Web Form.

NOTE: Pre-populated data fields in the *Annual Report* Web Forms are based on the Grantee's last submitted and approved MAI Plan for the FY being reported. See Section 4.2.5 for instructions on submitting a revised Plan 45 – 60 days before the Annual Report cycle.

Step 1B: Funding Information

Part A MAI Award: The total **amount** of MAI funds awarded to your EMA for the fiscal year will be will be pre-populated and displayed as <u>read only</u>.

MAI $$ Approved for Carryover: This field is available for the *Annual Report* cycle. For example, Grantees that received approval to carry forward FY 2011 MAI funds into FY 2012 must enter the total approved carryover in the field provided for their FY 2012 Annual Report, due January 2014.

MAI Funds to be used for Grantee Administration: The amount and percentage of the MAI award budgeted for Grantee administration will be pre-populated and displayed as read only. **Enter the amount of Grantee administration funds** spent during the reporting FY.

MAI Funds to be used for Clinical Quality Management: The amount and percent of the MAI award budgeted for clinical quality management (CQM) will be pre-populated and displayed as read only. **Enter the amount of CQM funds** spent during the reporting FY.

4.3.2 Service Categories Web Form

Funded services and budgeted amounts are pre-populated in the *Annual Report*, based on the Grantee's most recent approved *Plan* submission for the FY being reported.

4.3.3 Race/Ethnicity Service Group Web Form

This form will display in read-only mode, the services the EMA/TGA planned to deliver to each minority group, the amounts budgeted, and whether it was a new, continuing, or expanded service.

4.3.4 MAI Single Service Web Forms

The *Annual Report* contains separate Web Forms for each racial and ethnic client group to whom a service is directed during the reporting FY. Information from multiple providers delivering the same service to the same ethnic/racial group must be consolidated into a single service MAI Web Form, as explained in Section 3.2.4 of these *Instructions*.

The fields described below are required for each service Web Form; i.e. for each service/activity to be provided to each racial/ethnic community.

Note: If one or more MAI providers served individuals from racial/ethnic communities that were NOT included in the Grantee's *Plan*, then the Grantee should: a) insert a Comment on the Web Form for the particular service(s) to identify the other population(s); and b) briefly explain in the Narrative. However, **if the EMA/TGA reprioritized their MAI funds during the FY in order to provide a service to an additional minority community, the Grantee should follow directions in Section 4.3.5 on page 18 for submitting a revised *Plan* before the *Annual Report* submission cycle.**

Service Information: This information will be pre-populated on **each** single service Web Form.

1. **Service or Activity**
2. **Ethnicity and Race of Client Group to Receive This Service**
3. **New, Continuing or Expanded Effort**.

Budget & Expenditure Information: Follow the instructions below to enter actual expenditures.

MAI Funds Budgeted for this Service to this Client Group: Pre-populated and in read-only mode.

Carryover Funds for this Service to this Client Group: This field is available in the *Annual Report* cycle only. E.G., for the FY12 *Annual Report,* enter the amount of FY 2011 MAI carryover funds used in FY 2012 to support this service. (Enter "0" of no carryover funds were used.)

4. Total MAI Funds Budgeted for This Service to this Group: Pre-populated based on your *Plan* and the carryover amount entered above.

5. <u>Spent</u>: Point and click in the field provided to report actual expenditures for this service.

Service Units: Follow the instructions below to enter required information for service units.

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6. **Service Unit Name and Definition**: This field will be pre-populated from your *Plan*.

7. **Record of Service Units Provided**: Point and click in the field provided to report the actual total number of service units provided in the reporting FY.

Record of Clients Served: All "planned client" numbers will be pre-populated from your MAI *Plan*

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8. **Planned and Actual Total Number of Clients Served**: Use fields 7a – 7e to report the **actual total unduplicated number** of clients within this <u>ethnic/racial</u> group that received the service.

   a. **Total Unduplicated Number of Clients**: Report the <u>unduplicated total number of clients in this community that actually received the service</u>.

   b. **Total Unduplicated Number of Women**: Report the unduplicated total number of <u>women</u> (ages 25 years or older) in this community that actually received the service.

   c. **Total Unduplicated Number of Infants**: Report the unduplicated total number of <u>infants</u> (< 2 years) in this community that actually received the service.

   d. **Total Unduplicated Number of Children**: Report the unduplicated total number of <u>children</u> (2-12 years) in this community that actually received the service.

   e. **Total Unduplicated Number of Youth**: Report the unduplicated total number of <u>youth</u> (13-24 years) in this community that actually received the service.

9. **Planned Client Level Outcome(s):** These fields will be pre-populated with information submitted in your *MAI Plan* for the reporting FY.

Year-End Outcome Results: Follow the instructions below to enter information for outcome results.

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10. **Documented Evidence of Outcomes Achieved:**

   a. **Narrative Description of Outcomes Achieved**: Use the text box fields provided in the Web Form to document results for planned Outcomes #1, # 2 and #3.

   b. **Number of Clients Served in Target Population**: Report the total number of targeted clients <u>to which each outcome applies</u>. The number entered may not necessarily agree with the *"Total Number of Clients Served"* reported above, but cannot exceed that number.

      <u>Example</u>: The total number of people in an ethnic/racial group that received a service might be 100 clients, but one of the outcomes being reported may pertain only to the 35 women who were served. In that case, you would enter 35 as the *"Number of Clients Served in Target Population,"* for that particular outcome.

   c. **Number of Clients Achieving Outcome**: Report the number of clients within the target population that achieved each outcome. (To continue the above example targeting women clients: if only 30 of the 35 women served achieved this outcome, then you would enter 30 as the *"Number of Clients Achieving Outcome"* for this particular outcome.)

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d. **Percent**: The percentage field is locked and will automatically calculate the percent of clients that achieved each outcome. (For the above example, the calculated percentage would be 30 divided by 35, or 85.7 %.)

4.3.5 Submitting Plan Revisions

Each year, approximately 45 – 60 days before the *Annual Report* submission process is scheduled to begin, Grantees will receive an email asking if their MAI *Plan* was revised during the FY with regard to the following types of changes.

a) A service was added that was NOT included in the approved *Plan* submitted via the EHBs.

b) A planned service was expanded to serve an additional racial/ethnic population.

Please follow the emailed instructions for submitting a *Plan* change request in the EHBs.

Note: The EHB's opened 10/15/12 for FY11 Plan change requests, and the deadline for submitting an FY11 Plan change request is 6 PM on November 16, 2012.

Important:

- Your MAI *Plan* data is used to generate your *Annual Report* Web Forms, so it is critical that you make sure HRSA has correct, up-to-date information. However, HRSA will not be able to accept revisions after the published deadline, because the **MAI Report** system will be closed for upgrades and system maintenance to prepare for the *Annual Report* submission cycle.

- *Plan* revisions must be approved by your Project Officer before being implemented, so Grantees must confirm that approval was obtained when submitting a revision request. Grantees are also reminded that you must obtain Project Officer approval before reprogramming 20 percent or more of the MAI grant award.

- However, if the only approved *Plan* changes were to increase or decrease funds budgeted for a planned service(s), you do NOT need to submit a *Plan* change request for the **MAI Report** system. These changes are captured when you report your MAI expenditures for each service/population.

4.4 Inserting Web Form Grantee Comments

Grantees may insert a comment on each Web Form/Report Sheet if needed to provide additional information about the data entered on each service Report Sheet, e.g. with respect to documented *Client Level Outcomes*. To enter a comment:

1. Go to the Web Form (Report Sheet) on which you want to insert a comment.

2. Click the icon in the top right corner that says "Add comment to this report sheet".

3. Type your comments in the text box provided, indicate if you would like to apply this comment to all other race/ethnicity sheets receiving the same service, and click the Submit button.

4. Your comment is saved.

5. To review all comments, both at the **MAI Report** and Report Sheet levels, click the "View Comments" link under the left-side administration menu. All comments will be listed chronologically with the most recent comment at the top of the page. If you would like to sort through the comments, you can sort by the user that entered the comment or by the type of comment that was entered.

6. If you would like to edit or delete a comment, click "View Comments" under the left-side administration menu. Each comment listed will have a comment ID. Click on the comment ID, and you will then have the option to delete or edit that comment. Please note that you may only

edit or delete comments that you have entered, and this may only be done up until the point that the report is submitted.

Reminder: Use the *Narrative* to provide additional information explaining the outcomes achieved.

4.5   Upload MAI Year-End Annual Report Narrative

You will upload the year-end *Annual Report* Narrative into the Part A **MAI Report** system to HRSA through the MAI System after you have completed data entry in the *Annual Report* sheets. Make sure you clearly identify the document on the "title page" (Grantee name, grant number, FY, *Annual Report* Narrative) and on subsequent pages (header with Grantee name, grant number). Also be sure to insert a footer that includes page numbers (e.g., Page 1 of 4).

1. Click the "Upload Narrative" link under the left-side administration menu.
2. Browse to locate and select the Narrative file (Microsoft Word or WordPerfect files only) and click the "Upload Narrative" button.
3. The system will confirm that the file was uploaded successfully by refreshing the upload window and displaying the following confirmation message in red type:

<div style="color:red; text-align:center; font-weight:bold;">

File uploaded and processed successfully.
Thank you for uploading Narrative document. You document has been successfully uploaded to our database!

</div>

4.6   Validate Report

As you continue through your report, the system will be automatically performing validation check that will check for any errors. There are two types of validation checks.

- <u>Page-Level Validation:</u> This occurs when you click Save or Next Page on a data entry screen of the report, and the system will display any errors thus far in the report. Page-Level validation does not display warnings.
- <u>Report-Level Validation:</u> This occurs when you click "Validate" under the left-side administration menu. The entire report will validate, and the system will display all errors and warnings in the entire report.

Types of failed system-check messages:
- <u>Data Errors:</u> Grantees must correct all data errors before you can submit the *Report* for review (e.g. the sum budgeted amounts cannot exceed the amount of service dollars available.)
- <u>Data Warnings:</u> Grantees are encouraged to correct any data warnings before submitting the *Report* for review. If you do not correct it, a comment explaining the reason for the warning is required in order to submit the report.

4.7   Submit Report for Review

Once you have completed all Web Forms for each service provided to each racial/ethnic group, uploaded your *Annual Report* Narrative, and the data reported has passed validation, you will submit your MAI *Annual Report* to HRSA for review. Click the "Submit" button under the left-side administration menu to complete this process. You will see a "**Submission Successful**" confirmation window when you have successfully submitted your *Annual Report.*

4.8   Download MAI *Annual Report* for your records

You can download a copy of your MAI *Annual Report* with the information you entered in the Web Forms for your records in PDF format.

1. Click on any data entry page.
2. Click on the "Print PDF" link under the left-side administration menu.
3. The PDF will appear in a pop-up page. You can save or print this PDF, identifying it as above.

Important: The PDF file is for your convenience and reference only. It may NOT be used to submit any later changes to your *Plan* or *Annual Report*. **All revisions MUST be submitted through the MAI System Web Forms.**

5   SELECTING CLIENT LEVEL OUTCOMES

Each fiscal year since 2000, Part A Grantees have been required to document client-level health outcomes for MAI-funded services provided to each racial/ethnic community. While Grantees have discretion in selecting client level outcomes, those selected must be consistent with published HRSA guidelines for core medical and related support services.

Most EMAs/TGAs have successfully implemented appropriate client-level health outcome measures and indicators that monitor the quality and effectiveness of MAI-funded services. For any that have not, Grantees must work with their providers and Project Officer to ensure that this is accomplished, in order to assess performance with respect to improving access for minority communities, retaining clients in care, and preventing or slowing disease progression.

Appendix III of these *Instructions* contains a list of recommended outcome indicators for specific core medical and support services that are consistent with HRSA outcomes guidelines and HAB performance measures. Grantees **must** use at least one recommended client level outcome measure for each MAI funded service.

Grantees also may choose to select one or two locally established client-level outcome measures, by selecting "Other" from the drop-down menu provided and typing in the definition. However, measures that are not client-level or appropriate to the particular service category will not be approved. Additionally, in defining a locally established measure, **Grantees should not**: (1) combine two or more measures in one text box; or (2) use "Other" to define an outcome measure that is essentially a rewording of an existing standard outcome measure already listed. For example, please select "Increase in the percent of clients with improved or stable CD4 counts" rather than selecting "Other" and typing in a detailed explanation of a specific target or range of CD4 count improvement, as that information is best reported in the *Plan* Narrative.

Grantees are reminded that the Congress defined support services to mean *"…services, subject to the approval of the Secretary, that* are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as *respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services."* The legislation defines medical outcomes as "*those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.*[3] Thus, in selecting outcomes, Grantees and funded providers should focus on how the service will enable clients to achieve improved medical outcomes (for example, documenting the extent to which MAI-funded Medical Transportation Services will result in a decrease in the number of missed health care appointments and/or an increase in the percentage of clients retained in care.

Technical assistance in selecting HIV/AIDS outcome measures and indicators is available through the National Quality Center and the Ryan White Target Center. Examples of publications include: "Measuring Clinical Performance," available at: http://nationalqualitycenter.org/index.cfm/5659, and "On Your Mark, Get Set, Go," available at: http://www.careacttarget.org/library. For individualized technical assistance, please contact your Project Officer.

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[3] Sections 2604(d)1 and (d)(2) of the PHS Act

6   APPENDIX I: CLIENT DEMOGRAPHIC DATA

The *MAI Report* collects demographic data elements with respect to race and ethnicity and age that are consistent with elements in HRSA's *Ryan White Program Data Report* (RWDR). However, Grantees must submit client-level outcomes data for the *MAI Report,* in order to document progress toward achieving the Part A MAI Grant Program's mandated purpose of reducing disparities in access and health outcomes for disproportionately impacted minority communities.

Therefore, the *MAI Report* is structured to collect: 1) data on specific services provided, clients served and expenditures by race and ethnicity; and 2) unduplicated client counts. Grantees are responsible for submitting these required data, and therefore must ensure that MAI-funded contractors/providers comply in collecting and reporting to the Grantee all required client-level data elements for each service that the contractor provides to each racial/ethnic population being served.

Table I: *MAI Report* Race and Ethnicity Data
Asian
American Indian or Alaskan Native
Black or African American (not Hispanic)
Hispanic or Latino(a)
Native Hawaiian/Other Pacific Islander
White (not Hispanic)
More than one race
Unknown or Unreported

6.1

Table 2: *MAI Report* Gender and Age Data for Each Service Provided to Each Minority Community	
Total Number of Clients Served	Unduplicated Total
Unduplicated Total Number of Women Served	25 years and older
Unduplicated Total Number of Infants Served	< 2 years
Unduplicated Total Number of Children Served	2 to 12 years
Unduplicated Total Number of Youth Served	13 to 24 years

Appendix II: Recommended Service Unit Definitions

CORE MEDICAL SERVICES
Outpatient/Ambulatory Medical Care (health services)
1 unit = 1 Visit
Other (define):
AIDS Drug Assistance Program (ADAP)
1 unit = 1 Prescription
Other (define):
AIDS Pharmaceutical Assistance (local)
1 unit = 1 Prescription
Other (define):
Oral Health Care
1 unit = 1 Oral Health Care Visit
Other (define):
Early Intervention Services
1 unit = 1 Visit
1 unit = 1 Client Encounter
Other (define):
Health Insurance Premium & Cost Sharing Assistance
1 unit = 1 Month Premium or Cost-Sharing Payment
Other (define):
Home Health Care
1 unit = 1 Visit
Other (define):
Home and Community-based Health Services
1 unit = 1 Visit
Other (define):
Hospice Services
1 unit = 1 Day of Hospice Services
Other (define):
Mental Health Services
1 unit = 1 Visit
1 unit = 1 Individual or Group Encounter
Other (define):
Medical Nutrition Therapy
1 unit = 1 Visit
Other (define):
Medical Case Management
1 unit = 1 Medical Case Management Encounter
Other (define):
Substance Abuse Services- Outpatient
1 unit = 1 Visit
1 unit = 1 Individual or Group Encounter
Other (define):

SUPPORT SERVICES
Case Management (non-Medical)
1 unit = 1 Non-medical Case Management Encounter
Other (define):
Child Care Services
1 unit = 1 Child Care Session
Other (define):
Emergency Financial Assistance
1 unit = 1 Assistance Voucher or Assistance Payment
Other (define):
Food Bank/Home Delivered Meals
1 unit = 1 Meal or 1 Bag of Groceries
Other (define):
Health Education/Risk Reduction
1 unit = 1 Individual or Group Encounter
Other (define):
Housing Services
1 unit = 1 Day of Housing
1 unit = 1 Housing Related Service
Other (define):
Legal Services
1 unit = 1 Client Encounter
1 unit = 1 Individual or Group Encounter
Other (define):
Linguistic Services
1 unit = 1 Individual or Group Encounter
Other (define):
Medical Transportation Services
1 unit = 1 one-way trip or medical transportation voucher
Other (define):
Outreach Services
1 unit = 1 Individual or Group Encounter
1 unit = 1 Client Contact
Other (define):
Psychosocial Support Services
1 unit = 1 Individual or Group Encounter
Other (define):
Referral to Health Care/Supportive Services
1 unit = 1 Client Contact
Other (define):

Rehabilitation Services
1 unit = 1 Visit
Other (define):
Respite Care
1 unit = 1 Session of Respite Care
Other (define):
Substance Abuse- Residential Services
1 unit = 1 Day of Residential Substance Abuse Treatment Services
Other (define):
Treatment Adherence Services
1 unit = 1 Individual or Group Encounter
Other (define):

7 APPENDIX III: RECOMMENDED CLIENT LEVEL OUTCOMES BY SERVICE CATEGORY

The table below provides examples of recommended HIV/AIDS client-level outcome measures that are consistent with published HRSA guidelines referenced in these Reporting Instructions. The services are grouped into Core Medical and Support Services that are allowed under the Part A Ryan White Program, including the Minority AIDS Initiative. To ensure the appropriateness of MAI outcomes measures and improve consistency across EMAs/TGAs in documenting progress toward slowing/preventing disease progression, Grantees are expected and strongly encouraged to consider using at least one recommended outcome for each funded MAI funded service.

Part A MAI Standard Outcome Measures for Core Medical Services
Outpatient/Ambulatory Medical Care (health services)
Increase the percentage of new clients whose initial medical evaluation meets age and gender-specific PHS Clinical Guidelines for HIV/AIDS
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Increase in the percentage of women clients that are receiving annual Pap smear
Decrease in the percentage of clients served experiencing an AIDS-defining opportunistic disease
Decrease in the percentage of clients served who experience an HIV/AIDS-related hospitalization
AIDS Drug Assistance Program (ADAP)
Increase in the number of clients with access to prescribed HIV/AIDS medications
Increase in the percentage of clients with access to prescribed HIV/AIDS medications consistent with PHS Treatment Guidelines
Decrease in the percentage of clients served experiencing an AIDS-defining opportunistic disease
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
AIDS Pharmaceutical Assistance (local)
Increase in the number of clients with access to prescribed HIV/AIDS medications
Increase in the percentage of minority clients with access to prescribed HIV/AIDS medications consistent with PHS Treatment Guidelines
Decrease in the percentage of clients served experiencing an AIDS-defining opportunistic disease
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results

Part A MAI Standard Outcome Measures for Core Medical Services

Oral Health Care

Increase in the percentage of clients who are accessing oral health/dental services

Increase in the percentage of clients who are able to maintain good nutritional status following treatment of oral pain and oral disease

Decrease in the percentage of clients served experiencing an AIDS-defining opportunistic disease

Early Intervention Services

Increase in the number and percent of PLWH who know their HIV status

Among PLWH who know their status, an increased percentage are successfully linked to HIV/AIDS medical care

An increased percentage of clients who know their HIV status will remain in care

Increase in the percentage of clients with improved or stable CD4 counts

Increase in the percentage of clients with improved or stable viral load test results

Health Insurance Premium & Cost Sharing Assistance

Increase in the percentage of clients who maintain their health insurance

Increase in the percentage of clients who are accessing health insurance including prescription medication coverage

Increase in the percentage of clients with improved or stable CD4 counts

Increase in the percentage of clients with improved or stable viral load test results

Home Health Care

Increase in the percentage of clients who are receiving this service based on a written plan of care established by an appropriate and licensed health care team

Decrease in the percentage of clients served experiencing an HIV/AIDS-related hospitalization

Decrease in the percentage of clients served experiencing an HIV/AIDS- related emergency room visit

Increase in the percentage of clients with improved or stable CD4 counts

Increase in the percentage of clients with improved or stable viral load test results

Home and Community-based Health Services

Increase in the percentage of clients who are receiving this service based on a written plan of care established by an appropriate and licensed health care team

Decrease in the percentage of clients served experiencing an HIV/AIDS- related emergency room visit

Part A MAI Standard Outcome Measures for Core Medical Services
Decrease in the percentage of clients served experiencing an HIV/AIDS-related hospitalization
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Hospice Services
Increase in the percentage of clients able to remain at home while receiving appropriate medical and related supportive services at the end stage of illness
Increase in the percentage of clients at end stage who are medically evaluated for AIDS-related salvage therapies consistent with PHS Guidelines
Mental Health Services
Increase in the percentage of clients with mental health condition/illness who are successfully linked to licensed mental health services
Increase in the percentage of clients with mental health condition/illness who comply with or complete their mental health treatment plan.
Increase in the percentage of clients with mental health conditions who are remaining in HIV/AIDS medical care
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Medical Nutrition Therapy
Increase in the percentage of clients counseled on dietary issues
Decrease in the percentage of clients with wasting syndrome
Increase in the percentage of clients maintaining healthy weight status
Increase in the percentage of clients with diagnosed nutritional needs who are accessing necessary nutritional supplements
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results

Medical Case Management
Among new clients who are out of care, an increase in the percentage who receive an initial HIV/AIDS medical evaluation within 2 weeks of completing intake.
Increase in the percentage of client files containing a case management plan consistent with established standards that includes a medical treatment plan
Increase in the percentage of clients who receive treatment adherence counseling
Among clients receiving antiretroviral (ARV) medications, an increase in the percentage of clients who adhere to their prescribed medication regimen
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Increase in the percentage of clients retained in care
Decrease in the percentage of clients lost to follow-up
Among clients whose substance abuse and/or mental health evaluation indicates a service need, an increased percentage receive appropriate follow-up.

Substance Abuse Services- Outpatient
Increase in the percentage of clients with a substance abuse diagnosis who enter and complete an outpatient substance abuse treatment program
Increase in the percent of clients with addictions who remain in medical care
Decrease in the percentage of clients experiencing AIDS-defining opportunistic disease
Increase in the percentage of clients retained in care
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results

Part A MAI Standard Outcome Measures for Support Service Categories

Case Management (non-Medical)

Increase in the percentage of clients receiving advice and assistance in obtaining medical, social, community, legal, financial, and other needed services

Increase in the percentage of clients retained in care

Increase in the percentage of clients with improved or stable CD4 counts

Increase in the percentage of clients with improved or stable viral load test results

Child Care Services

Increase in the percentage of HIV+ clients with children who keep medical or other care-related appointments

Increase in the percentage of clients retained in care

Emergency Financial Assistance

Increase in the percentage of clients retained in care

Food Bank/Home Delivered Meals

Increase in the percentage of clients receiving food/meals needed to help meet their daily living needs

Increase in the percentage of clients maintaining healthy weight status

Increase in the percentage of clients adherent to treatment regimens that require medications taken with food

Increase in the percentage of clients retained in care

Health Education/Risk Reduction

Increase in the percentage of clients who are educated about HIV transmission and how to reduce the risk of transmission.

Increase in the percentage of clients who are educated about available medical, psycho-social support services

Increase in the percentage of clients retained in care

Housing Services
Increase in the percentage of clients in stable housing
Increase in the percentage of clients retained in care

Legal Services
Increase in the percentage of clients receiving powers of attorney, medical directives, and interventions necessary to ensure access to eligible benefits
Increase in the percentage of clients retained in care

Linguistic Services
Increase in the percentage of clients receiving interpretation and translation services needed to support the provision of HIV/AIDS health care and related support service
Increase in the percentage of clients retained in care

Medical Transportation Services
Decrease in the number of missed health care appointments
Increase in the percentage of clients retained in care

Outreach Services
Increase in the number of clients who know their HIV status
Increase in the number of clients entering care at an earlier stage of illness

Psychosocial Support Services
Increase in the percentage of clients with identified HIV support group and caregiver support group needs are receiving these services
Among clients receiving psychosocial support services, an increased percentage are being retained in care

Referral to Health Care/Supportive Services
Increase in the percentage of clients referred to appropriate HIV/AIDS health care and supportive services
Increase in the percentage of clients linked to HIV/AIDS health care and supportive services as measured by kept initial appointments
Increase the percentage of clients retained in care

Rehabilitation Services
Increase in the percentage of clients receiving rehabilitation services from a licensed or authorized provider in accordance with an individualized plan of care
Increase in the percentage of clients that are able to perform activities of daily living and self-care

Respite Care
Among caregivers receiving respite care services, an increase in the percentage able to continue serving as the primary caregiver
Increase in the percentage of HIV+ clients being cared for at home
Decrease in the percentage of clients requiring institutional care

Substance Abuse- Residential Services
Increase in the percentage of clients with substance abuse diagnosis who enter and complete an inpatient substance abuse treatment program
Increase in the percentage of clients retained in care
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Decrease in the percentage of clients experiencing AIDS-defining opportunistic disease
Decrease in the percentage of clients experiencing an HIV/AIDS related emergency room visit
Increase in the percentage of HIV+ clients with substance abuse diagnosis who are receiving medical care

Treatment Adherence Services
Increase in the percentage of clients who receive treatment adherence counseling
Among clients receiving antiretroviral (ARV) medications, an increase in the percentage of clients who adhere to their prescribed medication regimen
Increase in the percentage of clients with improved or stable CD4 counts
Increase in the percentage of clients with improved or stable viral load test results
Increase the percentage of clients retained in care