Part A Ryan White Program

2016 PROGRAM TERMS REPORTING INSTRUCTIONS

Ryan White Program Part A Recipient:

The FY 2016 Part A Notice of Award (NoA) stated that the Division of Metropolitan HIV/AIDS Programs (DMHAP) would contact you about the **Program Terms Report.** This guidance provides instructions on preparing and submitting this report.

Program Terms Report

The Program Terms Report is a single report that all recipients are required to submit as a requirement for the FY 2016 Part A Award. It combines all program term requirements into one report. The report must include all of the following program term requirements:

1) **Part A & MAI Planned Allocations Table** and a signed letter from Planning Council Chair(s) endorsing priorities and allocations;

2) **Planning Council Membership Roster and Reflectiveness;**

3) **Budget Information for Non-Construction Programs (SF-424A) and Budget Narrative;**

4) **Implementation Plan (Service Category Table and HIV Care Continuum Table);**

5) **MAI Plan Narrative;**

6) **Consolidated List of Contractors (CLC);**

7) **Contract Review Certification (CRC);**

8) **Local Pharmacy Assistance Program (LPAP) Profile**

Please be advised that all items of the report must be approved before the entire Program Terms Report can be accepted by your Project Officer. If revisions are required for individual report items, the entire report must be resubmitted with the revisions. Also be advised that failure to submit a complete Program Terms Report in a timely manner will result in a condition being added to your Notice of Award and a possible restriction of all grant funds until the requested information is received.

If you require assistance or have questions about the Program Terms Report submission, please contact your DMHAP Project Officer.

Program Terms Report Requirements

Section 1: Part A & MAI Planned Allocation Table and Planning Council Endorsement

- Include the FY 2016 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2016 Part A and MAI funds allocated to each prioritized service category related to Part A eligible Core Medical and Support Services. Use only the

<mark>categories identified on the Table.</mark> **Please ensure that the submission is in Excel table format.** Other formats will not be accepted (e.g., PDF, Word, etc.).

- Include a letter from the HIV Health Services PC Chairperson/co-Chairs, endorsing the allocations and program priorities.

Section 2: Planning Council Membership Roster and Reflectiveness

- A suggested template has been developed for the submission of the Planning Council Membership Roster and Reflectiveness. In this template there are three worksheets, namely "Instructions, PC Roster, and Reflectiveness." For the PC Roster worksheet, respond to the questions has proposed and also note that formula are embedded in the template. The Reflectiveness worksheet, is meant to capture the PC composition has it relates to the EMA/TGA's Prevalence data.   Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY2016 application. The Instructions worksheet provides more directions on how to fill the PC Roster and Reflectiveness worksheet.

Section 3: Revised SF 424A and Budget Narrative

- Complete the revised Budget Information for Non-Construction Programs (SF-424A) form which can be found at http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf.

- <u>Instructions</u> for completing the SF-424A form is located here http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html.

- When completing the budget narrative workbook take note of the following:
    - o The suggested template has been revised to be more comprehensive while keeping burden low. The revised budget narrative workbook consists of worksheets that address the Part A and MAI Administrative and Clinical Quality Management (CQM) budget narratives, a Planning Council Support budget narrative, a Budget Summary snapshot, and Instructions for completing the revised budget narrative.

    - o Each of the specific budget narrative worksheets should describe and justify how every item with a cost associated under each object class category, makes a contributing impact and supports the overall Part A HIV service delivery system. <u>This information should be captured in the budget narrative workbook where a description/justification is requested.</u> This is an integral part of the budget narrative workbook, as it provides crucial information and should clearly explain how the activities impact the Part A HIV service delivery system. More detail on each of the object class categories is included below.
        - For example, under the Personnel Object Class Category for a particular budget narrative worksheet, the description/justification for a Quality Manager could state the following: "The Quality Manager monitors sub-contracted quality management services and assesses chart reviews and data reports submitted by providers in the TGA. The Quality Manager provides oversight of quality assurance activities to ensure appropriate data reporting to the recipient for HRSA grant requirements and providers feedback to the Ryan White Program Manager."

- o There is new guidance related to the use of Ryan White Part A grant funds for administrative expenses. Please refer to the new Policy Clarification Notice (PCN) #15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D when preparing your budget and the associated Frequently Asked Questions).

- Additional Information:
  - o The amounts listed in the budget narrative table should match the following:
    - SF 424A form,
    - Notice of Award, and,
    - Part A and MAI Allocations Table
  - o The black highlighted areas should NOT be completed
  - o Only rows can be added, NOT columns

- Object Class Category Details:
  - o **Personnel:** All costs must include the name and position title. The annual salary, program FTE and program salary subtotal must be listed for each personnel with adequate justification clearly explaining how the roles impact the Part A HIV service delivery system. According to the General Provision in Sec. 202 in the Consolidated Appropriations Act, 2016, none of the funds appropriated shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II ($185,100).

  - o **Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project if an individual's base salary exceeds the legislative salary cap (i.e., $185,100), adjust fringe proportionally.

  - o **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. Please include travel to the 2016 National Ryan White Conference on HIV Care and Treatment.

  - o **Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of $5,000 or more). For example, items like digital dental panoramic x-ray unit or refrigerated van to deliver meals. Equipment purchases can only be made with written prior approval.

  - o **Supplies:** List the items that the program will use to implement the proposed project.

o   **Contractual:** Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Reminder: recipients must notify potential sub recipients that entities receiving sub awards must be registered in SAM and provide the recipient with their DUNS number.

- **All contracts** must be listed on the Contractual line of the SF 424A, including contracts for Administration, Quality Management, and HIV Services for Part A Formula, Supplement and MAI funds.

NOTE: If recipients contract PC support services then this should be identified as a line item under the contractual object class category in the Part A Admin Budget Narrative.

o   **Other:** Include all costs that do not fit into any other category and provide an explanation of each cost in this category.
Please provide the planning council support budget total amount and justification as indicated in the Part A Administrative Budget Narrative worksheet.

o   **Indirect Costs:** Indirect Costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost for operating and maintaining a facilities, depreciation and administration salaries. For some institutions, the term "facilities and administration" is used to denote indirect costs. If indirect costs are included in the budget, please attach a copy of the indirect cost agreement applicable to the budget period.

Additional information on the Object Class Category definitions can be found at www.grants.gov.

Section 4: FY 2016 Part A Implementation Plan Instructions

- The Implementation Plan is comprised of two main components: (1) Implementation Plan: Service Category Table and the (2) Implementation Plan: HIV Care Continuum Table.

1. **Implementation Plan - Service Category Table:** The service category table illustrates how core medical and support services will be provided in the EMA/TGA. It is comprised of the service categories prioritized and funded by planning council or through local community planning processes. The objectives describe the specific end results that a service or program is expected to accomplish within a given time period and represent activities which have the greatest direct impact on the stages of the HIV Care Continuum. A service category may be related to more than one stage on the continuum. For example, Outpatient Ambulatory Medical Care impacts Linkage to Care, Retained in Care and Virally Suppressed.

2. **Implementation Plan - HIV Care Continuum Table:** Provides details of the Part A HIV Care Continuum in the jurisdiction. The table is comprised of the stages in the HIV Care Continuum, the Goal related to the stage, the Outcome related to the stage and a list of service categories utilized to achieve the goal related to the stage. A separate goal must be created for each stage of the HIV Care Continuum, and should be a broad statement that defines what will be accomplished and should state the impact on a stage of the HIV Care Continuum. Each stage also must have an outcome. The outcome must be one of the seven common core HHS indicators or one of the HAB

Core performance measures related to the stage of the HIV Care Continuum. The outcomes must include baseline data and an established target. The baseline and target must be expressed as a numerator and denominator as well as the percent. The service categories related to the stage of the continuum are the final components of the table. This is a list of one or more service categories that will be funded to achieve the targets described in the outcome. The services categories should be the same as those in the Implementation Plan: Service Categories (1) above.

FY 2016 Part A Implementation Plan Instructions:

Service Category Table

- The FY 2016 Implementation Plan should reflect each Core Medical and Support service category funded for the grant year. A separate table must be completed for each funded service category for both Ryan White Part A and MAI funded services. Complete an Implementation Plan table for each funded service category and arrange them in the following order: Part A Core Medical Services, Part A Support Services, MAI Core Medical Services, and MAI Support Services. For each service category listed in the Implementation Plan, provide one or more service goals with no more than three time-limited objectives. A sample of a completed Implementation Plan form is provided **(Appendix 1)**.

    For each funded service category complete the following:

    o **Reporting Requirement:** This form will be utilized for the Program Terms Report and the Annual Progress Report. At the top of the form, check the appropriate box for which Reporting Requirement you are responding.

    o **Recipient Name:** Provide the name of the recipient as provided in the grant application.

    o **Fiscal Year:** FY 2016.

    o **Budget Period:** March 1, 2016 – February 28, 2017

    o **Time Frame:** March 1 - February 28. In the event, you anticipate a different timeframe for any of the service categories, report it in Timeframe and contact your project officer.

    o **Funding Source:** Designate the funding source for the service category by checking the appropriate box. Only one box may be checked per table.

    o **Service Category Name:** Provide the name of the funded Core Medical or Support Service. Service Categories should reflect the funded service categories as indicated in the RWHAP Part A and MAI Planned Allocation Table. The Service Category must support the specific goal(s) in the current Comprehensive Plan and the HIV Care Continuum.

    o **Service Category Priority Number:** Based on the Allocation Table, provide the prioritized number of the service.

    o **Race/Demographics Category:** If funds will be used for MAI Core or Support services check one of the boxes indicating what race the service category will be utilized for (African American, Hispanic, Asian, or Native American, Other). **Note:** for every service category funded with MAI

dollars, recipients are expected to develop separate service category tables for each race/ethnicity targeted.

o **Total Service Category Funds:**
- **Allocation**: Provide the total amount of funds, RWHAP Part A or Minority AIDS Initiative (MAI) allocated for this service category. For the submission of Program Terms report, fill out only the allocation section.

- **Expenditure:** For use when responding to Annual Progress Report. Provide the total amount of RWHAP Part A funds and Minority AIDS Initiative (MAI) funds expended for this service category (use when responding to Annual Progress Report). This section will be completed for the Annual Progress report submission.

o **Current Comprehensive Plan**: Provide the specific goal in the current Comprehensive Plan related to that the Service Category and Objective(s).

o **Service Category Goal**: Provide the overall purpose of the funded service category. The Service Goal must support the specific goal(s) in the current Comprehensive Plan and the HIV Care Continuum Table. A goal is a broad statement that defines what you want to accomplish, and should provide the framework for the objectives. In the 2016 Implementation Plan's: HIV Care Continuum Table, the goals are directly connected to how the Ryan White Program will impact the HIV Care Continuum. It should be a declarative statement, free of jargon, concise, easy to understand, and written in positive terms.

o **Section 1: Objectives**: Provide at least one SMART objective that specifically describes how the Service Goal will be accomplished. An objective is a measureable target that describes specific end results that the service or program is expected to accomplish within a given time period. It answers the question, "How will you accomplish your goals?" Objectives are narrow and concrete.

The SMART objective(s) is used to support the Service Goal. SMART objectives are:

- **Specific**—Identifying target population and activity
- **Measurable**—Indicating how much or how many
- **Attainable**—must be realistically accomplished using resources provided
- **Realistic**—addressing and establishing reasonable programmatic steps
- **Time-Sensitive**—indicating a timeline during which the objective will be accomplished.

o **Section 2: Service Unit Definition:** Provide the name and definition of the unit of service to be provided. Recipients must select a HRSA recommended Service Unit Definition listed in **Appendix 3**.

o **Section 3: Quantity:**
- **Total Number of People to be Served:** Identify the target number of unduplicated clients to be served during the grant year. The actual number of unduplicated clients served will be reported Annual Progress Report.

- **Total Number of Service Units to be Provided:** Identify the target number of service units to be provided during the grant year. The actual number of service units provided will be reported on the Annual Progress Report. The number of unduplicated clients and service units should be reasonable given the objective and allocated funding amount.

- **Section 4: Funds:** Provide the approximate amount of all RWHAP Part A funds to be used for each objective by funding source. RWHAP Part A funding sources include Part A or Minority AIDS Initiative funding. Where multiple objectives exist beneath one service goal, break out the estimated amount of funding by each individual objective listed.

  - **Allocation:** Provide the total amount of RWHAP Part A funds or Minority AIDS Initiative (MAI) allocated for this objective. For the submission of Program Terms report, fill out only the allocation section.

  - **Expenditure:** The total amount of RWHAP Part A funds or Minority AIDS Initiative (MAI) funds expended for this objective will be completed for the Annual Progress report submission.

- **Section 5: Outcomes:** Based on the objective(s) in Section 1, select at least one outcome to be reported. An outcome assesses performance in improving health outcomes and ultimately viral load suppression. It reflects the results of a program compared to its intended purpose; it quantifies or measures the results of services delivered. Client level outcomes are selected from the drop down menu found to the right of line 5a, 5b, and 5c. Definitions for the outcomes measures can be found with hyperlinks in **Appendix 2** in these instructions. For more information on performance measurement, contact your Project Officer.

- **Section 6: HIV Care Continuum:** Select the stage(s) of the HIV Care Continuum that will be impacted by the service category. This service category should be listed in the corresponding stages on the Implementation Plan: HIV Care Continuum Table.

FY 2016 Part A Implementation Plan Instructions:

HIV Care Continuum Table

- **For each category complete the following:**
  - **Recipient:** Provide the name of the recipient as provided in the grant application.

  - **Fiscal Year:** FY 2016.

  - **Time Frame:** March 1 - February 28. If you anticipate a different timeframe for any of the service categories, contact your project officer.

  - **Stages of the HIV Care Continuum** using the HHS indicators as described below:

    - **HIV-Diagnosed:** Diagnosed HIV prevalence in a jurisdiction; the known/reported cases of HIV infection, regardless of AIDS (stage 3 HIV infection) status. This number does not include the number of persons undiagnosed. This only includes the cumulative number of persons reported to the surveillance system through the end of a given year, minus the cumulative number of persons who have been reported as having died.

- **Linkage to Care:** The percentage of people diagnosed with HIV in a given calendar year that had one or more documented medical visit, viral load or CD4+ test within three months of diagnosis. This measure has a different denominator than all other measures in the continuum. The denominator is the number diagnosed with HIV infection (regardless of AIDS status) in a given calendar year.

- **Retained in Care:** The percentage of diagnosed individuals who had two or more documented medical visits, viral load or CD4+ tests, performed at least three months apart in the observed year.

- **Antiretroviral Use:** The number of people receiving medical care and who have a documented ART prescription in their medical records in the measurement year.

- **Viral Load Suppression:** The percentage of individuals whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

For more information on the HIV Care Continuum and the HHS Core Indicators, please see:

- ❖ "Understanding the HIV Care Continuum" CDC Fact Sheet

- ❖ Common Indicators for HHS Funded HIV Programs and Services

- ❖ HIV/AIDS Care Continuum on AIDS.gov

- **Goals** are directly connected to how the Ryan White Program will impact the HIV Care Continuum. For information on writing goals, see Service Goals above.

- **Outcomes** are essential to measuring how the Ryan White Program is impacting the HIV Care Continuum. The outcomes associated with each stage of the Continuum are listed in Section 3. The definitions of the outcomes are found in **Appendix 2**. The Baseline is the current percentage at the beginning of the Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure described in **Appendix 2**.

  The Target is the percentage the program plans to achieve by the end of Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure described in **Appendix 2**.

  The Actual is the percentage the program has achieved by the end of Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure described in **Appendix 2**.

- List the **Service Category** or categories that will impact the care continuum. The categories listed in this column should correspond with the HIV care continuum Stages chosen on the Service Category Tables.

Section 5: MAI Plan Narrative

- Include a narrative describing the plan for the 2016 Minority AIDS Initiative (MAI) funded service categories. In the narrative, 1) describe any changes on minority populations served, based on what

was identified in the 2016 application submitted, and 2) provide justification and/or rationale for any changes from the populations (i.e., by race/ethnicity) served or service categories funded in the application, including populations served and service categories funded that might not have been included in the application. Be sure to provide sufficient explanation on how MAI funded service categories and populations served are unique from other Part A funded services.

Section 5: Consolidated List of Contractors (CLC)

- Include the list of contracts for all providers receiving Ryan White Part A Program funded contracts. Provide the **contract amount for each service category and identify executed contracts as of the date of submission.**

Section 6: Contract Review Certification (CRC)

- Include a signed Contractor Review Certification (CRC) using the form (Attachment).
  Note: The total amount awarded for contracts should be reflected using the table at the top of the form. A new row has been added to the table, asking for the funding amounts of unexecuted contracts. The grand total of the table should include all direct services, administrative and quality management contracts (Part A and MAI). The form must be signed by the recipient's fiscal official for all contracts administered by the recipient.

Section 7: Local Pharmacy Assistance Program (LPAP)

- This section is **applicable** only to recipients funding LPAP with Part A funding and should be **limited to 3 pages or less**.

- A Local Pharmaceutical Assistance Program (LPAP) is an allowable Ryan White HIV/AIDS Program (RWHAP) core medical service. The purpose of an LPAP is "…to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for prevention and treatment of opportunistic infections."

  > **Note:** An LPAP is not a substitute for the ADAP. It is to provide medications when the ADAP is not meeting the needs of the clients of the EMA/TGA, specifically based on financial eligibility requirements and/or formulary restrictions. Outside of these two instances, funds from other service categories (e.g., Emergency Financial Assistance) should be utilized for drug provision in lieu of LPAP funds. See the LPAP Clarification Program Letter and Frequently Asked Questions for reference.

- **Description of the LPAP Profile**

- Provide a narrative that describes the Local Pharmaceutical Assistance Program. The narrative should include the following:
  - **A Statement of Need**, which supports and justifies the prioritization and allocation of funds to the LPAP service category in the EMA/TGA. At a minimum, it should describe the following:
    a. Inability of the State ADAP to meet the medication needs of EMA/TGA clients, e.g. wait list,
    b. Payor of Last Resort, describe the process in place ensuring the Local Pharmaceutical AIDS Program is payor of last resort.

- **Structure of the LPAP Profile**
  - Describe the **structure of the LPAP** and how it complies with National Monitoring Standards for Ryan White Part A Program. It should include a description of the following components:
    1. An advisory board, include structure/membership, relationship to ADAP Advisory Committee, etc.
    2. A formulary, describe similarities/difference to State ADAP formulary, number of Drugs, etc.
    3. The eligibility and enrollment process includes the number of clients enrolled, number of clients served per month, expenditure caps, program limits, etc.
       a. Medical eligibility (i.e., CD4 Count, Viral Load)
       b. Financial eligibility (i.e., Ceiling as a % of FPL, Annual Income, recertification, and insurance)
    4. How LPAP coordinates with other pharmaceutical benefits programs (e.g., ADAP, Medicare, Medicaid, etc.)
    5. The cost savings strategies used to ensure "best price" to maximize resources, i.e. 340B Drug Pricing Program, Prime Vendor Program, dispensing fee, administrative fee, other pharmacy discount etc.
    6. The drug distribution and recordkeeping system (i.e., procurement, delivery system, linkage to ADAP and oversight).

Appendix 1

<table>
<tr><td colspan="6" align="center">**Ryan White Part A Implementation Plan: Service Category Table**</td></tr>
<tr><td colspan="3">☑ **Program Terms Report**</td><td colspan="3">☐ **Annual Progress Report**</td></tr>
<tr><td colspan="6">**Recipient Name:** Recipient XXX</td></tr>
<tr><td colspan="6">**Fiscal Year:** 2016</td></tr>
<tr><td colspan="3">**Budget Period:** March 1, 2016 - February 28, 2017</td><td colspan="3">**Time Frame:** March 1, 2016 - February 28, 2017</td></tr>
</table>

Service Category Name: Outpatient Ambulatory Medical Care	☑ Part A Core	☐ Part A Support	☐ MAI Core	☐ MAI Support		Total Serice Category Funds	
						Allocation	Expenditure

Race/Ethnicity (for MAI funded service only):		☐ African American	☐ Hispanic	☐ Asian	☐ Native American	☐ Other

Service Category Priority Number: 1	**Current Comprehensive Plan Strategy:** Increase Access to Care for PLWHA / Improve Health Outcomes for PLWHA / Reduce HIV-related Health Disparities	$7,186,375.00	

Service Category Goal: Improve health outcomes by providing HIV/AIDS-related outpatient medical care consistent with local, state, and Public Health Service (PHS) guidelines and HRSA's HAB HIV/AIDS Core Performance Measures, as may be amended, to Ryan White Program-eligible clients living in the TGA.

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
		Target	Actual	Target	Actual	Allocation	Expenditure
a. By February 28, 2017, at least 42% of the total (approx. 10,500) HIV+ clients served in the EMA will be established Part A HIV+ clients who have had at least one (1) medical visit.	1 unit = 1 medical visit	4,411		29,963		$5,389,781.00	
b. By February 28, 2017, at least 14% of the total (approx. 10,500) HIV+ clients served in the EMA will be new HIV+ clients (e.g., those who were never in care or were lost to care, including those who are newly diagnosed) who have had at least one (1) medical visit.	1 unit = 1 medical visit	1,486		6,683		$1,796,594.00	
c.							

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)					
a. (Pick Outcome from dropdown list in the cell to the right)	**HAB Core Measures: HIV Medical Visit Frequency**	**Baseline:** Numerator/Denominator, % 2121 / 4129, 51%	**Target:** Numerator/Denominator, % 4423 / 5897, 75%	**Actual:** Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)	**HAB Core Measures: HIV Viral Load Suppression**	**Baseline:** Numerator/Denominator, % 3766 / 4922, 77%	**Target:** Numerator/Denominator, % 4718 / 5897, 80%	**Actual:** Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %	

6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable

☐ Diagnosed	☑ Linked to Care	☑ Retained in Care	☐ Prescribed Antiretroviral Therapy	☐ Virally Suppressed

Ryan White Part A Implementation Plan: HIV Care Continuum Table				
Recipient Name: Recipient XXX		**Fiscal Year: 2016**	**Time Frame: March 1, 2016 - February 28, 2017**	
Stages of the HIV Care Continuum	**Goal**	**Outcome**		**Service Category (One or more may apply)**
I. Diagnosed	Increase the number of clients who are newly diagnosed and aware of their HIV status	HIV Positivity*			Outreach Services, in collaboration with the Department of Health (RWP Part B) for the increase from 9,655 to 10,500 clients
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		EMA HIV/AIDS Prevalence: 100%, 26,042/26,042 Part A HIV/AIDS Prevalence: 100%, 9,655/9,655	EMA HIV/AIDS Prevalence: 100%, 26,500/26,500 Part A HIV/AIDS Prevalence: 100%, 10,500/10,500		
II. Linked to Care	Increase in the percentage of clients linked to medical care	Linkage to HIV Medical Care*			Outpatient Medical Care (OMC), Medical Case Management (MCM), Oral Health Care (OHC), Health Insurance Services (HIS), Residential and Outpatient Substance Abuse Counseling (SAC-R and SAC-O), Mental Health Therapy (MHT), Food Bank (FB), Prescription Drugs (Rx), Medical Transportation (MT), Outreach, Legal Services
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		71%, 999/1,411 (HIV/AIDS Incidence)	85%, 1,275/1,500 (HIV/AIDS Incidence)		
III. Retained in Care	Increase in the percentage of clients retained in medical care	Retention in HIV Medical Care*			OMC, MCM, MT, Rx, SAC-R, SAC-O, OHC, HIS, FB, MHT, Legal, Outreach
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		65%, 6,233/9,655	90%, 9,450/10,500		
IV. Prescribed ART	Increase in the percentage of clients with access to prescribed HIV/AIDS medications consistent with DHHS/PHS Treatment Guidelines	Antiretroviral Therapy (ART) Among Persons in HIV Medical Care*			OMC, Rx, MCM, HIS
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		77%, 7,478/9,655	80%, 8,400/10,500		
V. Virally Suppressed	Increase in the percentage of clients with a viral load of <200 copies mL	Viral Load Suppression Among Persons in HIV Medical Care*			OMC, Rx, MCM, HIS
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		62%, 5,985/9,655	80%, 8,400/10,500		
* HHS Measures can be found at http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf					
** HAB Core performance measures can be found at: http://hab.hrsa.gov/deliverhivaidscare/coremeasures.pdf					

Appendix 2:

Performance Measures for Core Medical Services
Outpatient/Ambulatory Medical Care (health services)
[HAB Core Measures](#)
[HHS Retention Measure](#)
AIDS Drug Assistance Program (ADAP)
[HAB ADAP Measures](#)
[HAB](#) / [HHS Viral Suppression Measure](#)
AIDS Pharmaceutical Assistance (local)
[Modified HAB ADAP measures](#) (i.e. clients enrolled in the LPAP)
[HAB](#)/ [HHS Viral Suppression Measure](#)
Oral Health Care
[HAB Oral Care Measures](#)
Early Intervention Services
[HAB](#)* / [HHS Retention Measures](#)
[HAB](#)/ [HHS Linked to Care Measure](#)
[HAB Systems-Level Measures](#)
[HAB](#)/ [HHS Viral Suppression Measures](#)
Health Insurance Premium & Cost Sharing Assistance
[HAB](#)* [HHS Retention Measures](#)
[HAB](#)/ [HHS Viral Suppression Measures](#)
[HAB](#)/ [HHS Antiretroviral Therapy Measures](#)
Home Health Care
[HAB](#)*[HHS Retention Measures](#)
[HAB](#)/ [HHS Viral Suppression Measures](#)
Home and Community-based Health Services
[HAB](#)*/ [HHS Retention Measures](#)
[HAB](#)/ [HHS Viral Suppression Measures](#)
...es
[HAB](#)*/ [HHS Retention Measures](#)
Mental Health Services
[HAB](#)*/ [HHS Retention Measures](#)
[HAB](#)/ [HHS Viral Suppression Measures](#)
Medical Nutrition Therapy
[HAB](#)*/ [HHS Retention Measures](#)
Nutrition Care Plan (adapt [HAB MCM Care Plan Measure](#), i.e. Percentage of clients receiving medical nutrition therapy who had a nutrition care plan developed and/or updated two or more times in the measurement year)
Percentage of those receiving medical nutrition therapy that have normal BMI or other anthropometric measures at end of measurement year
Medical Case Management

Performance Measures for Core Medical Services
HAB*/ HSS Retention Measures
HAB/ HHS Antiretroviral Therapy Measures
HAB/ HHS Viral Suppression Measures
HAB MCM Measures
Substance Abuse Services- Outpatient
HAB*/ HHS Retention Measures
HAB/ HHS Antiretroviral Therapy Measures
HAB/ HHS Viral Suppression Measures
Substance Use Care Plan Measure (adapt HAB MCM Care Plan Measure, i.e. Percentage of clients receiving substance abuse services who had a substance abuse care plan developed and/or updated two or more times in the measurement year)

Appendix 2: continued

Performance Measures for Support Service Categories
Case Management (non-Medical)
HAB*/ HHS Retention Measures
HAB/ HHS Viral Suppression
Child Care Services
HAB*/ HHS Retention Measures
Emergency Financial Assistance
HAB Core Measures
HHS HIV Indicators
Food Bank/Home Delivered Meals
Percentage of clients identified as having food insecurity that received service
Percentage of clients that received service who had at least one medical visit in each 6-month period of the 24-month measurement period (modified HIV Medical Visit Frequency measure)
HAB*/ HHS Retention Measures
Health Education/Risk Reduction
HAB*/ HHS Retention Measures
HAB/ HHS Viral Suppression
Housing Services
HHS Housing Measure
HAB Systems-Level Housing Measure
HAB*/ HHS Retention Measures
HAB/ HHS Viral Suppression
Legal Services
HAB*/ HHS Retention Measures
HAB/ HHS Viral Suppression
Linguistic Services

Performance Measures for Support Service Categories

Core Medical Services

Outpatient/Ambulatory Medical Care (health services)

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
1 unit = 1 Client Encounter
Other (define):

Health Education/Risk Reduction
1 unit = 1 Individual or Group Encounter
Other (define):

Health Insurance Premium & Cost Sharing Assistance
1 unit = 1 Month Premium or Cost-Sharing Payment
Other (define):

Housing Services
1 unit = 1 Day of Housing
1 unit = 1 Housing Related Service
Other (define):

Home Health Care
1 unit = 1 Visit

Home and Community-based Health Services
1 unit = 1 Visit

Legal Services
1 unit = 1 Individual or Group Encounter
Other (define):

Hospice Services
Other (define):

Linguistic Services
1 unit = 1 Individual or Group Encounter
Other (define):

Mental Health Services
1 unit = 1 Visit

Medical Transportation Services
1 unit = 1 one-way trip or medical transportation voucher
Other (define):

Medical Nutrition Therapy

Outreach Services
1 unit = 1 Individual or Group Encounter
Other (define):

Medical Case Management
1 unit = 1 Medical Case Management Encounter
Other (define):

Psychosocial Support Services
1 unit = 1 Individual or Group Encounter
Other (define):

Substance Abuse Services-Outpatient
1 unit = 1 Visit

Referral to Health Care/Supportive Services
1 unit = 1 Client Contact
Other (define):

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