SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024 – February 28, 2025
Service Category:	Medical Case Management
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert	**FY 24/25 TOTAL**
Proposed Number of Clients	29			55			**84**
Proposed Number of Visits = Regardless of number of transactions or number of units	88			165			**253**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	350			658			**1008**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities: Needs Assessment and Individualized Service Plan** **Implementation Activity #1-1:** An RN Case Manager meets with client for initial assessment, which is comprised of a comprehensive checklist of	1, 4	03/01/24-02/28/25	Initial Assessment will be documented in ARIES/HCC and the client's medical record ISP will be documented in ARIES/HCC and the client's

psychosocial and healthcare needs. **Implementation Activity #1-2:** The RN Case Manager works with client to create a coordinated, Individualized Service Plan (ISP). ● Meets with clients during the year to discuss goals and benchmarks achieved in care plan, and make any necessary revisions or additions. ● Check-in calls to the patient will be provided in between client visits. ●The plan will be discussed and updated as need, at least every 6 months.			medical record The RNCM will document quarterly visits and check in calls within the Care Plan.
Element #2: **Activities: Adherence Monitoring and Support** **Implementation Activity #2-1:** Adherence case management and counseling ● Provide adherence tools and education to increase patient literacy about HIV and the importance of ART adherence which will be delivered in both written and verbal forms. ● Assess specific barriers to adherence and develop motivation and skills needed to overcome barriers. ● Develop effective strategies to overcome obstacles to adherence. **Implementation Activity #2-2:** Ongoing collaboration with a clients' other treatment providers, such as community-based case managers and substance abuse counselors to further promote and coordinate adherence and support.	1, 4	03/01/24-02/28/25	Patient retention reports will document maintenance of clients seen every three months by AHF medical staff and phone calls made to clients. Medical records will document the referrals that clients receive including a nutritionist, specialty health providers, mental health services, food security, etc., and follow-up calls made to referral sources.
Element #3: **Activities:** Referral and Follow-up Services **Implementation Activity #3-1:** Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. **Implementation Activity #3-2:** Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. ● Provide ongoing advocacy services on behalf of clients	1, 4	03/01/24-02/28/25	Formal linkage agreements on file and renewed as required Medical records will document the referrals that clients receive Referral Coordinator will track referrals and follow up on referrals provided to clients.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024 – February 28, 2025
Service Category:	Non-Medical Case Management
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert	**FY 24/25 TOTAL**
Proposed Number of Clients	28			52			**80**
Proposed Number of Visits = Regardless of number of transactions or number of units	84			156			**240**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	336			624			**960**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities:** Referral and Follow-up Services **Implementation Activity #1-1:** Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts.	1, 4	03/01/24-02/28/25	Formal linkage agreements on file and renewed as required. Medical records will document the referrals that clients receive.

Implementation Activity #1-2: Follow-up on referrals for needed psychosocial services such as financial assistance, housing, food, etc. ● Provide ongoing advocacy services on behalf of clients			PCM will track referrals and follow up on referrals provided to clients.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024– February 28, 2025
Service Category:	Mental Health
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SAsix six** San B Desert	**FY 24/25 TOTAL**
Proposed Number of Clients	15			29			**44**
Proposed Number of Visits = Regardless of number of transactions or number of units	45			87			**132**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	181			348			**529**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities: Referral** **Implementation Activity #1-1:** The client may request, or Medical	1, 4	03/01/24-02/28/25	Referral will be documented in the client's medical record and ARIES/HCC

Provider or RN Case Manager may provide a referral to mental health services as needed. **Implementation Activity #1-2:** The Referral coordinator will review referrals and work with both the benefits counselors to ensure that Ryan White Eligibility is current and with the front desk to ensure that patient receives an appointment.			Eligibility will be documented in the client's medical record and ARIES/HCC Appointment will be documented in the client's medical record and ARIES/HCC
Element #2: **Activities: Telehealth Mental Health Appointments** **Implementation Activity #2-1:** The assigned medical assistant and/or nurse will be responsible for outreaching to patients on the schedule to ensure attendance to appointment and understanding of "telehealth" mental health services. **Implementation Activity #2-2:** Psychiatrist will conduct client appointments through a secured telehealth portal provided by AHF's Telepsychiatry Vendor, Global Physician Solutions, LLC (GPS) The psychotherapist will conduct client appointments through AHF licensed Zoom and/or EZTel. **Implementation Activity #2-3:** Psychiatrist and psychotherapist will check-in (via phone and/or Teams) with assigned medical assistant to coordinate patient care and discharge planning. The psychiatrist will check in with the assigned medical assistant or nurse at the beginning of each psychiatry clinic as well as before and after seeing a patient. **Implementation Activity #2-4**: Psychiatrist and psychotherapist will conduct initial assessments and treatment plans.	1, 4	03/01/24-02/28/25	Services will be documented in the client's medical record and ARIES/HCC A medical assistant will ensure that, if necessary, the patient receives instructions for lab work. Medical assistant will ensure follow-up appointments are scheduled in AthenaOne at the end of each visit Assessments and treatment plans on the client's medical record and ARIES/HCC
Element #3: **Activities: Safety Plans and Emergency Referrals** **Implementation Activity #3-1:** Mental Health patients with a history of suicide attempts or ideation and/or homicide ideation will be required to work on a safety plan with the psychiatrist or psychotherapist. **Implementation Activity #3-2:** A patient with a high acuity level of psychiatric care and needs will appropriately be referred to an intensive psychiatric facility and/or emergency department.	1, 4	03/01/24-02/28/25	Safety plans will be documented in the client's medical record and ARIES/HCC Medical records will document the referrals that clients receive

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024 – February 28, 2025
Service Category:	Food Services
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert	**FY 24/25 TOTAL**
Proposed Number of Clients	22			38			**60**
Proposed Number of Visits = Regardless of number of transactions or number of units	60			108			**168**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	241			432			**673**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities:** Provide Food Voucher assistance **Implementation Activity #1:** Provide $80 food voucher to each client monthly	1, 4	03/01/24-02/28/25	Record number of food vouchers provided to client in EMR (AthenaOne) and ARIES/HCC

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024– February 28, 2025
Service Category:	Medical Transportation
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert	**FY 24/25 TOTAL**
Proposed Number of Clients	20			35			**55**
Proposed Number of Visits = Regardless of number of transactions or number of units	69			126			**195**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	280			506			**786**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities:** Provide Medical Transportation **Implementation Activity #1:** Provide gas cards, bus passes, taxi and ride share (Uber, Lyft) trips to clients	1, 4	03/01/24-02/28/25	Record number of gas cards, bus passes, taxi and ride share (Uber, Lyft) trips provided to client in EMR (AthenaOne) and ARIES/HCC.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	AIDS Healthcare Foundation
Grant Period:	March 1, 2024 – February 28, 2025
Service Category:	Outpatient/Ambulatory Health Services
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert		**FY 24/25 TOTAL**
Proposed Number of Clients	31			59				**90**
Proposed Number of Visits = Regardless of number of transactions or number of units	93			177				**270**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	372			708				**1080**

Group Name and Description (must be HIV+ related)	**Service Area of Service Delivery**	**Targeted Population**	**Open/ Closed**	**Expected Avg. Attend. per Session**	**Session Length (hours)**	**Sessions per Week**	**Group Duration**	**Outcome Measures**
• N/A								
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	**SERVICE AREA**	**TIMELINE**	**PROCESS OUTCOMES**
Element #1: **Activities: Outpatient Medical Visits** **Implementation Activity #1-1:** Increase current patient census for regular monitoring and treatment for HIV infection according to guidelines for treatment for established and new clients.	1, 4	03/01/24-02/28/25	Documentation of timely appointments and medical care will be documented in ARIES/HCC. QI activities and ARIES reports will document maintenance or improvement of clients CD4 counts & viral loads, prophylactic

● Clinic staff schedule clients every three months minimum. The Primary Care Provider (PCP) conducts regular viral load & CD4 counts; monitors for opportunistic infections, side effects & other medical conditions, diagnoses, and treatment of common physical and mental conditions; and continuing care and management of chronic conditions. ● Provides specialty referrals as needed ● Provider prescribes and manages medication therapy and provides education and counseling on health issues. ● New and established clients: Conduct physical examination, take medical history, develop treatment plan, provide risk assessment and early intervention, diagnose and treat medical conditions, diagnostic testing, and education and counseling. ● AHF clinic staff schedules patients and follow-up on no-shows. ● AHF clinic staff provides all medical services in a culturally and linguistically competent manner. **Implementation Activity #1-2:** Enroll new clients at a rate of 12 per month for a total of 120 new clients by the end of the contract period. **Implementation Activity #1-3:** Average patient visits to a minimum of 30 clients per month.			treatment, etc. according to NIH, AAHIVM, EDPHS, and HRSA standards. ARIES/HCC, Weekly QI indicators and Patient Retention reports will document maintenance of clients seen every 3 months. Formal linkage agreements on file and renewed as required. Referrals from linking agencies will indicate new client intake (and whether they are Newly Diagnosed or Aware/Not in Care). Documentation of new clients in ARIES/HCC Documentation of client visits in ARIES/HCC
Element #2: **Activities: Specialty medical referrals** **Implementation Activity #2-1:** Dietary consults – AHF will continue to subcontract with Nutrition Ink for HIV specialty dietary consults. ● HIV knowledgeable dieticians will provide individualized nutrition education and counseling sessions to clients referred by the Provider **Implementation Activity #2-2:** Physician provides specialty referrals for mammograms, oncology, diagnostic imaging; etc.	1, 4	03/01/24-02/28/25	Patient records (ARIES/HCC) reflect PCP's specialty referrals; invoices will reflect subcontractor time in clinic; referral and dietary notes will be documented in medical record. Patient records (ARIES/HCC) reflect PCP's specialty referrals.
Element #3: **Activities:** Provider Education Implementation Activity 3-1: PCP provides education and information regarding treatment adherence, opportunistic infections, medication side effects, etc.	1, 4	03/01/24-02/28/25	Patient records and PCP notes will reflect topics discussed during patient visits.