SCOPE OF WORK – PART A / PART B

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
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 19/20 TOTAL**	**FY 18/19 TOTAL**
Number of Clients	21			64			**85**	**76**
Number of Visits = Regardless of number of transactions or number of units	63			192			**255**	**228**
Number of Units = Transactions or 15 min encounters	252			768			**1020**	**912**

Briefly explain any significant changes in service delivery between the two fiscal years:

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Needs Assessment and Individualized Service Plan **Activities #1-1:** An RN Case Manager meets with client for initial assessment, which is comprised of a comprehensive checklist of psychosocial and healthcare needs. **Activity #2-1:** 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.	1, 4	03/01/19-02/29/20	Initial Assessment will be documented in ARIES and the client's medical record ISP will be documented in ARIES and the client's medical record The MCM will document quarterly visits and check in calls within the Care Plan.

Element #2: Adherence Monitoring and Support **Activities #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. **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	03/01/19-02/29/20	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: Referral and Follow-up Services **Activities: #3-1:** Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. **Activities #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	03/01/19-02/29/20	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 / PART B

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
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 19/20 TOTAL**	**FY 18/19 TOTAL**
Number of Clients	21			64			**85**	**76**
Number of Visits = Regardless of number of transactions or number of units	63			192			**255**	**228**
Number of Units = Transactions or 15 min encounters	252			768			**1020**	**912**

Briefly explain any significant changes in service delivery between the two fiscal years:

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Referral and Follow-up Services **Activities #1-1:** Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. **Activity #2-1:** Follow-up on referrals for needed psychosocial services such as financial assistance, housing, food, etc. ● Provide ongoing advocacy services on behalf of clients	1, 4	03/01/19-02/29/20	Formal linkage agreements on file and renewed as required Medical records will document the referrals that clients receive PCM will track referrals and follow up on referrals provided to clients.

SCOPE OF WORK – PART A / PART B

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
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 19/20 TOTAL**	**FY 18/19 TOTAL**
Number of Clients	30			90			**120**	**120**
Number of Visits = Regardless of number of transactions or number of units	120			360			**480**	**480**
Number of Units = Transactions or 15 min encounters	480			1440			**1920**	**1920**

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Outpatient Medical Visits **Activities #1-1:** Increase current patient census for regular monitoring and treatment for HIV infection according to guidelines for treatment for established and new clients ● 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. **Activities #1-2:** Enroll new clients at a rate of 4.2 per month for a total of 50 new clients by the end of the contract period. **Activities #1-3:** Average patient visits to a minimum of 75 clients per month.	1 & 4	03/01/19-02/29/20	Documentation of timely appointments and medical care will be documented in ARIES QI activities and ARIES reports will document maintenance or improvement of clients CD4 counts & viral loads, prophylactic treatment, etc. according to NIH, AAHIVM, EDPHS, and HRSA standards. ARIES, 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 Documentation of client visits in ARIES

Element #2: Specialty medical referrals **Activities #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	1 & 4	03/01/19-02/29/20	Patient records (ARIES) reflect PCP's specialty referrals; invoices will reflect subcontractor time in clinic; referral and dietary notes will be documented in medical record.

Activities #2-2: Physician provides specialty referrals for mammograms, oncology, diagnostic imaging; etc.			Patient records (ARIES) reflect PCP's specialty referrals.
Element #3: Provider Education **Activities:** Implementation Activity 3-1: PCP provides education and information regarding treatment adherence, opportunistic infections, medication side effects, etc.	1 & 4	03/01/19-02/29/20	Patient records and PCP notes will reflect topics discussed during patient visits.

SCOPE OF WORK – PART A / PART B

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
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 19/20 TOTAL**	**FY 18/19 TOTAL**
Number of Clients	16			48			**64**	**34**
Number of Visits = Regardless of number of transactions or number of units	64			192			**256**	**68**
Number of Units = Transactions or 15 min encounters	128			384			**512**	**140**

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.
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Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Provide Medical Transportation **Activities:** Provide gas cards, bus passes, and Lyft trips to clients	1, 4	03/01/19-02/29/20	Record number of gas cards, bus passes, and Lyft trips provided to client in EMR and ARIES

	Avg # of visits/ clt/mon	Projected Avg cost per round trip	Total Monthly	Annual Cost
Gas Cards (33 clients)	1	$15.00	$495	$5,940
Bus Passes (5 clients)	1	$13.50	$67.50	$810
Lyft Trips (26 clients)	1	$27.015	$702.39	$8,429

Element #2: Documentation **Activities:** Documentation of Medical Transportation	1, 4	03/01/19-02/29/20	Medical transportation services will be provided through referral by AHF's MCM team. AHF directly provides clients in need of transportation assistance with fare cards, bus tokens, and Lyft services. The MCM will track the number and type of vouchers or referrals provided to each client, as well as the purpose of the voucher or referral (e.g. transportation to/from what type of medical or service appointment), in each client's file or the EMR. This information will also be tracked in a separate Excel spreadsheet, which will consolidate the information and ensure efficiency and ease of reporting.