SCOPE OF WORK – PART A

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

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Mental Health	
Service Goal:	Minimize crisis situations and stabilize HIV+ clients' mental health status to maintain clients in the care system.	

Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate, improved or maintained CD4 cell count. • Decreased level of depression post 12 individual sessions • Decreased level of anxiety post 12 individual sessions. • Tracking of depressive and anxiety symptoms and psychosocial functioning based on BSI 18

	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**
Proposed Number of Clients	**70**	**18**	**2**	**25**	**85**	**40**		**240**	**250**
Proposed Number of Visits = Regardless of number of transactions or number of units	**971**	**200**	**20**	**296**	**1196**	**672**		**3355**	**3355**
Proposed Number of Units = Transactions or 15 min encounters	**6080**	**1300**	**80**	**1850**	**7490**	**4200**		**21000**	**21000**

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
Living Well with HIV Living Well with HIV/AIDS psychotherapy groups are facilitated by licensed mental health professionals. Focus of group sessions are psychological/emotional issues clients experience related to living with HIV/AIDS, relationships and other topics designated by group members.	1,2,4,5,6	Co-ed	Open	10	1.5 hr	1	On-going	• Medical Visits • Viral Loads • Level of functioning
Young and Thriving Young and Thriving group is for clients age 30 and under. Group focuses on topics and activities that educate as well as equip youth with social skills for cultivating health relationships on the age of social media	5	Co-ed	Open	10	1.5 hr	1	On-going	
Rise and Grind This is group is a Co-ed, strength-based psycho-education group. The group is offered in 6 weeks segments with the topic/emphasis changing every new cycle.	5	Co-ed	Open	10	1.5 hr	1	6-week segment	
Extended Family Group This group provides support to clients and their family network to improve their mental wellbeing and relationship in respect to social and family dynamics. **N.E.W** Newly Empowered Women This group provides a safe environment for women to share concerns, convey support,	1,2	Co-ed	Open	10	1.5 hr	1	On-going	

and develop coping skills in respect to living with HIV	4,5	Women	Open	10	1.5 hr	1	On-going	

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Initial individual mental health assessment (document mental health diagnosis) Client will meet with Mental Health Clinician (MHC) to complete initial assessment and reassessment. MHC will conduct eligibility for services along with screening for Third Party payor.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document initial mental health assessment and reassessment to include DSMV diagnosis, and other outcome tracking data per program standards and entered in ARIES. Client file will document statement of screening and eligibility.
• Development of care/treatment plan Client and MHC will meet to develop treatment plan	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will include initial and updated treatment plan and entered in ARIES.
• Individual counseling session Client will meet with MHC for individual session	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document session as case note and entered in ARIES.
• Group counseling session MHC will convene weekly support group to discuss issues relevant to HIV/AIDS. For individual attending group sessions only, file will include assessment, DSMV diagnosis, and treatment plan.	1,2,4,5,6	3/1/2019- 2/29/2020	Group counseling documentation will be maintained via sign-in sheets and entered in ARIES.
• Case Conferencing MHC will convene case conferencing to coordinate client services and address identified issues	1,2,3,4,5,6	3/1/2019- 2/29/2020	Documentation of case conferencing is kept in program binder.
• Wrap-up around services regarding access to additional services including psychiatrists and other mental health professionals. MHC will meet to identify needed referrals.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document referral(s) provided to include referral information and follow-up on the referral

• Services are provided based on established C&L Competency Standards	1,2,3,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as other cultural competency trainings is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services

SCOPE OF WORK – PART A

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

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Substance Abuse Services	
Service Goal:	Minimize crisis situations and stabilize clients' substance use to maintain their participation in the medical care system.	
Service Health Outcomes:	• Improve retention in care(at least 1 medical visit in each 6-month period) • Improve viral load suppression rate • A clinically significant reduction in level of substance use/abuse post (12) individual or group sessions	

	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**
Proposed Number of Clients	**72**	**8**	**2**	**20**	**58**	**40**		**200**	**200**
Proposed Number of Visits = Regardless of number of transactions or number of units	**992**	**120**	**18**	**275**	**691**	**551**		**2647**	**2647**
Proposed Number of Units = Transactions or 15 min encounters	**7030**	**1700**	**42**	**2324**	**5046**	**4129**		**20271**	**20271**

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**
Circle of Truth **Nuevo Amenecer** The support group goal is to identify the irrational beliefs and to refute tem. The irrational belief would then be substituted with a more rational or accurate beliefs, which should have an impact on the emotional response. Social and problem solving skills will also be used to enable clients to develop non-substance use habits in order to adhere to their HIV care. HIV prevention risk-reduction including condom use as related to substance use is also discussed.	1,2,3,4,5	Co-ed Spanish-Speaking	Open Open	10 6	1.5 hrs 1.5 hrs	1 1	On-going On-going	• Medical visits • Viral loads • Substance use/abuse self-report and/or screening tool
Clean and Serene This support group focuses on Cognitive Behavioral content with an emphasis on practicing new coping skills in maintaining sobriety.	6	Co-ed	Open	8	1.5 hrs	1	On-going	
Moving On								

This group targets those who have lived with HIV for a number of years and who have a history of and/or current struggles with substance use.	5	Co-ed	Open	10	1.5 hrs	1	On-going	

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Initial individual substance abuse assessment Client will meet with Substance Abuse Counselor (SAC) to complete initial assessment and reassessment. SAC will conduct eligibility for services along with screening for Third Party payor.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document initial substance abuse assessment and reassessment along with and other outcome tracking data per program standards and entered in ARIES. Client file will document statement of screening and eligibility.
• Development of treatment plan Client and SAC will meet to develop treatment plan	1,23,,4,5,6	3/1/2019- 2/29/2020	Client file will include initial and updated treatment plan and entered in ARIES. Treatment plan will be updated at least every 120 days.
• Individual counseling session Client will meet with SAC for individual session	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document session as case note and entered in ARIES.
• Group counseling session SAC will convene weekly support group to discuss issues relevant to HIV/AIDS. For individual attending group sessions only, file will include assessment, and treatment plan.	1,2,3,4,5,6.	3/1/2019- 2/29/2020	Group counseling documentation will be maintained via sign-in sheets and entered in ARIES. For individual attending group sessions only, file will include assessment, and treatment plan.
• Case conferencing SAC will participate in case conferencing to coordinate services and address identified issues	1,2,3,4,5,6.	3/1/2019- 2/29/2020	Documentation of case conferencing will be kept in program binder.
• Referral to other mental health professionals SAC will meet with client to identify needed referrals.	1,2,3,4,5,6	3/1/2018- 2/29/2019	Client file will document referral(s) provided to include referral information and follow-up on the referral

• Services are provided based on established C&L Competency Standards	1,2,3,4,5,6	3/1/2019 2/29/2020	Staff education on FAP cultural competency plan as well as other cultural competency trainings is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services

SCOPE OF WORK – PART A **USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE**		
Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1,2019 – March 31, 2020
Service Category:	Housing Services	
Service Goal:	To provide shelter, on an emergency or temporary basis, to eligible clients throughout the TGA at risk for homelessness or with unstable housing to ensure that they have access to and/or remain in medical care.	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each –month period) • Improve viral suppression rate • Improve stable housing rate	

Housing Case Management

	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**
Proposed Number of Clients	**30**	**5**	**0**	**5**	**20**	**5**		**65**	**65**
Proposed Number of Visits = Regardless of number of transactions or number of units	**200**	**25**	**0**	**25**	**155**	**25**		**430**	**430**
Proposed Number of Units = Transactions or 15 min encounters	**3400**	**365**	**0**	**375**	**1860**	**375**		**6375**	**6375**

	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**

Proposed Number of Clients	**20**	**5**	**0**	**5**	**20**	**5**		**55**	**55**
Proposed Number of Units (nights) = Transactions or 15 min encounters	**340**	**86**	**0**	**85**	**340**	**85**		**936**	**3300**

Emergency Housing

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Service Delivery Element #1: • *Emergency housing assistance for a maximum of 90 nights (hotel/motel or rental assistance for up to 90 nights) per client will be provided to 55 eligible clients throughout the TGA based on current TGA and C&L standards.*	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence housing intake and assessment activities, including comprehensive housing plan, eligibility screening, as well as insurance/third party payer. Client file will document HIV status, acknowledgement of Partner Services, proof of insurance, income and residency according to IEHPC standards. Client file will contain Consent for Services, ARIES consent (updated every three years), HIPAA Notification and Partner Services Acknowledgement form. Client file will contain housing assistance vouchers and proof of payment, housing applications, leases, etc. Emergency housing assistance will be documented in ARIES
Service Delivery Element #2: ▪ *Housing case management/navigation will be provided to 65 difficult-to-place high housing acuity eligible clients based on current TGA and C&L standards*	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence housing intake and assessment activities, including comprehensive housing plan, eligibility screening, navigation assessment, acuity level as well as insurance/third party

			payer. Client file will document HIV status, Acknowledgement of Partner Services, proof of insurance, income and residency according to IEHPC standards. Client file will contain Consent for Services, ARIES consent (updated every three years), HIPAA Notification and Partner Services Acknowledgement form. Client file will contain housing assistance vouchers and proof of payment, housing applications, leases, etc. Emergency housing assistance will be documented in ARIES

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Foothill AIDS Project
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Food Services
Service Goal:	The overall goal of food services is to supplement eligible HIV/AIDS consumer's financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.
Service Health Outcomes:	• Improve retention on care (at least 1 medical visit in each 6-month period) • Improve viral load suppression rate

	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**
Proposed Number of Clients	**60**	**26**	**5**	**37**	**125**	**42**		**295**	**585**
Proposed Number of Visits = Regardless of number of transactions or number of units	**720`**	**312**	**60**	**444**	**1454**	**504**		**3494**	**3418**
Proposed Number of Units = Transactions or 15 min encounters	**4320**	**1872**	**360**	**2664**	**8506**	**3001**		**20723**	**17906**

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Food Vouchers Food assistance needs will be identified by staff during assessment/reassessment, which will be included in the Individual Care Plan (ICP). Eligibility will be determined according to current TGA eligibility guidelines. Eligible Clients will make appointment for picking up vouchers – whenever possible. Food vouchers will be distributed on a monthly or as needed to eligible clients not to exceed a maximum of six vouchers per month. Food vouchers will be kept in locked file cabinet in FAP's Administration offices and logged out to program using FAP's internal Food Voucher Request form. Food vouchers will be kept in locked file cabinet in FAP's program sites and logged out to eligible clients using FAP's internal Monthly Food Voucher Log. Current local limit: $60 per client per month	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will evidence eligibility screening for Ryan White funds as well other party payers. Client file will document HIV status, proof of medical insurance, residence, and income according to IEHPC standards. Client file will contain Consent for Services; ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form. Client file will evidence need for food assistance. Client file will contain proof of food assistance received as client signature on copy of food vouchers. Client file will contain evidence of referral to other sources of food assistance, as applicable.
• Services are provided based on established C&L Competency Standards	1,2,3,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as other cultural competency trainings is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA.

			Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A **USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE**	
Contract Number:	
Contractor:	Foothill AIDS Project
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Medical Transportation Services
Service Goal:	To enhance clients' access to health care or support services using multiple forms of transportation throughout the TGA.
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate

	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**
Proposed Number of Clients	**67**	**37**	**6**	**41**	**122**	**53**		**326**	**608**
Proposed Number of Visits = Regardless of number of transactions or number of units	**804**	**444**	**72**	**492**	**1464**	**702**		**3978**	**3917**
Proposed Number of Units = Transactions or 15 min encounters	**3216**	**1776**	**288**	**1968**	**5856**	**2640**		**15744**	**12170**

Briefly explain any significant changes in service delivery between the two fiscal years:
The proposed performance level reflects the current of fund allocated to this service category.

Planned Service Delivery and Implementation Activities	**Service Area**	**Timeline**	**Process Outcomes**
• **Bus passes** CM will determine client eligibility: HIV diagnosis, residency, income, purpose of trips. CM will document services ordered in client file. Staff will provide bus pass to client and will enter service provided on Transportation log Medical Transportation services will be provided to access services according to TGA guidelines	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document eligibility screening every six months and statement of need for transportation assistance. Transportation Log will evidence client signature acknowledging receipt of bus pass. Bus Pass assistance will be documented in ARIES.
• **Taxi service** CM will determine client eligibility: HIV diagnosis, residency, income, purpose and date of trip. CM will document services ordered in client file. Staff will order taxi service; notify client of time and need to be ready on time. Staff will enter service provided on Taxi Services Binder Services and will be provided to access services according to TGA guidelines Staff will document trip point of origin, destination and reason for trip	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document eligibility screening and statement of need for urgent trip. Taxi Services Binder will include taxi request depicting point of origin and destination and statement of need for urgent trip. Services will be provided within the TGA. Taxi assistance will be documented in ARIES.

• **Gas cards** CM will determine client eligibility: HIV diagnosis, residency, income, purpose and date of trip. CM will document service provided in client file. Staff will log voucher disbursement in Gas Card Log Gas cards will be provided to access services according to TGA guidelines	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document eligibility screening every six months and statement of need for transportation assistance. Transportation log will evidence client signature acknowledging receipt of gas vouchers. Gas Voucher assistance will be documented in ARIES.
• **Van Trips** CM will determine client eligibility: HIV diagnosis, residency, income, purpose and date of trip. CM will document services ordered in client file. Staff will order van trip; notify client of time and need to be ready on time. Staff will enter service provided on Van Trip log and trips will be provided to access services according to TGA guidelines Staff will document trip point of origin, destination and reason for trip using a voucher system.	6	3/1/2019- 2/29/2020	Client file will document eligibility screening and statement of need for van trip. Van Trip log will include trip request depicting point of origin and destination. Services will be provided within the TGA. Van trips assistance will be documented in ARIES.

SCOPE OF WORK – PART A

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

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Medical Nutrition Therapy	
Service Goal:	Facilitate maintenance of nutritional health to improve health outcome or maintain positive health outcomes.	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate	

	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**
Proposed Number of Clients	**15**	**10**	**0**	**5**	**40**	**5**		**75**	**75**
Proposed Number of Visits = Regardless of number of transactions or number of units	**121**	**81**	**0**	**40**	**323**	**40**		**605**	**605**
Proposed Number of Units = Transactions or 15 min encounters	**490**	**326**	**0**	**163**	**1308**	**163**		**2450**	**2450**

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Intake/assessment of nutritional needs	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence intake activities including screening for eligibility as well as insurance/third party payor. Eligibility certification and re-certification will be conducted every six months. Client file will document HIV status, proof of insurance, residence, and income according to IEHPC standards. Client file will document referral as appropriate. Client file will evidence assessment of nutritional needs signed and dated by Registered Dietician. Client file will contain Consent for Services, ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.
• Development of nutritional plan with the client within 30 days of the initial assessment and re-evaluation of plan (every six months).	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will document individualized nutritional plan signed and dated by Registered Dietitian. Client file will document re-evaluation of the nutritional plan signed and dated by the Registered Dietitian every six months.
• Follow-up counseling with clients regarding medical nutritional recommendations, discuss barriers to implement recommendations and assess new nutritional needs as needed.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will document follow-up counseling and re-assessment as needed. Notes will document progress towards nutritional plan goals and barriers to implement recommendation and

			interventions to address these barriers as recommended.
• Provide nutrition group education to increase knowledge of healthy food choices and enhance strategies to accomplish nutritional goals, food/drug interactions and medications side effects associated with long-term pharmacotherapy.	1,2,4,5,6	3/1/2019- 2/29/2020	Group sign-in will be maintained in Nutrition Group binder at respective locations.
• Case conferencing with Medical Case Management (MCM) Staff and Primary Care Provider. Registered Dietitian will participate in case conference to discuss issues and problem-solve identified issues.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will reflect staff participation at case conference with MCM and Primary Care Provider, issues discussed and resolutions identified.
• Services are provided based on established C&L Competency Standards	1,2,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as on other cultural competency topics is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A

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

A

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	✠	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2018 – March 31, 2020
Service Category:	Medical Case Management Services	
Service Goal:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load test results receive intense care coordinating assistance to support participation in HIV medical care. MCM services are the best delivered when co-located in facilities that provide HIV/primary medical care.	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate	

	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**
Proposed Number of Clients	**15**	**5**	**0**	**5**	**40**	**5**		**70**	**70**
Proposed Number of Visits = Regardless of number of transactions or number of units	**150**	**50**	**0**	**50**	**400**	**50**		**740**	**740**
Proposed Number of Units = Transactions or 15 min encounters	**789**	**263**	**0**	**263**	**2106**	**263**		**3684**	**3684**

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Screening, Initial and on-going assessment of needs **Medical Case Management will target clients who experience barriers in self-managing their HIV medical care; poor CD4 and viral load count; and do not have access to medical case management thru their medical homes, thus needing intense care coordination*	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence intake activities including screening for eligibility as well as insurance/third party payor. Eligibility certification will be conducted every six months. Client file will evidence initial and on-going assessment of needs.
• Development of comprehensive, individualized care plan with the client and re-evaluation of plan (every six months). • Rate areas of medical case management needs to measure acuity level.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will document individualized comprehensive care plan and acuity level that are to be re-evaluated every six months.
• Client monitoring to assess the efficacy of plan, periodic re-evaluation and adaptation of the plan as necessary (6 months). MCM will meet with client to assess progress and re-define objectives as needed.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will document in ARIES case note contacts to monitor progress and re-evaluation of plan every six months.
• Provide group treatment adherence education, e.g. HIV health numeracy in respect to viral load.	1,2,4,5,6	3/1/2019- 2/29/2020	Group sign-in sheets will be kept in Treatment Adherence Group binder at respective FAP location.
• Client specific advocacy and/or review of utilization of services, coordination and follow-up of medical treatments	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will document specific advocacy, coordination and follow-up of services and medical treatments.
• Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by client to effectively participate in his/her medical care.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will reflect service provided to include advice and counseling regarding treatment adherence, nutrition, and support to effectively participate in the system of care. As applicable, client file will reflect coordination of services with client's local managed-care plan. Performance Measures:

			1) Care Plan 2) Gap in HIV medical visits
• Services are provided based on established C&L Competency Standards	1,2,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as on other cultural competency topics is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE		
Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Case Management Services (Non-Medical)	
Service Goal:	Facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals.	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate	

	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**
Proposed Number of Clients	**80**	**30**	**8**	**40**	**100**	**51**		**309**	**309**
Proposed Number of Visits = Regardless of number of transactions or number of units	**1600**	**474**	**126**	**800**	**2000**	**1000**		**6000**	**6000**
Proposed Number of Units = Transactions or 15 min encounters	**5760**	**2178**	**582**	**2880**	**7320**	**3670**		**22390**	**22390**

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• Intake/assessment of needs **Non-Medical Case Management collaborates closely AIDS Healthcare Foundation, Veterans Hospital Loma Linda; Hesperia, Ontario and San Bernardino SBDPH clinics; Riverside University Health System Riverside and Perris clinics; and local medical managed-care systems and private medical practices.*	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will evidence intake activities including screening for eligibility as well as insurance/third party payer. Client file will document HIV status, proof of insurance, residence, and income according to IEHPC standards. Client file will evidence assessment of needs. Client file will contain Consent for Services, ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.
• Initial and ongoing assessment of needs. Case Manager (CM) will complete initial Acuity Level based on identified needs and assess new acuity level as needed.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document assessment of needs Client file will document assessment of initial acuity level and ongoing acuity level using the Client Acuity tool.
• Development of initial care plan and on-going reassessment of care plan	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document initial care plan as well as reassessment of the care plan.
• Provide education, advice assistance in obtaining medical, social, community, legal, financial (e.g. benefits counseling), and other services. CM will provide ct with client to provide education and assistance as identified from need assessment.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will document in progress note contacts to provide education and advice on accessing medical, social, community, legal, benefits counseling, treatment adherence counseling and other services. Client file will document entry of referrals provided and their outcomes in ARIES. Case Manager will track health outcomes (viral load and CD4 as well as access to medical care services data.

• Discuss budgeting with clients to maintain access to necessary services CM will meet with client to complete Budgeting form and discuss budgeting issues as related to maintaining access to necessary services.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client will include Budgeting Form. Client file will document in progress note discussion regarding budgeting in order to maintain access to necessary services.
• Case conferencing with Medical Case Management (MCM) and other departments on behalf of the client. CM will participate in case conference to discuss issues and resolution to problem-solve identified issues.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will reflect staff participation at case conference with MCM, issues discussed and resolutions identified. As applicable, client file will reflect coordination of services with Market Plan medical providers.
• Eligibility worker will collaborate with case manager to ensure eligibility certification and re-certification every six months.	1,2,3,4,5,6	3/1/2019- 2/29/2020	Client file will evidence documents supporting eligibility for services according to the Inland Empire HIV Planning Council Standards.
• Services are provided based on established C&L Competency Standards	1,2,3,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as on other cultural competency topics is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE		
Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Psychosocial Support Services	
Service Goal:	To provide psychosocial support services to person living with HIV/AIDS in the TGA in order to maintain them in the HIV system of care.	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate	

	SA1 West Riv	**SA2** Mid Riv	**SA3** East Riv	**SA4** San B West	**SA5** San B East	**SA6** San B Desert		**FY 18/19 TOTAL**	**FY 17/18 TOTAL**
Proposed Number of Clients	**0**	**0**	**0**	**5**	**50**	**0**		**55**	**55**
Proposed Number of Visits = Regardless of number of transactions or number of units	**0**	**0**	**0**	**60**	**710**	**0**		**770**	**770**
Proposed Number of Units = Transactions or 15 min encounters	**0**	**0**	**0**	**463**	**4630**	**0**		**5093**	**5093**

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**
Group Name #1 Abriendo Caminos- Group provides a forum to share to learn HIV self-management skills and healthy living and support each other.	4,5	Spanish-speaking	Open	10	1.5 hr	1	On-going	Medical visits Reduction in Unmet Need Viral loads
Group Name #2 Men Empowering Men -Group provides a forum to share their HIV experiences and support each other.	4,5	Co-ed English	closed	10	1.5	1	On-going	

Planned Service Delivery and Implementation Activities	**Service Area**	**Timeline**	**Process Outcomes**
• Initial individual needs assessment Psychosocial Case Manager (CM) will meet with client to complete initial assessment and reassessment of needs.	4,5,6	3/1/2019- 2/29/2020	Client file will evidence intake activities to include screening for eligibility as well as insurance/third party payer. Client file will document HIV status,

			proof of insurance, residence, and income according to IEHPC standards. Client file will evidence assessment of needs. Client file will contain Consent for Services, ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.
• Individual support/counseling session Psychosocial CM will meet with client to provide individual session.	4,5,6	3/1/2019- 2/29/2020	Client file will evidence in progress note individual support session received.
• Coordination with Medical Case Manager, if applicable	4,5,6	3/1/2019- 2/29/2020	Client file will document linkage with Medical Case Management as applicable. Client file will document in progress note coordination with Medical Case Management.
• Group support/counseling session Psychosocial CM will convene weekly support group. Chronic disease self-management based on evaluated Stanford University Chronic Disease Self-Management curriculum will be provided two times per year.	4,5	3/1/2019- 2/29/2029	Client file will reflect in progress note participation in support group. Group sign-in sheets will be maintained.
• Case conferencing session Psychosocial CM will participate in case conference to coordinate services, discuss issues and resolution to identified issues	4,5,6	3/1/2019- 2/29/2020	Client file will reflect staff participation at case conference with MCM, issues discussed and resolutions identified.
• Referral to Mental Health Professionals (MHP) Psychosocial CM will provide MHP referrals as needed.	4,5,6	3/1/2019- 2/29/2020	Client file will evidence referral to MHP. Referrals along with outcome will be entered in ARIES.
• Services are provided based on established C&L Competency Standards	4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as on other cultural competency topics is tracked and documented in agency Training Binder. Staff providing direct services to clients

			should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document client preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A

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

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1, 2019 – March 31, 2020
Service Category:	Early Intervention Services Part A	
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decreasing the time between acquisition of HIV and entry into care and decrease instances of out-of care facility access to medications, decrease transmission rate, and improve health outcomes.	
Service Health Outcomes:	• If RW-funded test: maintain 1.1% positivity rate or higher (targeted testing) • Link newly diagnosed HIV+ medical care in 30 days or less • Improve retention in care (at least 1 medical visit in each 6 month period) • Improve viral suppression rate	

	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**
Proposed Number of Clients	**197**	**88**	**0**	**20**	**250**	**20**		**575**	**575**
Proposed Number of Visits = Regardless of number of transactions or number of units	**190**	**310**	**0**	**20**	**560**	**20**		**1300**	**1600**
Proposed Number of Units = Transactions or 15 min encounters	**1900**	**1450**	**0**	**20**	**2310**	**20**		**5700**	**8700**

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
• One-on-one, in-depth encounters	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence encounters in case notes entered in ARIES and on outreach logs
• Coordination with local HIV Prevention Programs	1,2,4,5,6	3/1/2019- 2/29/2020	FAP maintain collaboration with Riverside and San Bernardino DPH and other local prevention programs to coordinate outreach activities. Documentation of outreach activities and attendance to prevention meetings is kept in program binder.
• Identify and problem-solve barriers to care	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence in case note entered in ARIES identification of barriers to care and plan to problem-solve such barriers.
• Referrals to testing, medical care, and support services	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence referrals to medical care and support services via the Referral Tracking Plan. Referrals to medical and support services along with their outcome will be documented in ARIES. Referrals to testing will be documented in outreach log and sign-in sheet.
• HIV Testing and Counseling	1,2,4,5,6	3/1/2019- 2/29/2020	HIV Testing and counseling documentation will be delivered and documentation maintained following approved HIV testing and counseling quality assurance. HIV Testing and Counseling will be documented in ACE.
• Utilize Navigation approach to reconnect those that have fallen out of care	1,2,4,5,6	3/1/2019- 2/29/2020	FAP follow-up/no contact protocol includes mail, community, home visit, and phone contact. Client file will evidence attempts to contact, education and support provided to address barriers

			to care. Attempts and contact with client will be documented in ARIES.
• Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc) and non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points	1,2,4,5,6	3/1/2019- 2/29/2020	Memoranda of Understanding (MOU) are kept at Administration. Staff maintain a List of Collaborators (traditional and non-traditional) which depicts the name of the agency collaborating, the target population, the type and frequency of outreach activity to be provided at the site.
• Provide education/information regarding availability of testing and HIV care services to HIV+ those affected by HIV, and caregivers. Activities that are exclusively HIV prevention education are prohibited.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence education of the HIV system of care in case note entered in ARIES. Sign-in sheets document location as well as attendees information for outreach activities.
• Utilize standardized, required documentation to record encounters, progress	1,2,5,6	3/1/2019- 2/29/2020	Client will file evidence use of standardized, required documentation to include Bridge/EIS Consent form, Enrollment form and Progress report form among others.
• Maintain update, quantifiable, required documentation to accommodate reporting and evaluation.	1,2,4,5,6	3/1/2019- 2/29/2020	Encounters are documented in ARIES. Referrals and their outcome are documented in ARIES. Outreach activities are documented in sign-in sheets and outreach logs and entered in the ARIES Anonymous Contact dashboard. Case Manager will track health outcomes (viral load and CD4 as well as access to medical care services data.
• Eligibility worker will collaborate with Early Intervention case manager to conduct eligibility certification and re-certification every six months.	1,2,4,5,6	3/1/2019- 2/29/2020	Client file will evidence documents supporting eligibility for services according to the Inland Empire HIV Planning Council Standards.

• Services are provided based on established C&L Competency Standards	1,2,4,5,6	3/1/2019- 2/29/2020	Staff education on FAP cultural competency plan as well as other cultural competency trainings is tracked and documented in agency Training Binder. Staff providing direct services to clients should be culturally and linguistically competent, aware and appreciative of the needs of PLWHA. Client file will document preferred language as well as any other pertinent information in order to provide culturally and linguistically competent services.

SCOPE OF WORK – PART A

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

Contract Number:		
Contractor:	Foothill AIDS Project	
Grant & Period:	☒	Part A Contract March 1, 2019 – February 29, 2020
		Part B Contract April 1,2019 – March 31, 2020
Service Category:	Emergency Financial Assistance	
Service Goal:	To enable HIV service clients at risk of loss of utility services to remain connected, thus allowing them to maintain a stable living environment thereby improving quality of life and clinical health outcomes	
Service Health Outcomes:	• Improve retention in care (at least 1 medical visit in each –month period) • Improve viral suppression rate	

Emergency Financial Assistance

	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**
Proposed Number of Clients	**1**	**1**	**0**	**1**	**4**	**1**		**8**	**8**
Proposed Number of Units (nights) = Transactions or 15 min encounters	**1**	**1**	**0**	**1**	**4**	**1**		**8**	**8**

Planned Service Delivery and Implementation Activities	**Service Area**	**Timeline**	**Process Outcomes**
Service Delivery Element #1: • *Emergency Financial Assistance (EFA) will be provided to 15 eligible clients throughout the TGA based on current TGA and C&L standards. EFA will provide payment of a <u>maximum</u> of three (3) consecutive months of utilities to assist the RWHAP client with an emergent need for paying essential utilities.* • *<u>Direct Payment to client is not permitted</u>* • *<u>Assistance for telephone is not permitted</u>* • *<u>(IEHPC EFA Standards of 11-17-17)</u>*	1,2,4,5,6	03/01/2019- 2/29/2020	Client file will evidence of utility assistance requested along with all pertinent supportive documentation and proof of payment to utility company or authorized third party billing entity. Client will also include eligibility screening and assessment for EFA according to IEHPC standards of Care, as well as insurance/third party payer. Client file will document HIV status, acknowledgement of Partner Services, proof of insurance, income and residency according to IEHPC standards. Client file will contain Consent for Services, ARIES consent (updated every three years), HIPAA Notification and Partner Services Acknowledgement form. Emergency Financial Assistance will be documented in ARIES as client/transaction