

**MIAMI-DADE COUNTY
RYAN WHITE PROGRAM
CLIENT-LEVEL OUTCOMES**

Performance by [ENTER NAME OF SERVICE PROVIDER, THEN ACRONYM IF APPLICABLE IN PARENTHESES] under this Agreement will be partially measured against the standards and locally-adopted HRSA performance measures outlined in Section III of the Fiscal Year (FY) 2012 Ryan White Program Service Delivery Guidelines and the Ryan White Program Performance Improvement Plan, which are incorporated herein by reference, where applicable. As outcomes are developed or revised and disseminated, [ENTER ACRONYM] will be responsible for collecting and reporting on the specified data elements used to measure performance, based on the defined outcome(s) per service category.

In addition, [ENTER SERVICE PROVIDER ACRONYM] is responsible for collecting and reporting on the required data elements used to measure performance under the following contracted services provided to program-eligible HIV+ clients: [ONLY INCLUDE THIS PARAGRAPH AND THE FOLLOWING SERVICES AS APPLICABLE TO THE PROVIDER'S FY 2011 RYAN WHITE PART A AND MAI PROGRAM FUNDING, WHERE APPLICABLE AND AS APPROPRIATE TO THE CONTRACT BEING DEVELOPED] outpatient medical care, medical case management, prescription drugs, oral health care, health insurance services, substance abuse counseling – residential treatment, mental health therapy/counseling, substance abuse counseling – outpatient counseling, outreach services, transportation vouchers, food bank, legal assistance, home-delivered meals, psychosocial support services, and transportation services (vans).

Wherever Part A is indicated in this document, related services and client-level outcomes are for program-eligible clients from the general HIV/AIDS population, regardless of racial/ethnic classification. Wherever Minority AIDS Initiative (MAI) is indicated, related services and client-level outcomes are limited to program-eligible racial/ethnic minority clients only.

The Service Delivery Information System (SDIS) is the main data source for the outcomes indicated below.

[INCLUDE THE FOLLOWING SERVICES AS APPLICABLE TO THE PART A AND/OR MAI FUNDING FOR THIS PROVIDER; SERVICES TO BE LISTED IN FY 2012 PRIORITY ORDER]

OUTPATIENT MEDICAL CARE (Part A and/or MAI)

- Outcome 1:** Increase in the percent of clients receiving outpatient medical care (OMC) [i.e., Evaluation and Management (E/M) office visits] who show improved or stable CD4 counts during the reporting period.
- Target 1:** 75% of clients who receive outpatient medical care paid by RW-Part A/MAI and who have 2 or more CD4 counts at least 3 months apart in the FY will show improved or stable CD4 counts.

- Outcome 2:** Increase in the percent of clients receiving OMC (i.e., E/M office visits) who have improved or stable Viral Load (VL) test results during the reporting period.
- Target 2:** 75% of clients who receive outpatient medical care paid by RW-Part A/MAI and who have 2 or more VL tests at least 3 months apart in the FY will show improved or stable VL counts.

MEDICAL CASE MANAGEMENT (Part A and/or MAI)

- Outcome 1:** Increase in the percent of clients who receive treatment adherence counseling during the reporting period.
- Target 1:** 85% of clients receiving at least 2 face-to-face medical case management (MCM) encounters within 190 days in the FY will also receive treatment adherence counseling paid for by RW-Part A/MAI.
- Outcome 2:** Increase in the percent of clients receiving MCM services (i.e., face-to-face or treatment adherence encounter) who are retained in care (i.e., accessing outpatient medical care E/M office visits) during the reporting period.
- Target 2:** 85% of clients receiving at least 2 face-to-face or treatment adherence medical case management encounters within 190 days in the FY (and who do not have alternative payers of outpatient medical care) will have 2 or more OMC E/M office visits during the same FY.
- Outcome 3:** Increase in the percent of clients who have a face-to-face encounter with a medical case manager at least every 6 months during the reporting period.
- Target 3:** 70% of clients who receive MCM paid by RW-Part A/MAI will have fewer than 190 days between face-to-face encounters with their medical case manager in the FY.

PRESCRIPTION DRUGS (Part A and/or MAI)

- Outcome 1:** Increase in the percent of clients receiving prescription drugs (PD) through the Ryan White Program who show improved or stable CD4 counts during the reporting period.
- Target 1:** 75% of RW-Part A/MAI PD clients having 2 or more CD4 counts at least 3 months apart in the FY will show improved or stable CD4 counts.
- Outcome 2:** Increase in the percent of clients with access to prescribed HIV/AIDS medications (i.e., new clients) during the reporting period.
- Target 2:** 25% of RW-Part A/MAI PD clients will be new to this service during the FY.

ORAL HEALTH CARE (Part A)

- Outcome 1:** Increase in the percent of clients receiving oral health care (OHC) education during the reporting period.

- Target 1:** 50% of RW Part A OHC clients will receive at least 1 oral evaluation (D0120, D0150, or D0180) during the FY as well as either oral hygiene instructions (D1330) and/or tobacco cessation counseling (D1320).
- Outcome 2:** Increase in the percent of clients who access oral health care through Ryan White Part A during the reporting period.
- Target 2:** 25% of the clients receiving OHC services paid for by RW-Part A in the FY will be new recipients [i.e., have not received OHC in the previous FY – includes both "Established Clients" (i.e., have received RW care in previous FY but not OHC) and "New-to-Care Clients" (i.e., have never received any RW service before)].

HEALTH INSURANCE SERVICES (Part A)

For AICP & Deductibles

- Outcome 1:** Increase in the percent of clients receiving AICP and Insurance Deductibles who will maintain their health insurance during the reporting period.
- Target 1:** 80% of clients who receive AICP or insurance deductibles in the FY paid for by RW-Part A will also report having private health insurance in the same FY.

For Prescription Drug Co-payments

- Outcome 2:** Increase in the percent of clients who are accessing health insurance including prescription medication coverage during the reporting period.
- Target 2:** 80% of clients who receive prescription drug co-payment assistance during the reporting period will maintain their health insurance.

SUBSTANCE ABUSE COUNSELING - RESIDENTIAL TREATMENT (Part A and/or MAI)

- Outcome 1:** Increase in the percent of clients receiving residential substance abuse (RSA) treatment who complete the program during the reporting period.
- Target 1:** 60% of clients in residential substance abuse treatment paid for by RW-Part A will complete the program during the FY.
- Outcome 2:** Increase in the percent of clients in residential substance abuse treatment who are retained in care (i.e., accessing outpatient medical services) during the reporting period.
- Target 2:** 75% of clients in residential substance abuse treatment for more than 30 days and paid for by RW-Part A will either 1) receive at least one OMC service (E/M office visit) while in treatment or 2) complete the program and receive at least one OMC service (E/M office visit) within 60 days of completion.
- Outcome 3:** Increase in the percent of clients accessing outpatient substance abuse (OSA) counseling upon completion of a residential substance abuse treatment program during the reporting period.

- Target 3:** 75% of clients completing RW-Part A paid RSA treatment in the last quarter of the previous FY or the first 3 quarters of the current FY will access OSA counseling during the current FY.

MENTAL HEALTH THERAPY/COUNSELING (Part A)

- Outcome 1:** Increase in the percent of clients receiving mental health therapy who are retained in care (i.e., accessing outpatient medical services) during the reporting period.
- Target 1:** 50% of the clients receiving RW-Part A/MAI paid for mental health therapy (Level I/Level II; Individual/Group) will have 2 or more visits to outpatient medical care (E/M office visits - not including OMC psychiatry) in the same FY.

SUBSTANCE ABUSE COUNSELING – OUTPATIENT COUNSELING (Part A)

- Outcome 1:** Increase in the percent of clients receiving outpatient substance abuse counseling who are retained in care (i.e., accessing either OMC or MCM services) during the reporting period.
- Target 1:** 75% of the clients receiving OSA counseling in the FY will have 2 or more visits to either outpatient medical care (E/M office visits) and/or medical case management (face-to-face visits or adherence) in the same FY.

OUTREACH SERVICES (Part A and/or MAI)

- Outcome 1:** Increase in the percent of clients who know their HIV status that are contacted through Ryan White Program outreach efforts and are connected for the first time to an OMC or MCM provider during the reporting period.
- Target 1:** 10% of the out-of-care HIV+ clients (i.e., those who were never in care in the Ryan White Part A or MAI Programs) that are contacted and billed for by RW-Part A/MAI in the FY are actually brought into care for the first time in the same FY (have 1 or more OMC visit [E/M office visit] or MCM visit [face-to-face or adherence counseling]) paid for by RW-Part A/MAI.
- Outcome 2:** Increase in the percent of lost-to-care clients that are contacted through Ryan White Program outreach efforts and are re-connected to an OMC or MCM provider during the reporting period.
- Target 2:** 25% of the lost-to-care HIV+ clients (i.e., those who were previously receiving Ryan White Part A or MAI Program services and had fallen out of care) that are contacted and billed for by RW-Part A/MAI in the FY are actually re-connected to care in the same FY [have 1 or more OMC visit (E/M office visit) or MCM visit (face-to-face or adherence counseling)] paid for by RW-Part A/MAI.

TRANSPORTATION VOUCHER SERVICES (Part A)

- Outcome 1:** Increase in the percent of clients retained in care (i.e., accessing either MCM or OMC) during the reporting period.
- Target 1:** 90% of the clients receiving transportation voucher services during the FY will also have either a) 1 or more OMC visits (E/M office visit) AND 1 or more MCM visits (face-to-face or adherence counseling) in the same FY OR b) 2 or more MCM visits in the same FY.

FOOD BANK (Part A)

- Outcome 1:** Increase in the percent of clients receiving food needed to help meet their daily living or nutritional needs during the reporting period.
- Target 1:** 25% of the clients receiving food bank services during the FY will be new recipients [i.e., have not received food bank services in the previous FY – includes both "Established Clients" (i.e., have received RW care in previous FY but not Food Bank) and "New-to-Care Clients" (i.e., have never received any RW service before)].

LEGAL ASSISTANCE (Part A)

- Outcome 1:** Increase in the percent of clients retained in care (i.e., accessing either MCM or OMC) during the reporting period.
- Target 1:** 50% of the clients receiving legal assistance services during the FY will have 2 or more visits to either outpatient medical care (E/M office visits) and/or medical case management (face-to-face visits or adherence) in the same FY.

HOME-DELIVERED MEALS (Part A)

- Outcome 1:** Increase in the percent of clients receiving meals needed to help meet their daily living or nutritional needs during the reporting period.
- Target 1:** 25% of the clients receiving home-delivered meal (HDM) services during the FY will be new recipients (i.e., have not received HDM services in the previous FY [includes both "Established Clients" (i.e., have received RW care in previous FY but not HDMs) and "New-to-Care Clients" (i.e., have never received any RW service before)]).

PSYCHOSOCIAL SUPPORT SERVICES (Part A)

- Outcome 1:** Among clients receiving psychosocial support services (individual or group Level III, Level IV, or Pastoral Care counseling), an increased percent is being retained in care (i.e., accessing either MCM or OMC) during the reporting period.
- Target 1:** 60% of the clients receiving at least 1 RW-Part A paid for psychosocial support service during the FY will also have either a) 1 or more OMC visits (E/M office visit) AND 1 or more MCM visits (face-to-face or adherence counseling) in the same FY OR b) 2 or more MCM visits in the same FY.

TRANSPORTATION SERVICES (VANS) (Part A)

Outcome 1: Increase in the percent of clients retained in care (i.e., accessing either MCM or OMC) during the reporting period.

Target 1: 90% of the clients receiving van transportation services to attend medical and support service appointments during the FY will have 2 or more visits to either outpatient medical care (E/M office visits) and/or medical case management (face-to-face visits or adherence) in the same FY.