

**MIAMI-DADE COUNTY  
RYAN WHITE PROGRAM  
CLIENT-LEVEL OUTCOMES/PERFORMANCE MEASURES**

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Performance by [SUBRECIPIENT NAME AND ACRONYM 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) 2018 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, MBCHC 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, [SUBRECIPIENT 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 THE FOLLOWING SERVICE CATEGORIES APPLICABLE TO THIS AGENCY UNDER THIS AGREEMENT; IN THIS ORDER] AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP), Food Bank, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance), Medical Case Management (including Treatment Adherence), Medical Transportation (vouchers), Mental Health Services, Oral Health Care, Other Professional Services (Legal Services and Permanency Planning), Outpatient/Ambulatory Health Services, Outreach Services, Substance Abuse Outpatient Care, and Substance Abuse Services (Residential).

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 identification. Wherever Minority AIDS Initiative (MAI) is indicated, related services and client-level outcomes are limited to program-eligible racial/ethnic minority HIV+ clients only.

The Service Delivery Information System (SDIS) is the main data source for the client-level outcomes indicated below. Targets in the table below are based on Ryan White Part A/MAI Program-wide baseline data for Fiscal Year (FY) 2016, with corresponding targets for FY 2017, as reported to HRSA through the FY 2017 Program Terms Report, Implementation Plan, as submitted by the County to HRSA.

**AIDS PHARMACEUTICAL ASSISTANCE (LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP) (PART A AND MAI)**

**Outcome 1:**     HIV Viral Load Suppression: Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

**Target 1:**        At least 85% of the HIV+ clients receiving LPAP services will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.

<b>Outcome 2:</b>	<u>Prescription of HIV Antiretroviral Therapy:</u> Increase in the percentage of clients, regardless of age, with at least one (1) medical visit in the measurement year who were prescribed HIV antiretroviral therapy during the measurement year.
<b>Target 2:</b>	At least 95% of clients receiving LPAP services who had at least one (1) medical visit will be prescribed HIV/AIDS medications [i.e., antiretroviral (ARVs) and opportunistic infection (OIs) medications] during the measurement year.
<b><u>FOOD BANK (PART A)</u></b>	
<b>Outcome 1:</b>	<u>HIV Medical Visit Frequency:</u> Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
<b>Target 1:</b>	At least 66% of HIV+ clients receiving Food Bank services will have at least one (1) medical visit as described directly above during the measurement year.
<b><u>HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS (HEALTH INSURANCE ASSISTANCE) (PART A)</u></b>	
<b>Outcome 1:</b>	<u>HIV Viral Load Suppression:</u> Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.
<b>Target 1:</b>	At least 90% of the HIV+ clients receiving Health Insurance Assistance will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.
<b>Outcome 2:</b>	<u>Prescription of HIV Antiretroviral Therapy:</u> Increase in the percentage of clients, regardless of age, with at least one (1) medical visit in the measurement year who were prescribed HIV antiretroviral therapy during the measurement year.
<b>Target 2:</b>	At least 95% of clients receiving Health Insurance Assistance who had at least one (1) medical visit will be prescribed HIV/AIDS medications [i.e., antiretroviral (ARVs) and opportunistic infection (OIs) medications] during the measurement year.
<b><u>MEDICAL CASE MANAGEMENT (INCLUDING TREATMENT ADHERENCE) (PART A AND MAI)</u></b>	
<b>Outcome 1:</b>	<u>HIV Viral Load Suppression:</u> Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.
<b>Target 1:</b>	At least 80% of the HIV+ clients receiving Medical Case Management services will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.
<b>Outcome 2:</b>	<u>HIV Medical Visit Frequency:</u> Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
<b>Target 2:</b>	At least 66% of HIV+ clients receiving Medical Case Management services will have at least one (1) medical visit as described directly above during the measurement year.



### **MEDICAL TRANSPORTATION (VOUCHERS) (PART A)**

**Outcome 1:** HIV Medical Visit Frequency: Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

**Target 1:** At least 66% of HIV+ clients receiving Medical Transportation (voucher) services will have at least one (1) medical visit as described directly above during the measurement year.

### **MENTAL HEALTH SERVICES (PART A)**

**Outcome 1:** HIV Viral Load Suppression: Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

**Target 1:** At least 80% of the HIV+ clients receiving Mental Health Services will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.

**Outcome 2:** HIV Medical Visit Frequency: Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

**Target 2:** At least 66% of HIV+ clients receiving Mental Health Services will have at least one (1) medical visit as described directly above during the measurement year.

### **ORAL HEALTH CARE (PART A)**

**Outcome 1:** Oral Health Education: Increase in the percentage of clients who received Oral Health Care (OHC) education in the measurement year.

**Target 1:** At least 75% of OHC clients who receive at least one (1) oral evaluation procedure (D0120, D0150, D0160, D0170, or D0180) during the measurement year will also receive oral health education (D1320 and/or D1330).

**Outcome 2:** Periodontal Screening or Examination: Increase in the percentage of clients who had a periodontal screening or examination at least once during the measurement year.

**Target 2:** At least 75% of the clients who had at least one (1) clinical oral evaluation (d0120, d0150, d0160, d0170, or d0180) in the measurement year will also have at least one (1) periodontal screening (D0120 or D0180) in the measurement year.

### **OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) (PART A)**

**Outcome 1:** HIV Medical Visit Frequency: Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

<b>Target 1:</b>	At least 66% of HIV+ clients receiving Other Professional Services (Legal Services and Permanency Planning) will have at least one (1) medical visit as described directly above during the measurement year.
<b><u>OUTPATIENT/AMBULATORY HEALTH SERVICES (PART A AND MAI)</u></b>	
<b>Outcome 1:</b>	<u>HIV Viral Load Suppression:</u> Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.
<b>Target 1:</b>	At least 80% of the HIV+ clients receiving Outpatient/Ambulatory Health Services (OAHS) will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.
<b>Outcome 2:</b>	<u>HIV Medical Visit Frequency:</u> Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
<b>Target 2:</b>	At least 66% of HIV+ clients receiving OAHS services will have at least one (1) medical visit as described directly above during the measurement year.
<b><u>OUTREACH SERVICES (PART A AND MAI)</u></b>	
<b>Outcome 1:</b>	<u>RW contractual requirement:</u> Increase in the percentage of clients who are accessing care and treatment.
<b>Target 1:</b>	At least 50% of the HIV+ outreach clients who were newly diagnosed or those who were never in care will access care and treatment for the first time during the measurement year.
<b>Outcome 2:</b>	<u>RW contractual requirement:</u> Increase in the percentage of clients reconnected to care.
<b>Target 2:</b>	At least 50% of the HIV+ outreach clients who were lost-to-care or those who were at-risk of being lost-to-care actually returned to care and treatment during the measurement year.
<b>Outcome 3:</b>	<u>(Timely) Linkage to HIV Medical Care:</u> Increase in the percentage of clients who attended a routine HIV medical care visit within three (3) months of HIV diagnosis.
<b>Target 3:</b>	At least 66% of the HIV+ outreach clients who were new to care will have at least one (1) medical visit within three (3) months of HIV diagnosis during the measurement year. (NOTE: three months is HRSA's performance measure target, but connection to medical care in 30 days or less is preferable for newly diagnosed clients.)



### **SUBSTANCE ABUSE OUTPATIENT CARE (PART A)**

**Outcome 1:** HIV Viral Load Suppression: Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

**Target 1:** At least 75% of the HIV+ clients receiving Substance Abuse Outpatient Care services will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.

**Outcome 2:** Prescription of HIV Antiretroviral Therapy: Increase in the percentage of Substance Abuse Outpatient Care clients, regardless of age, who had at least one (1) medical visit in the measurement year and were prescribed HIV antiretroviral therapy during the measurement year.

**Target 2:** At least 85% of clients receiving Substance Abuse Outpatient Care services who had at least one (1) medical visit will be prescribed HIV/AIDS medications [i.e., antiretroviral (ARVs) and opportunistic infection (OIs) medications] during the measurement year.

**Outcome 3:** HIV Medical Visit Frequency: Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

**Target 3:** At least 66% of HIV+ clients receiving Substance Abuse Outpatient Care services will have at least one (1) medical visit as described directly above during the measurement year.

### **SUBSTANCE ABUSE SERVICES (RESIDENTIAL) (PART A AND MAI)**

**Outcome 1:** HIV Viral Load Suppression: Increase in the percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

**Target 1:** At least 71% of the HIV+ clients receiving Substance Abuse Services (Residential) will have a HIV viral load less than 200 copies/mL at their last viral load test during the measurement year.

**Outcome 2:** HIV Medical Visit Frequency: Increase in percentage of clients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

**Target 2:** At least 66% of HIV+ clients receiving Substance Abuse Services (Residential) will have at least one (1) medical visit as described directly above during the measurement year.