

ATTACHMENT 7.

Ryan White Part A Implementation Plan

Grantee: Minneapolis-St. Paul TGA

Fiscal Year 2012

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<u>Service Priority Name:</u> Outpatient/Ambulatory Medical Care		<u>Total Priority Allocation:</u> \$865,800				
<u>Service Priority Number:</u> 1		<u>Reference Current Comprehensive Plan:</u> Goal 1: Increase the percentage of PLWH/A who receive quality HIV medical care AND to engage in HIV medical care soon after diagnosis. 1.A: Increase the percentage of PLWH/A who receive HIV primary care from 62% to 75%. Objective 1B: Reduce racial, ethnic, gender, sexual orientation, substance use, immigration, and geographic disparities and barriers to accessing HIV core medical and related supportive services. Goal 2: Ensure a continuum of service, including culturally appropriate services and geographic parity, to engage PLWH/A in HIV medical care soon after diagnosis and to maintain their engagement and adherence over time. Objective 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Improve health outcomes by providing HIV primary care to individuals living with HIV/AIDS in the TGA with no other source of reimbursement for health care services.						
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above		<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
			3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Primary Care: By February 28, 2013 provide primary care for 573 people living with HIV/AIDS (PLWH/A). Costs may include but are not limited to: physician fees; lab costs; clinic fees; and co-payments for uninsured or under-insured patients.		Clinic visit, CD4 count, viral load, HIV genotype and various other clinical services and diagnostic tests.	573	1,817	03/01/12 - 02/28/13	\$720,100
b: Primary Care (MAI): By February 28, 2013 provide culturally appropriate primary care services for 61 Spanish speaking PLWH/A. Costs may include: physician fees; laboratory and other diagnostic tests; vaccinations; and clinic fees for patients with no other source of reimbursement.		Bundled primary care visits: Initial @\$822/visit and routine @ \$364/unit. Co-payment, deductible, co-insurance.	61	198	03/01/13 - 02/28/13	\$145,700
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>						
Primary Care Outcome #1: Determine the percentage of all HIV-positive patients that have at least one HIV clinician visit in the measurement year who have two or more CD4 counts at least three months apart= 71%. Outcome #2: Determine the number of female patients who received a pap test annually = 52%.						

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<u>Service Priority Name:</u> Medical Case Management		<u>Total Priority Allocation:</u> \$2,054,700				
<u>Service Priority Number:</u> 3		<u>Reference Current Comprehensive Plan:</u> Goal 1: Increase the percentage of PLWH/A who receive quality HIV medical care AND to engage in HIV medical care soon after diagnosis. Objective 1.A: Increase the percentage of PLWH/A who receive HIV primary care from 62% to 75%. Objective 1B: Reduce racial, ethnic, gender, sexual orientation, substance use, immigration, and geographic disparities and barriers to accessing HIV core medical and related supportive services. Objective 1C: Improve access to behavioral health services and Hepatitis C treatment. Goal 2: Ensure a continuum of service, including culturally appropriate services and geographic parity, to engage PLWH/A in HIV medical care soon after diagnosis and to maintain their engagement and adherence over time. Objective 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Increase access to HIV/AIDS primary medical care, anti-retroviral treatments and support services for persons living with HIV/AIDS in the TGA.						
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above		<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
			3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Medical Case Management (MCM): By February 28, 2013 provide comprehensive case management services to 1,190 PLWH/A in order to assess needs and develop service plans that include accessing HIV primary medical care.		Any MCM activity (one hour), as defined by standards.	1,190	22,610	03/01/12 - 02/28/13	\$1,495,400
b: Medical Case Management (MAI): By February 28, 2013 provide comprehensive case management services to 64 African Americans and African-born PLWH/A in order to assess needs and develop service plans that include accessing HIV primary medical care.		Any MCM activity (one hour), as defined by standards.	64	1,216	03/01/12 - 02/28/13	\$75,500
c: Treatment Adherence: By February 28, 2013 provide medication adherence consultations, including client assessment, counseling and education about HIV medications and management of medication side effects, to 1,151 individuals to increase adherence to HIV medication regimens.		Comprehensive, routine, and brief medication adherence consultations.	1,151	4,403	03/01/12 - 02/28/13	\$483,800
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>						
Medical Case Management Outcome #1: Determine the percentage of HIV-positive MCM clients with at least two MCM contacts in the measurement period who had a documented, complete psychosocial assessment in the last six months. Benchmark = 80%. Outcome # 2: Determine the percentage of Medication Adherence clients who report in the grantee's Outcomes Evaluation surveys that they have no missed doses of HAART. Benchmark = 89%						

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<u>Service Priority Name:</u> Mental Health Services		<u>Total Priority Allocation:</u> \$332,800				
<u>Service Priority Number:</u> 7		<u>Reference Current Comprehensive Plan:</u> Goal 1: Increase the percentage of PLWH/A who receive quality HIV medical care AND to engage in HIV medical care soon after diagnosis. Objective 1.A: Increase the percentage of PLWH/A who receive HIV primary care from 62% to 75%. Objective 1B: Reduce racial, ethnic, gender, sexual orientation, substance use, immigration, and geographic disparities and barriers to accessing HIV core medical and related supportive services. Objective 1C: Improve access to behavioral health services and Hepatitis C treatment. Goal 2: Ensure a continuum of service, including culturally appropriate services and geographic parity, to engage PLWH/A in HIV medical care soon after diagnosis and to maintain their engagement and adherence over time. Objective 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Promote self-care and healthy actions by persons living with HIV by increasing support, reducing isolation, and sustaining emotional well-being through mental health services for persons living with HIV/AIDS in the TGA.						
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above		<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
			3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Mental Health Services: By February 28, 2013, provide 159 PLWH/A with individual or group mental health services including: screening and assessments; therapy; medication management; and referral and follow up for ongoing outpatient clinical services.		Individual/group session, clinician consultation, screening, medication assessment, medication counseling & follow-up.	159	795	03/01/12 - 02/28/13	\$197,700
b: Culturally Appropriate Mental Health Services: By February 28, 2013, provide 182 PLWH/A with culturally appropriate individual or group mental health services including: screening and assessments, referral and follow up for ongoing outpatient clinical services.		Individual/group session, clinician consultation, screening, counseling & follow-up.	182	910	03/01/11 - 02/28/12	\$135,100
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>						
Mental Health Services Outcome #1: Determine the percentage of all HIV-positive clients receiving Mental Health Access Services who report that they are helped to "keep my medical appointments and stay connected to HIV medical care." Benchmark= 58%. #2: Determine the percentage of all HIV-positive clients receiving Mental Health Access Services who complete a mental health screening. Benchmark=25%.						

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<u>Service Priority Name:</u> Substance Abuse Treatment Services/Outpatient	<u>Total Priority Allocation:</u> \$139,500				
<u>Service Priority Number:</u> 11	<u>Reference Current Comprehensive Plan:</u> Goal 1: Increase the percentage of PLWH/A who receive quality HIV medical care AND to engage in HIV medical care soon after diagnosis. Objective 1.A: Increase the percentage of PLWH/A who receive HIV primary care from 62% to 75%. Objective 1C: Improve access to behavioral health services and Hepatitis C treatment. Goal 2: Ensure a continuum of service, including culturally appropriate services and geographic parity, to engage PLWH/A in HIV medical care soon after diagnosis and to maintain their engagement and adherence over time. Objective 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Improve health outcomes by providing substance abuse services to individuals living with HIV/AIDS who are identified with chemical health related barriers to accessing care in the TGA .					
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above	<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
		3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Substance Abuse Treatment Services/Outpatient: By February 28, 2013, provide chemical health assessments and assist 158 PLWH/A through coordination and follow up to effectively access chemical health treatment programs.	Chemical health assessment, individual counseling session, group counseling session.	158	2,834	03/01/12 - 02/28/13	\$139,500
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>					
Substance Abuse Treatment Services/Outpatient: Outcome #1: Determine the number of clients who are identified with chemical health needs that were referred to and completed an appointment with a chemical health services program = 86%. Outcome # 2: Determine the number clients receiving substance abuse services who continue to follow-up on their chemical health services appointments = 67%.					

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<u>Service Priority Name:</u> Food Bank/Home Delivered Meals		<u>Total Priority Allocation:</u> \$506,200				
<u>Service Priority Number:</u> 4		<u>Reference Current Comprehensive Plan:</u> Goal 1: Increase the percentage of PLWH/A who receive quality HIV medical care AND to engage in HIV medical care soon after diagnosis. Objective 1.A: Increase the percentage of PLWH/A who receive HIV primary care from 62% to 75%. Goal 2: Ensure a continuum of service, including culturally appropriate services and geographic parity, to engage PLWH/A in HIV medical care soon after diagnosis and to maintain their engagement and adherence over time. Objective 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Improve the nutritional status of persons living with HIV/AIDS in the TGA.						
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above		<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
			3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Home Delivered Meals: By February 28, 2013, provide 34,231 home delivered meals (two meals/day) to 110 unduplicated homebound PLWH/A.		One delivered meal. Cost per meal: \$6.05	110	34,231	03/01/12 - 02/28/13	\$207,100
b: Congregate (On-site) Meals: By February 28, 2013, provide 25,546 on-site communal meals to 734 PLWH/A.		One meal. Cost per meal: \$7.23	734	25,546	03/01/12 - 02/28/13	\$184,700
c: Food Shelf: By February 28, 2013, provide 1,625 food shelf packages to 572 PLWH/A.		One food package. Cost per package: \$53.17	572	1,625	03/01/12 - 02/28/13	\$86,400
d: Food Vouchers: By February 28, 2013, provide food through the distribution of 2,520 \$10 grocery store vouchers to 518 PLWH/A		One food voucher. Cost per voucher: \$10.00	518	2,520	03/01/12 - 02/28/13	\$28,000
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>						
Home Delivered Meals Outcome #1: Determine the percentage of HIV-positive clients receiving Home Delivered Meals who report on the grantee's Outcomes Evaluation surveys that "regular meals help me take my medications on schedule." Benchmark: Institute for Healthcare Improvement HIV/AIDS Measures - Adherence/Self-Management Goal Setting goal: 70%. Congregate (On-Site) Meals Outcome #2: Determine the percentage of HIV-positive clients receiving Congregate (On-Site) Meals who report on the grantee's Outcomes Evaluation surveys that "the meals I eat make a difference in maintaining my health." Benchmark: Institute for Healthcare Improvement HIV/AIDS Measures - Adherence/Self-Management Goal Setting goal: 70%						

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<u>Service Priority Name:</u> Emergency Financial Assistance		<u>Total Priority Allocation:</u> \$237,000				
<u>Service Priority Number:</u> 8		<u>Reference Current Comprehensive Plan:</u> Goal 1B: Reduce racial, ethnic, gender, sexual orientation, substance use, immigration, and geographic disparities and barriers to accessing HIV core medical and related supportive services. 2C: Fund services that effectively help PLWH/A stay in HIV care; and decrease the risk of PLWH/A dropping out of care.				
<u>Service Goal:</u> Provide emergency financial assistance to help individuals living with HIV/AIDS in the TGA maintain financial stability and stable housing that supports the ability to gain and/or maintain access to HIV/AIDS-related medical care.						
<u>1. Objectives:</u> List quantifiable time-limited objectives related to the service priorities listed above		<u>2. Service Unit Definition:</u>	<u>3. Quantity</u>		<u>4. Time Frame:</u>	<u>5. Funds:</u>
			3a) Number of people to be served	3b) Total Number of service units to be provided		
a: Emergency Financial Assistance: By February 28, 2013, provide emergency financial and rental assistance for 386 PLWH/A in order to assist them in maintaining primary care. Maximum annual grant: \$390/client.		Medical bill, utility bill, rent (up to \$390/client/year).	1,053	1,392	03/01/12 - 02/28/13	\$237,00
<u>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</u>						
Emergency Financial Assistance Outcome #1: Determine the number of Emergency Financial Assistance and Health Insurance Premium Assistance recipients who are assessed as having kept an HIV medical appointment in the previous six months= 93%. Outcome #2: Determine the percentage of Emergency Financial Assistance recipients who are out of care that received a referral to a HIV primary care provider; goal 50%						