

Attachment A

FY16 Implementation Plan

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report				
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017					
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017					
Service Category Name: Ambulatory Outpatient Medical Care		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 1		Current Comprehensive Plan Strategy: 1.2, 1.6, 1.7, 1.9, 1.10, 2.1, 2.2, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.4, 4.5, 4.6, 4.7, 6.1.a, 6.1.b, 6.1.c, 6.1.d, 6.1.e, 6.1.f, 6.1.g, 6.1.h				\$ 392,636	\$ 373,734		
Service Category Goal: 1A: To provide medical care services to PLWH/A to improve their health outcomes. 1B: Minimize health disparities by ensuring access to primary medical care services by HIV+ people of color and women, infants, children and youth (WICY). 1C: Minimize health disparities by ensuring access to primary medical care services by PLWH/A living in rural counties.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
				Target	Actual	Target	Actual	Allocation	Expenditure
1A1: Provide culturally and linguistically appropriate Ambulatory Outpatient Medical services.		01005: 1 20-minute primary care visit with HCP		433	810	1205.98	1651	\$ 272,490	\$ 256,136
1A2: Provide screening to 95% of clients reporting symptoms of opportunistic infection and treatment to all who consent.		01006: 1 20-minute specialty care visit with HCP		27	25	211.7	234	\$ 63,893	\$ 41,877
1A3: 100% of primary care services offered will meeting PHS guidelines.		01007: 1 medication adherence session as part of medical visit		27	25	145.83	148	\$ 8,292	\$ 26,457
1A4: Adhere to all relevant standards of care and service directives as approved by the Planning Council.		01008r: Vendor paid HCP primary care dollar in rural counties		7	0	2571.82	0	\$ 2,829	\$ -
1B1: Number/Percent of clients accessing services will be reflective of the TGA's proportion of PLWH/A by race/ethnicity.		01009: 1 20-minute HCP specialty care dollar		20	6	4545.55	1466	\$ 5,000	\$ 1,612
1B2: Number/Percent of clients accessing services will be reflective of the TGA's proportion of WICY living with HIV/AIDS.		01009r: 1 20-minute HCP specialty care dollar in rural counties		5	19	1160	4023	\$ 1,276	\$ 4,425
1C1: All service objectives identified for Goal A and B will also apply to rural counties.		01010r: 1 vendor paid lab dollar in rural counties		4	4	1646.6	2656	\$ 1,811	\$ 2,921

Outpatient Ambulatory Care Continued:

	01010: 1 vendor lab dollar	452	162	47508.18	15537	\$ 20,259	\$ 17,090
	01011: 1 vendor paid viral load lab test	625	128	19723.64	9935	\$ 11,696	\$ 10,929
	01012: 1 vendor paid viral for genotype4/phenotype lab	61	38	4627.27	11170	\$ 5,090	\$ 12,287
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		1309/1661	78.8%	1392/1706	81.6%	1503/1972	76.22%
b. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		1394/1661	83.9%	1450/1706	85%	1630/1972	82.66%
c. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: Prescription of HIV Antiretroviral Therapy: No/% of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		1650/1801	91.6%	1450/1706	85%	1934/1972	98.07%
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input checked="" type="checkbox"/> Retained in Care <input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017				
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017				
Service Category Name: ADAP/Prescription Medications - Not Funded at this Time		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Serice Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 2		Current Comprehensive Plan Strategy: Not applicable at this time				0	0
Service Category Goal: N/A							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be	
				Target	Actual	Target	Actual
2A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.				0	0	0	0
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy	
						<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017				
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017				
Service Category Name: Health Insurance and Cost-Sharing Assistance		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 3		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 2.2, 3.3, 3.5, 6.1.a, 6.1.g, 6.5.f, 6.6.1.				\$ 14,100	\$ 26,740
Service Category Goal: 3A: To provide payment for Health Insurance Premium and Cost-Sharing Assistance to provide stability needed to access or maintain HIV care and treatment services.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to	
		Target	Actual	Target	Actual	Allocation	Expenditure
3A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.	11028: 1 vendor paid insurance dollar	25	19	2273	13062	\$ 2,500	\$ 14,369
3A2: 100% of referrals and linkages to services for HIV+ clients receiving Health Insurance Premium and Cost-Sharing Assistance services shall be documented.	11028r: 1 vendor paid insurance dollar in rural counties	3	1	1242	355	\$ 1,366	\$ 636
3A3: 100% of clients receiving Health Insurance Premium and Cost-Sharing Assistance will report payments having been processed and approved and avoided the cancellation of health insurance benefits.	11033: 1 vendor paid medical visit co-pay	25	0	2273	0	\$ 2,500	\$ -
3A4: 100% of clients receiving assistance in the form of co-pays or deductible payments will maintain access to medical care.	11033r: 1 vendor paid medical visit co-pay in rural counties	3	7	1242	1055	\$ 1,366	\$ 1,161
3A5: 100% of Health Insurance premium and Cost-Sharing Assistance Providers will adhere to Health Insurance Premium and Cost-Sharing Assistance service standards.	11034: 1 vendor paid deductible payment	25	16	4545	9571	\$ 5,000	\$ 10,528
3A6: 100% of HIV+ clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic.	11034r: 1 vendor paid deductible payment in rural counties	3	1	1244	42	\$ 1,368	\$ 46

Health Insurance Premium and Cost-Sharing Assistance Continued:

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)				
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		19/26 78.38%	68/84 81.6%	39/44 88.64%
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable				
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input type="checkbox"/> Virally Suppressed				

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Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report				
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017					
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017					
Service Category Name: Oral Health		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 4		Current Comprehensive Plan Strategy: 1.2, 1.6, 1.7, 1.9, 1.10, 2.4, 2.5, 3.3, 3.5, 3.6, 6.1.a, 6.1.f, 6.2.a, 6.2.b, 6.2.c.				\$ 416,117	\$ 441,782		
Service Category Goal: 4A: To Provide access to dental care to improve health status of PLWH/A who have no dental insurance coverage or who have been denied coverage of a specific treatment through Medi-Cal. 4B: To provide access to dental care to improve health status of PLWH/A who have no dental insurance coverage or who have been denied coverage of a specific treatment through Medi-Cal in rural counties. All service objectives identified for Goal A will also apply to this goal.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be			
				Target	Actual	Target	Actual	Allocation	Expenditure
4A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		02001: 1 dental care visit		250	365	2183.12	2588		
		\$ 283,806	\$ 273,885						
4A2: Provide emergency dental care.		02002: 1 vendor paid dental dollar		98	91	849.95	135056		
		\$ 110,493	\$ 148,562						
4A3: Provide necessary outpatient diagnostic and surgical (Dental specialty) procedures.		02002r: 1 vendor paid dental dollar in rural counties		14	12	19834.54	17578		
		\$ 21,818	\$ 19,335						
4A4: 60% of clients receiving Oral Health Care will report improved oral health through self report.									
4A5: 100% of clients receiving specialty dental services will receive appropriate dental care as determined by County authorization review.									
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
a. (Pick Outcome from dropdown list in the cell to the right)		HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				540/695 77.7%	259/318 81.6%	508/625 81.28%			
b. (Pick Outcome from dropdown list in the cell to the right)		HAB Oral Care Measures: Oral Health Services: Dental Treatment Plan		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				695/695 100%	695/695 100%	625/625 100%			
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable									
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input checked="" type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017				
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017				
Service Category Name: Mental Health		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 5		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.7, 6.1.a, 6.a1.b, 6.1.f, 6.4.a, 6.4.b, 6.4.c, 6.4.d.				\$ 456,279	\$ 455,635
<p>Service Category Goal: 5A: To provide a variety of services aimed at improving or maintaining an individual's or family's health and ability to effectively cope and maximize</p> <p>5B: To provide psychiatric interventions to people with HIV to manage symptoms of mental illness or life crises as a result of their HIV.</p> <p>5C: Improve access to HIV medical care services by clients receiving mental health services.</p> <p>5D: To provide psychiatric interventions to HIV+ clients in rural counties to manage symptoms of mental illness or life crises as a result of their HIV. All service objectives identified for Goals A, B and C will also apply to this goal.</p>							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to	
		Target	Actual	Target	Actual	Allocation	Expenditure
5A1: Provide continuum of mental health counseling and therapeutic services to PLWH/A and to affected persons deemed eligible.	03001: 1-hour adult psychological	316	548	7584	3634	\$ 291,031	\$ 221,415
5A2: 100% of Mental Health Service Providers will comply with Mental Health service standards.	03020: 1 hour child psychological	13	52	604	630	\$ 27,501	\$ 29,843
5A3: 60% of clients receiving mental health counseling will report improved functionality.	03040: 1/2-hour adult psychiatric	441	527	1174	1227	\$ 60,900	\$ 74,484
5B1: Support primary care and mental health treatment programs by evaluating, diagnosing and treating PLWH/A clients as required through a licensed psychiatrist, which may include administration and monitoring of psychotropic medications needed as a result of client's HIV.	03042: each adult attending group	99	52	229	214	\$ 11,903	\$ 14,061
5B2: 60% of clients receiving psychiatric services will report increased functionality within 90 days of start of treatment.	03048: 1 15-minute Mental Health Other Encounter	317	369	1155	1700	\$ 59,919	\$ 113,338

Mental Health Continued:

5C1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.	03042r: 1 hour adult attending group	1	0	455	0	\$ 500	\$ -
5C2: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.	03045r: 1 vendor paid adult individual-psychological dollar in rural counties	3	2	4114	2267	\$ 4,525	\$ 2,494
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		653/869 75.1%		962/1180 81.6%		698/918 76.03%	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input checked="" type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report		
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017			
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017			
Service Category Name: Medical Case Management		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g				\$ 860,417	\$ 830,650
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A. 6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management. 6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to	
		Target	Actual	Target	Actual	Allocation	Expenditure
6A1: 95% of clients will be assessed using an acuity scale.	14011: 1 15-minute Office-based face-to-face encounter	215	374	3831	2559	\$ 75,990	\$ 50,918
6A2: 95% of clients will have a care plan developed based upon acuity scale assessment.	14012: 1 15-minute Office-based other encounter	177	488	1383	4180	\$ 54,517	\$ 80,042
6A3: 100% of clients will receive medical case management follow-up.	14020: 1 15-minute Field-based face-to-face encounter	125	242	28511	14756	\$ 317,892	\$ 201,567
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.	14021: 1 15-minute Field-based other encounter	71	264	10892	16830	\$ 120,265	\$ 236,093
6A5: 95% of medical case management charts will comply with medical case management service standards.	14022: 1 15-minute Field-based Child Care face-to-face Encounter	17	40	861	336	\$ 16,973	\$ 4,248

Medical Case Management Continued:

6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based	14023: 1 15-minute Field-based Child Care Other encounter	22	50	1373	2354	\$ 19,090	\$ 30,392
6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.	14020r: 1 15-minute Field-based face-to-face encounter in Rural County	74	128	7946	5807	\$ 80,173	\$ 84,190
6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.	14021r: 1 15-minute Field-based other encounter in Rural County	75	151	18397	10041	\$ 175,517	\$ 143,200
6C1: All Objectives above apply to rural county medical case management as well.							

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		414/667 62.1%	633/776 81.6%	791/1319 59.97%
b. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Viral Load Suppression Among Persons in HIV Medical Care: Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		554/667 83.1%	660/776 85%	1018/1319 77.18%
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %

6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable

<input type="checkbox"/> Diagnosed	<input type="checkbox"/> Linked to Care	<input checked="" type="checkbox"/> Retained in Care	<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy	<input checked="" type="checkbox"/> Virally Suppressed
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Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017				
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017				
Service Category Name: Case Management (non-Medical)		<input type="checkbox"/> Part A Core	<input checked="" type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 7		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g, 6.5.h, 6.6.a., 6.7.a, 6.7.b, 6.8.b, 6.9.a.				\$ 60,817	\$ 60,817
Service Category Goal: 7A: To Provide culturally appropriate, comprehensive Benefits and Enrollment case management services to eligible PLWH/A. 7B: Maintain or improve health status and quality of life of clients accessing integrated Benefits and Enrollment case management services. 7C: To provide culturally appropriate, comprehensive Benefits and Enrollment case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided	
				Target	Actual	Target	Actual
7A1: 100% of clients will receive non-medical case management follow-up. Outcome: 100%		12019: 1 15-minute Office-based face-to-face benefits counseling		189	611	2431.75	2515
						\$ 38,908	\$ 54,943
7A2: 95% of clients receiving Benefits and Enrollment case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.		12020: 1 15-minute Office-based benefits counseling other encounter		106	148	1369.31	306
						\$ 21,909	\$ 5,875
7A3: 90% of non-medical case management charts will comply with non-medical case management service standards.							
7A4: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.							
7A5: Offer Benefits and Enrollment case management visits to newly diagnosed PLWH/A who seek medical care.							

Case Management (non-Medical) Continued:

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service				
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
				1113/1618 68.79%
b. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: Prescription of HIV Antiretroviral Therapy: Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
				1400/1618 86.53%
c. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression; Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
				1366/1618 84.43%
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable				
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input checked="" type="checkbox"/> Retained in Care <input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed				

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report				
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017					
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017					
Service Category Name: Medical Transportation Services		<input type="checkbox"/> Part A Core	<input checked="" type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 8		Current Comprehensive Plan Strategy: 1.2, 1.9, 1.10, 2.5, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.9.a, 6.9.b, 6.9.c.				\$ 88,959	\$ 79,113		
Service Category Goal: 8A: To assist PLWH/A in accessing HIV primary care and other services through the provision of assisted and unassisted transportation services. 8B: To assist PLWH/A, in rural counties, in accessing HIV primary care and other services through the provision of assisted and unassisted transportation services. All services objectives identified for Goal A will also apply to this goal.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be			
				Target	Actual	Target	Actual	Allocation	Expenditure
8A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		11050: Vendor paid one-way trips		20	102	10000	35955		
		\$ 19,560	\$ 21,326						
8A2: To enable PLWH/A to access medical and other HRSA approved essential services.		11025: Vendor paid transportation dollar		233	345	34259.09	25393		
		\$ 38,164	\$ 27,933						
8A3: 100% of transportation service providers will comply with Medical Transportation service standards.		11025r: Vendor paid transportation dollar in rural counties		88	86	10759.09	10124		
		\$ 11,835	\$ 11,136						
8A4: 75% of clients showing evidence of need for transportation services will receive transportation for HIV/AIDS related care appointments.		11055: 1 - 15 minutes Face to Face Transportation Service		New Service added mid-year	New Service added mid-year	1970	19,400		
		\$ 19,400	\$ 18,717						
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Systems-Level Measures: Linkage to HIV Medical Care within 90 days		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				9/9 100%		289/341 85%		75/76 98.7%	
b. (Pick Outcome from dropdown list in the cell to the right)		HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				247/387 63.82%		289/341 85%		305/437 69.79%	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable									
<input type="checkbox"/> Diagnosed		<input checked="" type="checkbox"/> Linked to Care		<input checked="" type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report				
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017					
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017					
Service Category Name: Substance Abuse Services - Outpatient		<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 9		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.4, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.6, 6.1.a, 6.1.d, 6.1.f, 6.3.a, 6.3.b, 6.3.c.				\$ 210,633	\$ 209,926		
Service Category Goal: 9A: To provide drug and alcohol outpatient treatment for PLWH/A ready to begin treatment, and harm reduction services for those who are not yet ready to begin treatment, in order to increase their opportunities for appropriately ac									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be			
				Target	Actual	Target	Actual	Allocation	Expenditure
9A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		08001: addition assessment		40	139	341	185	\$ 12,216	\$ 7,562
9A2: Provide outpatient treatment designed to reduce or eliminate alcohol and drug use/abuse by PLWH/A in order to allow initiation of or improve adherence to HIV medication regimens.		08005: 1-hour outpatient counseling		100	207	1746	690	\$ 69,567	\$ 31,557
9A3: 100% of all substance abuse outpatient service providers will deliver services according to Substance Abuse service standards.		08006: 90-minute group counseling		157	121	944	575	\$ 32,454	\$ 19,674
9A4: 60% of clients entering outpatient substance abuse services will reduce risk behaviors by self report.		08007: 1-hour individual family/significant other counseling		2	0	2	0	\$ 100	\$ -
		08023: 15-minute intern/other encounter		175	296	3947	3718	\$ 93,924	\$ 148,848
		08025: Each HIV+ individual attending a group sessions		8	15	73	19	\$ 2,372	\$ 2,285

Substance Abuse - Outpatient Continued:

9A8: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. Outcome: 100%														
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)														
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %								
		213/299 71.24%		313/482 81.6%		241/327 73.7%								
b. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %								
		245/299 81.94%		410/482 85%		262/327 80.12%								
c. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: Prescription of HIV Antiretroviral Therapy: No/% of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %								
		246/299 82.27%		410/482 85%		313/327 95.72%								
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable														
<input type="checkbox"/> Diagnosed			<input type="checkbox"/> Linked to Care			<input checked="" type="checkbox"/> Retained in Care			<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy			<input checked="" type="checkbox"/> Virally Suppressed		

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report									
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017										
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017										
Service Category Name: Treatment Adherence Counseling (Pediatric)		<input type="checkbox"/> Part A Core		<input checked="" type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds			
								Allocation		Expenditure			
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other													
Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.b, 6.1.c, 6.1.d, 6.1.e, 6.1.f, 6.1.i, 6.1.j, 6.1.k.													
Service Category Priority Number: 10										\$ 22,509		\$ 21,533	
Service Category Goal: 10A: Provide treatment adherence services to pediatric PLWH/A and their families to improve clients' health outcomes.													
1. Objectives:		2. Service Unit Definition:			3. Quantity:				4. Funds:				
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided			Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to				
					Target		Actual		Target		Actual		
									Allocation		Expenditure		
10A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		11051: 1-Pediatric medication adherence session			23		25		95.99		89		
									\$ 22,509		\$ 21,533		
10A2: Adhere to all relevant standards of care and service directives as approved by the Planning Council.													
10A3: Percent of clients accessing services will be reflective of the TGA's proportion of WICY living with HIV/AIDS.													
10A4: 85% of Pediatric client will receive HIV medication adherence counseling at least twice in a six month period.													
10A5: 100% of Medical Adherence (Pediatric) providers will dispense medications (including prescriptions for antiretroviral agents for HIV) according to PHS guidelines.													
10A6: 100% of Pediatric clients will receive their needed medication within 48 hours.													
10A7: 75% clients receiving treatment adherence services will adhere to medication program.													
10A8: 100% of clients receiving treatment adherence services will be assessed for sensitivities, resistance, and side effects at least once every six months by a Registered Nurse and a Pharmacist.													

Treatment Adherence Counseling (Pediatric) Continued:

10A9: 70% of clients receiving treatment adherence services will show improved health indicators.							
10A10: 100% of Pediatric clients receiving medication adherence counseling will maintain routine medical care (2 HIV+ visits per year at least three months apart).							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		22/25	88%	21/23	90%	22/23	95.7%
b. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: Prescription of HIV Antiretroviral Therapy: No/% of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		22/25	88%	19/23	82.6%	23/23	100%
c. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		22/25	88%	19/23	82.6%	19/23	82.6%
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed	<input type="checkbox"/> Linked to Care	<input checked="" type="checkbox"/> Retained in Care	<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy	<input checked="" type="checkbox"/> Virally Suppressed			

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report											
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017												
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017												
Service Category Name: Child Care Services		<input type="checkbox"/> Part A Core		<input checked="" type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds					
								Allocation		Expenditure					
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other															
Service Category Priority Number: 11			Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.4, 2.5, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.d, 6.1.f, 6.10.a.					\$ 35,696		\$ 35,695					
Service Category Goal: 11A: Provide financial support for child care for children of PLWH/A (or families of youth PLWH/A) in order to improve clients' ability to access and maintain primary and support service care.															
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:							
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to							
				Target		Actual		Target		Actual		Allocation		Expenditure	
11A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		11026: 1 Vendor Paid Child Care Dollar		38		35		27905.45		30005		\$ 35,696		\$ 35,695	
11A2: 100% of Child Care service providers will comply with Child Care service standards.															
11A3: 100% of clients requesting Child Care services for medical or support service appointment will have referrals or financial assistance made available.															
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)															
a. (Pick Outcome from dropdown list in the cell to the right)		HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %							
				26/37 70.27%		31/38 81.6%		28/35 80%							
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %							
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %							
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable															
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input checked="" type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report							
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017								
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017								
Service Category Name: Emergency Financial Assistance		<input type="checkbox"/> Part A Core		<input checked="" type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds	
								Allocation		Expenditure	
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other											
Service Category Priority Number: 12		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 2.5, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.d, 6.1.f, 6.6.a, 6.6.b, 6.6.c, 6.7.a, 6.7.b, 6.7.c.					\$ 66,785		\$ 61,515		
<p>Service Category Goal: 12A: To provide short-term and emergency assistance payments to address emergency financial difficulties of clients in order to provide stability needed to access or maintain HIV care and treatment services.</p> <p>12B: To provide short-term and emergency assistance payments to address emergency financial difficulties of clients in order to provide stability needed to access or maintain HIV care and treatment services in rural counties.</p> <p>12C: To stabilize living situations to ensure maintenance of medical care and treatment adherence through the provision of short-term housing assistance.</p> <p>12D: To stabilize living situations to ensure maintenance of medical care and treatment adherence through the provision of short-term housing assistance in rural counties. All service objectives identified for Goal A will also apply to this goal.</p>											
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to			
				Target	Actual	Target	Actual	Allocation		Expenditure	
12A1: Document and track all service provision to clients through the web-based database in order to		11029: Other critical need		13	44	18181.82	10697	\$ 20,000	\$ 11,747		
12A2: Provide prescription medication reimbursements.		11029r: Other critical need in Rural Counties		86	114	23440.91	32899	\$ 25,785	\$ 36,189		
12A3: Provide financial assistance for other non-Ryan White funded critical needs.		11016: Vendor paid lodging dollar		20	27	19090.9	12345	\$ 21,000	\$ 13,579		
12A4: 100% of providers will comply with applicable Emergency Financial Assistance service standards.		11016r: Vendor paid lodging dollar in Rural Counties		0	0	0	0	\$ -	\$ -		
12A5: 100% of providers will comply with applicable Housing Assistance service standards.											
12A6: 100% of clients receiving housing assistance will maintain routine medical care (2 HIV+ visits per year at least three months apart).											

Emergency Financial Assistance Continued:

12A7: 60% of clients receiving housing assistance will report improvements on or maintenance of their general health status and/or quality of life.							
12A8: 85% of all clients receiving housing assistance will report improved or stable housing as compared to their housing situation in the previous year.							

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart. (Other Critical Need)	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		90/145 62.4%	118/145 81.6%	117/183 63.93%
b. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart. (Housing)	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		14/22 62.4%	18/22 81.6%	30/44 68.18%
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %

6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable

Diagnosed Linked to Care Retained in Care Prescribed Antiretroviral Therapy Virally Suppressed

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input checked="" type="checkbox"/> Annual Progress Report		
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016-2017			
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017			
Service Category Name: Medical Nutritional Therapy		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Serice Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 13		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.1, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.d, 6.1.f, 6.10.b, 6.10.c.				\$ 10,000	\$ -
Service Category Goal: 13A: To maintain or improve the health status and quality of life of clients accessing Medical Nutritional Therapy.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be	
				Target	Actual	Target	Actual
						Allocation	Expenditure
13A1: Document and track all service provisions to clients through the web-based database in order to prevent client from withdrawing from care.		23001: 1 15-minute Medical Nutritional Therapy face-to-face		0	0	0	0
13A2: 100% of providers will comply with applicable Medical Nutritional Therapy service standards.		23002: 1 15-minute Medical Nutritional Therapy other encounter		0	0	0	0
13A3: 70% of client receiving Medical Nutritional Therapy will maintain routine medical care.		23003: 1 Vendor Paid Nutrition Voucher dollar		New Service Added Mid-Year	0	New Service Added Mid-Year	0
13A4: 100% of clients receiving Medical Nutritional Therapy will have an individualized nutritional plan developed within 60 days of assessment by a licensed registered dietitian.							
13A5: 100% of clients will be reassessed as needed at six months with a copy of the reassessment maintained in the client's record, signed and dated by the client and dietitian.							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy	
						<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report												
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017													
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017													
Service Category Name: Health Education and Risk Reduction Services		<input type="checkbox"/> Part A Core		<input type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds						
								Allocation		Expenditure						
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other																
Service Category Priority Number: 14		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.2, 2.3, 2.4, 2.5, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 5.2, 5.3, 5.4, 6.1.a, 6.1.d, 6.1.f, 6.1.j, 6.12.a, 6.12.c.						\$ 4,769		\$ 4,759						
Service Category Goal: 14A: To maintain or improve health status and quality of life for clients accessing Health Education and Risk Reduction services.																
1. Objectives:		2. Service Unit Definition:			3. Quantity:			4. Funds:								
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided			Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to							
					Target		Actual		Target		Actual		Allocation		Expenditure	
14A1: Provide Health Education counseling to HIV+ clients to improve their health.		19001: 1 PCRS 15-minute face-to-face			4		14		66.57		44		\$ 2,384		\$ 3,968	
14A2: Provide Risk Reduction counseling to prevent HIV+ clients from transmitting HIV.		19002: 1 PCRS 15-minute other encounter			4		6		66.6		6		\$ 2,385		\$ 790	
14A3: 100% of Health Education and Risk Reduction (PCRS) providers will comply with Health Education and Risk Reduction services standards.																
14B1: 100% of newly identified HIV+ clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.																
14B2: 100% of all referrals and activities taken to follow-up with high-risk HIV- and HIV+ clients shall be documented.																
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)																
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Systems-Level Measures: Linkage to HIV Medical Care within 90 days			Baseline: Numerator/Denominator, %			Target: Numerator/Denominator, %			Actual: Numerator/Denominator, %					
					N/A			4/4 100%			75/76 98.7%					
b. (Pick Outcome from dropdown list in the cell to the right)					Baseline: Numerator/Denominator, %			Target: Numerator/Denominator, %			Actual: Numerator/Denominator, %					
c. (Pick Outcome from dropdown list in the cell to the right)					Baseline: Numerator/Denominator, %			Target: Numerator/Denominator, %			Actual: Numerator/Denominator, %					
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable																
<input type="checkbox"/> Diagnosed <input checked="" type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input type="checkbox"/> Virally Suppressed																

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report											
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017												
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017												
Service Category Name: Outreach Services		<input type="checkbox"/> Part A Core		<input checked="" type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds					
								Allocation		Expenditure					
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other															
Service Category Priority Number: 15		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.1, 2.2, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.d, 6.1.f, 6.11.a, 6.11.b, 6.11.c.					\$ 17,172		\$ 3,597						
Service Category Goal: 15A: Identify HIV+ clients who are not in medical care.															
15B: Maintain or improve health status and quality of life for HIV+ clients by assisting them in accessing care.															
15C: Provide referrals to medical and support services to assist clients in overcoming barriers to care.															
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:							
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to							
				Target		Actual		Target		Actual		Allocation		Expenditure	
15A1: Document and track all service provision to HIV+ clients through the web-based database in order to prevent clients from withdrawing from care.		06005: 1 15-minute Outreach face-to-face		10		12		518.79		243		\$ 8,586		\$ 2,528	
15A2: 100% of all referrals and linkages to services for HIV+ clients receiving Outreach services shall be documented.		06006: 1 15-minute Outreach other encounter		10		20		536.63		95		\$ 8,586		\$ 1,069	
15A3: 100% of HIV+ clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic.															
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)															
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Systems-Level Measures: Linkage to HIV Medical Care within 90 days		Baseline: Numerator/Denominator, %				Target: Numerator/Denominator, %				Actual: Numerator/Denominator, %			
				103/106 97.2%				95/106 90%				75/76 98.7%			
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %				Target: Numerator/Denominator, %				Actual: Numerator/Denominator, %			
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %				Target: Numerator/Denominator, %				Actual: Numerator/Denominator, %			
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable															
<input type="checkbox"/> Diagnosed <input checked="" type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input type="checkbox"/> Virologically Suppressed															

Ryan White Part A Implementation Plan: Service Category Table

<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report							
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017						
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017						
Service Category Name: Outreach Services - MAI		<input type="checkbox"/> Part A Core	<input checked="" type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 16		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.1, 2.2, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 6.1.a, 6.1.d, 6.1.f, 6.11.a, 6.11.b, 6.11.c.				\$ 3,597	\$ 17,173		
Service Category Goal: 16A: Identify MAI HIV+ clients who are not in medical care. 16B: Maintain or improve health status and quality of life for MAI HIV+ clients by assisting them in accessing care. 16C: Provide referrals to medical and support services to assist MAI clients in overcoming barriers to care.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be			
				Target	Actual	Target	Actual		
						Allocation	Expenditure		
16A1: Document and track all service provision to MAI HIV+ clients through the web-based database in order to prevent clients from withdrawing from care.		06007: 1 15-minute MAI face-to-face		75	21	108.64	448		
						\$ 1,798	\$ 12,397		
16A2: 100% of all referrals and linkage to services for MAI HIV+ clients receiving Outreach services shall be documented.		06008: 1 15-minute MAI other encounter		10	53	108.7	175		
						\$ 1,799	\$ 4,776		
16A3: 100% of MAI HIV+ clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic.									
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Systems-Level Measures: Linkage to HIV Medical Care within 90 days		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				1/2 50%		88/108 81.6%		75/76 98.7%	
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable									
<input type="checkbox"/> Diagnosed		<input checked="" type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report							
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017								
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017								
Service Category Name: Substance Abuse Services - Residential		<input type="checkbox"/> Part A Core		<input checked="" type="checkbox"/> Part A Support		<input type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds	
								Allocation		Expenditure	
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other											
Service Category Priority Number: 17		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.9, 1.10, 2.2, 2.4, 2.5, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.6, 4.7, 5.6, 6.1.a, 6.4.d, 6.4.f, 6.3.b, 6.3.c, 6.8.a, 6.8.b, 6.8.c.					\$ 52,435		\$ 38,722		
Service Category Goal: 17A: To provider residential drug and alcohol treatment to PLWH/A ready to begin treatment in order to increase their opportunities for appropriately accessing HIV primary care and medication therapies and improving health out											
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to			
				Target	Actual	Target	Actual	Allocation		Expenditure	
17A1: Document and track all service provision to clients through the web-based database in order to prevent clients from withdrawing from care.		08002: 1 physical assessment		20	21	32.54	23	\$ 3,905	\$ 2,760		
17A2: Provide residential treatment programs for clients who require intensive alcohol/drug treatment.		08004: 1 hour residential detox		20	22	9246.85	5954	\$ 42,851	\$ 35,962		
17A3: 100% of substance abuse service provides will deliver services according to Substance Abuse service standards.		08009r - 1 hour rural residential detox		2	0	235.64	0	\$ 5,679	\$ -		
17A4: 25% of clients entering residential substance abuse treatment will complete residential treatment program.											
17A5: 100% of residential substance abuse clients who do not have a primary care provider at intake will receive a referral to an appropriate physician or clinic.											

Substance Abuse Residential Continued:

5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service				
a. (Pick Outcome from dropdown list in the cell to the right)	HHS Measure: Retention in HIV Medical Care: Number/Percent of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		9/18 50%	16/20 81.6%	24/36 66.67%
b. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		13/18 72.22%	16/20 81.6%	28/36 77.78%
c. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: Prescription of HIV Antiretroviral Therapy: No/% of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
		12/18 66.67%	16/20 81.6%	35/36 97.22%
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable				
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input checked="" type="checkbox"/> Retained in Care <input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed				

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report					
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017						
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017						
Service Category Name: Medical Case Management - MAI		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input checked="" type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Race/Ethnicity (for MAI funded service only): <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other									
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g				\$ 101,748	\$ 102,359		
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A. 6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management. 6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
				Target	Actual	Target	Actual	Allocation	Expenditure
6A1: 70% of clients will be assessed using an acuity scale.		14024: 1 15-minute MAI face-to-face encounter		178	266	7336		\$ 64,651	\$ 55,910
6A2: 70% of clients will have a care plan developed based upon acuity scale assessment.		14025: 1 15-minute MAI other encounter		120	274	4658		\$ 37,097	\$ 46,450
6A3: 100% of clients will receive medical case management follow-up.									
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.									
6A5: 70% of medical case management charts will comply with medical case management service standards.									
6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based medical case management services.									

MAI Medical Case Management Continued:

6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.							
6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		244/286 85.3%		260/298 87.3%		208/310 67.1%	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017				
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017				
Service Category Name: Medical Case Management - MAI		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input checked="" type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g				\$ 42,324	\$ 35,309
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A. 6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management. 6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
		Target	Actual	Target	Actual	Allocation	Expenditure
6A1: 70% of clients will be assessed using an acuity scale.	14024: 1 15-minute MAI face-to-face encounter	84	134	2913	2496	\$ 26,893	\$ 17,640
6A2: 70% of clients will have a care plan developed based upon acuity scale assessment.	14025: 1 15-minute MAI other encounter	56	152	1849	2722	\$ 15,431	\$ 17,669
6A3: 100% of clients will receive medical case management follow-up.							
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.							
6A5: 70% of medical case management charts will comply with medical case management service standards.							
6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based medical case management services.							

MAI Medical Case Management Continued:

6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.							
6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		119/137 86.9%		124/140 88.9%		118/173 68.2%	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report											
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017												
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017												
Service Category Name: Medical Case Management - MAI		<input type="checkbox"/> Part A Core		<input type="checkbox"/> Part A Support		<input checked="" type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds					
								Allocation		Expenditure					
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other															
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g					\$ 1,174		\$ 1,530						
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A.															
6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management.															
6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.															
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:							
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.							
				Target		Actual		Target		Actual		Allocation		Expenditure	
6A1: 70% of clients will be assessed using an acuity scale.		14024: 1 15-minute MAI face-to-face encounter		8		14		54		123		\$ 746		\$ 1,063	
6A2: 70% of clients will have a care plan developed based upon acuity scale assessment.		14025: 1 15-minute MAI other encounter		6		14		35		57		\$ 428		\$ 467	
6A3: 100% of clients will receive medical case management follow-up.															
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.															
6A5: 70% of medical case management charts will comply with medical case management service standards.															
6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based medical case management services.															

MAI Medical Case Management Continued:

6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.							
6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		14/14 100%		14/14 100%		12/17 70.6%	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report							
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017								
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017								
Service Category Name: Medical Case Management - MAI		<input type="checkbox"/> Part A Core		<input type="checkbox"/> Part A Support		<input checked="" type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds	
								Allocation		Expenditure	
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other											
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g					\$ 5,975		\$ 11,430		
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A.											
6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management.											
6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.											
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.			
				Target Actual		Target Actual		Allocation		Expenditure	
6A1: 70% of clients will be assessed using an acuity scale.		14024: 1 15-minute MAI face-to-face encounter		10	14	477	887	\$ 3,797	\$ 5,131		
6A2: 70% of clients will have a care plan developed based upon acuity scale assessment.		14025: 1 15-minute MAI other encounter		7	15	303	1115	\$ 2,178	\$ 6,298		
6A3: 100% of clients will receive medical case management follow-up.											
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.											
6A5: 70% of medical case management charts will comply with medical case management service standards.											
6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based medical case management services.											

MAI Medical Case Management Continued:

6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.							
6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		15/17 88.2%		15/17 88.2%		12/16 75%	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable <input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input checked="" type="checkbox"/> Annual Progress Report							
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016-2017								
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017								
Service Category Name: Medical Case Management - MAI		<input type="checkbox"/> Part A Core		<input type="checkbox"/> Part A Support		<input checked="" type="checkbox"/> MAI Core		<input type="checkbox"/> MAI Support		Total Service Category Funds	
								Allocation		Expenditure	
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input checked="" type="checkbox"/> Pacific Islander <input type="checkbox"/> Other											
Service Category Priority Number: 6		Current Comprehensive Plan Strategy: 1.2, 1.7, 1.8, 1.9, 1.10, 2.4, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.5, 4.6, 4.7, 5.4, 5.5, 5.6, 5.7, 6.1.a, 6.1.c, 6.1.f, 6.1.i, 6.1.j, 6.1.k, 6.3.b, 6.5.a, 6.5.b, 6.5.c, 6.5.d, 6.5.e, 6.5.f, 6.5.g					\$ 2,744		\$ 3,334.83		
Service Category Goal: 6A: To Provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A.											
6B: Maintain or improve health status and quality of life of clients accessing integrated medical case management.											
6C: To provide culturally appropriate, comprehensive medical case management services to eligible PLWH/A in rural counties. All services objectives identified for Goals A, B and C will also apply to this goal.											
1. Objectives:		2. Service Unit Definition:		3. Quantity:				4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.			
				Target Actual		Target Actual		Allocation		Expenditure	
6A1: 70% of clients will be assessed using an acuity scale.		14024: 1 15-minute MAI face-to-face encounter		1	7	233	170	\$ 1,744	\$ 1,227		
6A2: 70% of clients will have a care plan developed based upon acuity scale assessment.		14025: 1 15-minute MAI other encounter		1	6	148	325	\$ 1,000	\$ 2,108		
6A3: 100% of clients will receive medical case management follow-up.											
6A4: 70% of clients receiving medical case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.											
6A5: 70% of medical case management charts will comply with medical case management service standards.											
6A6: At least 35% of Sacramento County's Medical Case Management funds will be spent on field-based medical case management services.											

MAI Medical Case Management Continued:

<p>6B1: 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.</p>							
<p>6B2: Offer field-based medical case management visit to newly diagnosed PLWH/A who do not seek care within six months of their initial intake.</p>							
<p>5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)</p>							
<p>a. (Pick Outcome from dropdown list in the cell to the right)</p>	<p>HAB Core Measures: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.</p>	<p>Baseline: Numerator/Denominator, %</p>		<p>Target: Numerator/Denominator, %</p>		<p>Actual: Numerator/Denominator, %</p>	
		<p>2/2 100%</p>		<p>2/2 100%</p>		<p>7/7 100%</p>	
<p>b. (Pick Outcome from dropdown list in the cell to the right)</p>		<p>Baseline: Numerator/Denominator, %</p>		<p>Target: Numerator/Denominator, %</p>		<p>Actual: Numerator/Denominator, %</p>	
<p>c. (Pick Outcome from dropdown list in the cell to the right)</p>		<p>Baseline: Numerator/Denominator, %</p>		<p>Target: Numerator/Denominator, %</p>		<p>Actual: Numerator/Denominator, %</p>	
<p>6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable</p>							
<p><input type="checkbox"/> Diagnosed <input type="checkbox"/> Linked to Care <input type="checkbox"/> Retained in Care <input type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" type="checkbox"/> Virally Suppressed</p>							

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report				<input checked="" type="checkbox"/> Annual Progress Report	
Grantee Name: Sacramento Transitional Grant Area				Fiscal Year: 2016 - 2017			
Budget Period: 3/1/2016 - 2/28/2017				Time Frame: 3/1/2016 - 2/28/2017			
Race/Ethnicity (for MAI funded service only): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Service Category Name: Clinical Quality Management Activities - Part A		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: N/A		Current Comprehensive Plan Strategy: N/A				\$ 158,946	\$ 156,372
Service Category Name: Clinical Quality Management Activities - Part A MAI		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: N/A		Current Comprehensive Plan Strategy: N/A				\$ 9,056	\$ 9,056
Service Goal: Assess the extent to which HIV health services are consistent with PHS guidelines and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.							
Service Category Name: Grantee Administration - Part A		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: N/A		Current Comprehensive Plan Strategy: N/A				\$ 317,892	\$ 315,007
Service Category Name: Grantee Administration - Part A MAI		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: N/A		Current Comprehensive Plan Strategy: N/A				\$ 18,113	\$ 18,113
1. Objectives:	2. Service Unit Definition:	3. Quantity:			4. Funds:		
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to	
		Target	Actual	Target	Actual	Allocation	Expenditure
1: All activities associated with the Grantee's support of HIV Health Services Planning Council activities including development of applications for Part A funds, on-going evaluation and development of standards for clinical quality management program, preparation of routine programmatic and Planning Council reports, and compliance with grant conditions are included in the Administrative expenses. an outside contract is used for some identified PC activities, including consultants for Needs Assessment, Comprehensive Plans and Grant Writing assistance.	HIV Health Services Planning Council						
	Grantee Administration						
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy	
						<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report	<input checked="" type="checkbox"/> Annual Progress Report			
Grantee Name: Sacramento Transitional Grant Area			Fiscal Year: 2016 - 2017			
Budget Period: 3/1/2016 - 2/28/2017			Time Frame: 3/1/2016 - 2/28/2017			Rounding Error
Service Category Name:	<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
					Allocation	Expenditure
Service Category Priority Number: NA	Current Comprehensive Plan Strategy:		NA	\$	3,370,893	\$ 3,313,902

Ryan White Part A Implementation Plan: HIV Care Continuum Table					
Grantee Name: Sacramento Transitional Grant Area		Fiscal Year: 2016		Time Frame: 3/1/2016 - 2/28/2017	
Stages of the HIV Care Continuum	Goal	Outcome			Service Category (One or more may apply)
I. Diagnosed	90%	HIV Positivity*		Late Diagnosis*	Sacramento Ryan White funds do not support Testing and therefore cannot report "Diagnosed" within the Ryan White system. However, 148 clients served by Ryan White were newly diagnosed in 2015. 2016 figures will not be available until July 2017.
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		N/A	N/A	N/A	
II. Linked to Care	79.6%	Linkage to HIV Medical Care* within 90 days of Diagnosis			Medical Transportation, Outreach, MAI Outreach (for newly diagnosed clients only), Health Education and Risk Reduction Services
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		103/148 69.6%	118/148 79.6%	75/76 98.7%	
III. Retained in Care	80.2%	HAB Core Measure: Gap in HIV Medical Visits*			Outpatient Ambulatory Care: Note Prior year count considered retained in care as one visit per year. Final statistic counted HAB core measure for Gap in Care (two visits at least 3 months apart within the measurement year)
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		1309/1674 78.2%	1369/1707 80.2%	1218/2623 46.5%	
IV. Prescribed ART	81.8%	HAB Core Measure: Prescription of Antiretroviral Therapy (ART) Among Persons in HIV Medical Care*			Outpatient Ambulatory Care
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		2118/2654 79.8%	1423/1740 81.8%	2385/2623 91%	
V. Virally Suppressed	88.4%	HAB Core Measure: HIV Viral Load Suppression Among Persons in HIV Medical Care*			Outpatient Ambulatory Care, Medical Case Management, Case Management-non-Medical, Substance Abuse-Outpatient, Pediatric Treatment Adherence, Substance Abuse-Residential, MAI Medical Case Management
		Baseline: %, Numerator/Denominator	Target: %, Numerator/Denominator	Actual: %, Numerator/Denominator	
		2159/2654 81.4%	2258/2707 88.4%	2115/2623 80.7%	
* HHS Measures can be found at http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf					
** HAB Core performance measures can be found at: http://hab.hrsa.gov/deliverhivaidscares/coremeasures.pdf					