



POLICY AND PROCEDURE NOTICE: PPPN-014 IMPLEMENTATION PLANS

Summary and Purpose of PPN:

To guide the development of subrecipient Implementation Plans.

Authority:

- HRSA Notice of Award
- Fulton County Ryan White Part A Contract/Agreement

Overview:

Ryan White Part A funds are designed to improve health outcomes for persons living with HIV. All funded services should directly relate to efforts to improve health outcomes.

HRSA has developed a template for the annual Implementation Plan which demonstrates how funded services are implemented to achieve positive health outcomes along the HIV Care Continuum. The Implementation Plan contains objectives and outcomes which are related to the stages of the HIV Care Continuum. It is comprised of two main components:

- A. Service Category Table
- B. HIV Care Continuum Table

The Fulton County Ryan White Part A Program must submit an Implementation Plan to HRSA at the beginning of each fiscal year setting forth the planned accomplishments for the EMA. At the close of the Fiscal Year Fulton County must submit a final implementation plan which indicates the actual accomplishments. The EMA's Implementation Plan should work in tandem with the Implementation Plans of subrecipients. In short, the recipient is purchasing services from subrecipients which will improve the health outcomes of clients in the EMA as indicated by HHS/HAB Performance Measures and identified in the EMA's Implementation Plan (the targeted number of clients and service units is based upon the numbers served in the EMA in the previous year augmented by the additional number of clients to be served as a result of increased funding or decreased as a result of reduced funding). The subrecipient's Implementation Plan should indicate how the subrecipient's services will further contribute to the improved health outcomes of clients in the EMA as indicated by HHS/HAB Performance Measures. For example, if the EMA's Implementation Plan for OAHS includes the HAB Core Measure for HIV Viral Suppression with a target of 83% of all clients receiving the service achieving/maintaining viral suppression (11,806 [numerator] of the 14,244 receiving the service [denominator]), the subrecipients target should be at least 83% and should say how

many of the 11,806 achieving viral suppression will receive their services from the subrecipient and how many of the 14,224 total will be served by the subrecipient.

Policy and Procedure:

In order to accurately reflect impact Part A funds have on clients in the EMA, each subrecipient must develop an annual Agency Implementation Plan which will serve as the basis for the Part A Plan.

1. The Subrecipient Implementation Plan shall be submitted to the Fulton County Ryan White Part A Program annually at the time of submission of the signed contract.
 - A. The Agency Implementation Plan shall indicate the number of clients to be served, number of service units to be provided, and funds allocated by funded priority category for each objective and shall provide the numerator, denominator and percentage of current clients that meet the required outcome objective(s) and shall provide the numerator, denominator and percentage of current targeted to meet the required outcome objective(s) in the contract year shall be provided to the Ryan White Program.
 - The Baseline is the current percentage at the beginning of the Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure as described in Attachment A.
 - The Target is the percentage the program plans to achieve by the end of Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure as described in Attachment A.
 - The Actual is the percentage the program has achieved by the end of Fiscal Year/Time Frame as calculated based on the numerator and denominator of the performance measure as described in Attachment A.
 - Service units must match those in the code book see www.ryanwhiteatl.org
2. An electronic template of the Agency Implementation is provided for subrecipient use. The form is also available at: www.ryanwhiteatl.org. The Agency Implementation Plan must be submitted on the form provided by the County.
3. Subrecipients shall submit a final Agency Implementation Plan (on the form provided by the County) indicating the number of clients served, number of service units, and funds expended by funded priority category for each objective and shall provide the numerator, denominator and percentage of clients served that achieved the required outcome objective(s).
 - A. The final Subrecipient Implementation Plan must be submitted with the Quarterly Report for the Fourth Quarter.

Verification:

- The assigned Project Officer and the Assistant Director of the Ryan White Program will review each Agency Implementation Plan and work with the subrecipients as necessary to ensure that:
 - i. Services are allowable as per the service category definitions and reflect all service categories for which the subrecipient is funded.
 - ii. Service category goals are linked to current Comprehensive Plan goals and strategies.
 - iii. Objectives describe how the service goal for the specified service category will be/was accomplished.
 - iv. Funded amounts match actuals.

- Project Officers will review client service data submitted with each quarterly report to track progress toward meeting the numbers provided in the Implementation Plan.

For more information on the HIV Care Continuum and the HHS Core Indicators, please see:

“Understanding the HIV Care Continuum” CDC Fact Sheet

Common Indicators for HHS Funded HIV Programs and Services

[HIV/AIDS Care Continuum on AIDS.gov](https://aids.gov/hiv-aids-care-continuum)

Approved: June 2016

Reviewed: April 2021

Implementation Plan Performance Measures

Performance Measures for Core Medical Services
Outpatient/Ambulatory Medical Care (health services)
HAB Core Measures
HHS Retention Measure
AIDS Drug Assistance Program (ADAP)
HAB ADAP Measures
HAB / HHS Viral Suppression Measure
AIDS Pharmaceutical Assistance (local)
Modified HAB ADAP measures (i.e. clients enrolled in the LPAP)
HAB/ HHS Viral Suppression Measure
Oral Health Care
HAB Oral Care Measures
Early Intervention Services
HAB* / HHS Retention Measures
HAB/ HHS Linked to Care Measure
HAB Systems-Level Measures
HAB/ HHS Viral Suppression Measures
Health Insurance Premium & Cost Sharing Assistance
HAB* HHS Retention Measures
HAB/ HHS Viral Suppression Measures
HAB/ HHS Antiretroviral Therapy Measures
Home Health Care
HAB* HHS Retention Measures
HAB/ HHS Viral Suppression Measures
Home and Community-based Health Services
HAB* / HHS Retention Measures
HAB/ HHS Viral Suppression Measures
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HAB* / HHS Retention Measures
Mental Health Services
HAB* / HHS Retention Measures
HAB/ HHS Viral Suppression Measures
Medical Nutrition Therapy
HAB* / HHS Retention Measures
Nutrition Care Plan (adapt HAB MCM Care Plan Measure , i.e. Percentage of clients receiving medical nutrition therapy who had a nutrition care plan developed and/or updated two or more times in the measurement year)
Percentage of those receiving medical nutrition therapy that have normal BMI or other anthropometric measures at end of measurement year

Performance Measures for Core Medical Services
Medical Case Management
HAB*/ <u>HSS Retention Measures</u>
HAB/ <u>HHS Antiretroviral Therapy Measures</u>
HAB/ <u>HHS Viral Suppression Measures</u>
HAB <u>MCM Measures</u>
Substance Abuse Services- Outpatient
HAB*/ <u>HHS Retention Measures</u>
HAB/ <u>HHS Antiretroviral Therapy Measures</u>
HAB/ <u>HHS Viral Suppression Measures</u>
Substance Use Care Plan Measure (adapt HAB MCM Care Plan Measure , i.e. Percentage of clients receiving substance abuse services who had a substance abuse care plan developed and/or updated two or more times in the measurement year)

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