# ATTACHMENTS TO SERVICE PROVIDER APPLICATION NARRATIVE

##

**LIST OF ATTACHMENTS**

The following documents are to be attached to the application narrative.

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| ATTACHMENT #1 | Rapid Anti-Retro Viral Therapy Protocols | See Page 31 |
| ATTACHMENT #2-4 | Memorandums of Agreement (total of 3, including effective and expiration dates) | See Page 37 |
| ATTACHMENT #5 | Status Neutral Service Delivery Model  | See Page 38 |
| ATTACHMENT #6 | FY2025 Service Delivery Plan Logic Model Table | See Page 40 |
| ATTACHMENT #7 | Proof of Medicaid Ineligibility/Exemption (If applicable) | See Page 42 |
| ATTACHMENT #8 | Coordination of Services & Funding Stream Table | See Page 42 |
| ATTACHMENT #9 | Schedule of Charges/Sliding Fee Scale  | See Page 42 |

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| **ATTACHMENTS #2 - 4** **MEMORANDA OF AGREEMENT NETWORK**

|  |  |
| --- | --- |
| **MOA CATEGORY** | **NAME OF UNIT/AGENCY** |
| 1. Counseling & Testing Site |  |
| 2. Outpatient Ambulatory Healthcare Services Site |  |
| 3. Community Based Organization #1 |  |

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| ATTACHMENT #6FY2025 LOGIC MODEL TABLE/ QUALITY MANAGEMENT TABLESAMPLE

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| --- | --- | --- | --- | --- | --- |
| **Service Category** | **# Unduplicated Clients** | **HIV Care Continuum Stage** | **Objective(s)** | **Key Performance Measure(s)** | **Target Outcome(s)** |
| Community Health Worker | 50 clients | Retention in Care | Facilitate access to medical care through provision of van transportation services to and from medical appointments.Reduce missed appointment rates to improve health outcomes and treatment adherence.  | % of clients with a medical visit in the first and second half of the measurement period.% of clients with viral load <200 copies.  | 90% of clients served during the grant period will be retained in care. 60% of clients served during the grant period will achieve viral load suppression.  |
|  |  |  |  | **Logic Model****Must Include Key Performance Measure(s)from****Menu of Options- Pg. 41** |  |

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| ATTACHMENT #6 FY2025 LOGIC MODEL TABLE/ QUALITY MANAGEMENT TABLE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Category** | **# Unduplicated Clients** | **HIV Care Continuum Stage** | **Objective(s)** | **Key Performance Measure(s)** | **Target Outcome(s)** |
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SAMPLE

**ATTACHMENT #8**

**COORDINATION OF HIV SERVICES AND FUNDING STREAMS TABLE**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Funding Source** | **2024 Budget** | **Anticipated****2025 Budget** | **Core Medical-related Services** | Outpatient/Ambulatory Medical Care | AIDS Drug Assistance Program | AIDS Pharmaceutical Assist. | Oral Health Care | Early Intervention Services | Health Insurance Premium/ Cost-Sharing Assistance | Home Health Care | Home & Community-based Health Services | Hospice Services | Mental Health Services | Medical Nutrition Therapy | Medical Case Management | Substance Abuse Services – Outpatient | **Supportive Services** | Non-medical Case Management | Child Care Services | Emergency Financial Assistance | Food Bank/Home-delivered Meals | Health Education/Risk Reduction | Housing Services | Legal Services | Linguistic Services | Medical Transportation Services | Outreach Services | Psychosocial Support Services | Referral for Health Care/ Supportive Services | Rehabilitation Services | Respite Care | Substance Abuse Services – Residential | Treatment Adherence Counseling | **HIV Testing**  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A** | $134,000 | $150,000 |  | X |  |  |  | X | X |  |  |  |  |  | X |  |  | X |  | X |  |  | X |  |  | X |  |  |  |  |  | X |  |  |
| **Part B** | $48,000 | $50,000 |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part C** | $144,000 | $140,000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  | X |
| **Part D** | $39,000 | $30,000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  | X |
| **Part F** | $100,000 | $95,000 | X |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CDC** | $45,000 | $45,000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| **SAMHSA** | $60,000 | $60,000 |  |  |  |  |  |  |  |  |  | X |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HOPWA** | $100,000 | $100,000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | **$670,000** | **$670,000** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ATTACHMENT #8**

**COORDINATION OF HIV SERVICES AND FUNDING STREAMS TABLE**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Funding Source** | **2024 Budget** | **Anticipated****2025 Budget** | **Core Medical-related Services** | Outpatient/Ambulatory Medical Care | AIDS Drug Assistance Program | AIDS Pharmaceutical Assist. | Oral Health Care | Early Intervention Services | Health Insurance Premium/ Cost-Sharing Assistance | Home Health Care | Home & Community-based Health Services | Hospice Services | Mental Health Services | Medical Nutrition Therapy | Medical Case Management | Substance Abuse Services – Outpatient | **Supportive Services** | Non-medical Case Management | Child Care Services | Emergency Financial Assistance | Food Bank/Home-delivered Meals | Health Education/Risk Reduction | Housing Services | Legal Services | Linguistic Services | Medical Transportation Services | Outreach Services | Psychosocial Support Services | Referral for Health Care/ Supportive Services | Rehabilitation Services | Respite Care | Substance Abuse Services – Residential | Treatment Adherence Counseling | **HIV Testing**  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part B** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part D** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part F** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CDC** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SAMHSA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HOPWA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |