



HIV Care and Treatment (HCT) Program 2015 PERFORMANCE MEASURES				
HCT Program	Performance Measure	Performance Outcome Measure	Numerator	Denominator
CAREAssist Funding: RW Part B ADAP	Viral Load Suppression	90% of clients have a HIV viral load < 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	Application Determination	95% of ADAP applications approved/denied for new ADAP enrollment within 14 days (2 weeks) of ADAP receiving complete application in the year.	# of applications that were approved or denied for new CAREAssist enrollment within 14 days (two weeks) of CAREAssist receiving a complete application in the CY.	# of complete CAREAssist applications for new CAREAssist enrollment received in the CY.
	Eligibility Recertification	95% of ADAP enrollees reviewed for continued ADAP eligibility 2 or more times a year.	# of CAREAssist enrollees who are reviewed for continued CAREAssist eligibility at least two or more times (at least 150 days apart in the CY).	# of clients enrolled in CAREAssist in the CY.
	Inappropriate Antiretroviral Regimen	90% of indentified inappropriate antiretroviral regimen (ARV) prescriptions resolved in the year.	# of antiretroviral (ARV) regimen prescriptions that are resolved by the CAREAssist program during the CY.	# of inappropriate ARV regimen prescriptions that are identified by CAREAssist during the CY.
HIV Community Services Funding: RW Part B Base	Viral Load Suppression	90% of clients have a HIV viral load les than 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	MCM: Gap in Medical Visits	90% of clients have a medical visit in the last 6 months.	# of clients who had at least one CD4 or VL lab report in the last 6 months of the CY.	# of clients who had at least one CD4 or VL lab in the first 6 months of the CY.
	MCM: Care Plan	90% of MCM clients have a MCM Nurse Care Plan developed and/or updated 2 or more times a year.	# of clients assigned to MCM who had a MCM care plan developed or updated 2 or more times in the CY.	# of clients assigned to MCM in the CY.
	Housing Status	95% of clients have stable housing.	# of clients who were not homeless or unstably housed in the CY.	# of clients receiving HIV case

				management services in the CY.
	Linkage to HIV Medical Care	90% of clients attend a routine medical visit within 3 months of Diagnosis, as measured by VL (lab test).	# of clients who have a CD4 or VL lab test within 3 months of HIV diagnosis.	# of clients with a new HIV diagnosis during the CY.
HIV Community Services Funding: RW Part B Supplemental Pharmacist-led MCM Adherence Services	Viral Load Suppression	70% of clients have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
HIV Community Services Funding: RW Part B Supplemental Engagement Advocate Services	Viral Load Suppression	50% have a suppressed HIV viral load after 12 months of service enrollment.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	Gap in Medical Visits	90% of clients have had a medical visit within 6 months of program enrollment.	# of clients who have a CD4 or VL lab report within 6 months of enrollment during the CY.	# of clients enrolled for at least 6 months, or had a CD4 or VL lab if completed program within 6 months, during the CY.
OHOP Funding: Formula, OHBHI & OSSCR	MCM: Care Plan	95% of clients had contact with case manager/benefits counselor with the schedule specified in client's individual service plan	# of clients who had a MCM care plan developed, or updated at least 2 times, in the CY.	# of OHOP clients assigned to MCM in the CY.
	Housing Status	90% of clients maintain or obtain housing stability.	# of clients who were not homeless or unstably housed during the CY.	# of clients receiving HIV case management services during the CY.