

Attachment 9– Component B Work Plan
SUMMARY

PROJECT NAME: Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Reissue
Component B: Family-Focused Health Care for Women (FFHC)

CONTRACT PERIOD: From: 4/1/2025 To: 3/31/2026

PROJECT SUMMARY:

Component B: Family-Focused Health Care for Women (FFHC)

Family-Focused Health Care Programs (FFHC) provide comprehensive HIV-related services for Black, Indigenous, and People of Color (BIPOC) women and birthing individuals who are planning a pregnancy, pregnant, or are caregivers to dependent children (age 18 or younger) and are living with HIV. The framework for care and treatment of women and birthing individuals is provided in the context of family. HIV services are tailored to meet the needs of women and birthing individuals with dependent children to improve timely entry, access, and retention in care.

Through an integrated model of service delivery, Family-Focused Health Care (FFHC) clinicians, medical case management staff, and peers support efforts to achieve and maintain viral load suppression, reduce the potential of perinatal HIV transmission and transmission of HIV to sexual partners.

Family Planning/Reproductive Health services must encompass pre- and inter-conception, pregnancy and postpartum care reduce the potential of perinatal transmission of HIV and the disparate health outcomes experienced by babies who are Black, Indigenous, and People of Color (BIPOC) or at increased risk for poor postnatal outcomes.

Component B Priority Populations: Black, Indigenous, and People of Color (BIPOC) women living with HIV who are planning a pregnancy, are pregnant, or are living with HIV and serve as the primary caregiver for dependent children.

Instructions:

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 9: Component B Work Plan.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1: Program Operations and Administration	1.1 Ensure systems provide administrative leadership, guidance, and support to integrate Family-Focused Health Care (FFHC) into the agency's overall programming and achieve the outcomes indicated in the Request for Applications.	1.1.1 Formal meetings with agency leadership to review program progress towards achieving contract deliverables are routinely conducted, documented, and available for review.
	1.2 Establish support from agency's administrative leadership to integrate Family-Focused Health Care (FFHC) into the agency's overall programming and ensure success.	1.2.1 Program monitoring and routine communication with program staff indicates sufficient resources and program oversight is provided.
	1.3 Contractor will create program specific policies and procedures.	1.3.1 Comprehensive program policies and procedures as indicated in the standards will be created and updated as appropriate. Policies and Procedures will be reviewed during the program monitoring reviews to ensure 100% of required policies have been documented and implemented.
	1.4 Contractor will ensure that the most recent version of the AIDS Institute Reporting System (AIRS) is maintained. Adequate resources will be made available for data entry and management, including the development and maintenance of an AIRS back-up system.	1.4.1 Contractor will submit 100% of all monthly AIRS data extracts and narrative reports (using the prescribed template) adhering to established timeframes.
	1.5 Contractor will document all Family-Focused Health Care (FFHC) services in the patient's medical record and in the AIDS Institute Reporting System. AIRS reports will be reviewed by supervisory staff monthly to ensure accuracy and completeness, prior to submission.	1.5.1 100% of program services will be entered in the patient's medical record and in AIRS. Adherence will be monitored through quarterly reports sent to the contract manager by the Division Data Unit.
	1.6 Contractors will hire appropriate and	1.6.1 Contractors will provide evidence that staff meet relevant

	<p>qualified personnel to perform the functions required under the contract. Changes in program staff (hiring, terminations, etc.) will be documented in monthly reports and discussed with the contract manager.</p>	<p>qualifications, and that coverage is maintained through the submission of monthly reports, ongoing communication with the contract manager, and during program monitoring reviews.</p>
	<p>1.7 Participate in Regional Ending the Epidemic (ETE), NY Links, and community meetings to remain abreast of developing strategies and provide agency feedback.</p>	<p>1.7.1 Participation is maintained at community meetings at least quarterly.</p>
	<p>1.8 Establish agency and program systems to implement the Initiative Program Standards</p>	<p>1.8.1 Programs adhere to the current Initiative Program Standards</p>
OBJECTIVE	TASKS	PERFORMANCE MEASURES
<p>2: Improve linkage and retention into HIV clinical care for people living with HIV/AIDS (PLWH/A).</p>	<p>2.1 Develop systems that support expedited engagement, retention in HIV clinical care, and adherence to current AIDS Institute Clinical Guidance.</p>	<p>2.1.1 Program performance and outcomes will be measured against current Ending the Epidemic (ETE) target metrics and performance measures as outlined in the Initiative Program Standards.</p>
	<p>2.2 Coordinate and monitor medical treatment, interventions, and supportive services to ensure adherence to HIV/AIDS treatment and viral load suppression to improve health outcomes.</p>	<p>2.2.1 Program performance metrics will be measured against ETE target metrics for linkage to care, receipt of HIV medical care, viral load suppression, rapid initiation of ARVs (RIA), and adherence to 100% of the performance measures outline in the Initiative Program Standards.</p>
OBJECTIVE	TASKS	PERFORMANCE MEASURES
<p>3: Identify and address social determinants of health (SDOH)-related barriers.</p>	<p>3.1 Establish a system to track the outcomes of referrals for social determinants of health (SDOH)-related services that impact retention and adherence.</p>	<p>3.1.1 Contractor will document and track 100% of all referrals and outcomes in AIRS. Contractor will establish mechanisms to track and report social determinants of health information. Referrals are tracked to completion.</p>
	<p>3.2 Develop partnerships with service organizations that address social determinants of health and support early access to and engagement in HIV care.</p>	<p>3.2.1 Contractors will show evidence of active linkage agreements with partners to address social determinants of health and other services needed but not available at the funded locations.</p>

OBJECTIVE	TASKS	PERFORMANCE MEASURES
4: Program Evaluation and Quality Management	4.1 Develop and implement activities that monitor and evaluate program processes, quality of care and outcomes.	4.1.1 Program performance will be measured as per the AIDS Institute Quality Improvement Program and measures outlined in the Initiative Program Standards.
	4.2 Contractor will participate in New York State Department of Health AIDS Institute Quality of Care program activities.	4.2.1 100% of Clinical Cascade and HRSA RSR submissions are submitted annually, accurately and within specified timeframes.
	4.3 Contractor will develop a mechanism for incorporating consumer feedback into quality improvement.	4.3.1 100% of all programs will have a documented and implemented mechanism for measuring consumer satisfaction. Documentation will be made available during program monitoring reviews.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
5: Flexibility in programming for directing resources effectively	5.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	5.1.1 N/A
	<p>5.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/sexually transmitted infection/Hepatitis C epidemiologic patterns, or to accommodate advances in best practice.</p> <p>5.3 Assist with other priority public health issues if/when they arise (e.g., local sexually transmitted infection case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.</p>	<p>5.2.1 Aid with non-work plan public health issues if/when they arise.</p> <p>5.3.1 Aid with non-work plan public health issues if/when they arise.</p>