**Key MAI Definitions:**

* **Non-ARTAS Linkages**
* **Linkage to medical care -** process of assisting HIV-diagnosed clients into medical with an HIV primary care provider (authorized to prescribe HAART medications) following the receipt of a HIV diagnosis. Linkage to medical care requires follow-up and documentation.
* **Linkage to supportive services –** process of assisting HIV-diagnosed clients in accessing critical needs for supportive and ancillary medical services that may impede (are barriers) to HIV primary medical care. Linkage to supportive services requires follow-up and documentation.
  + **Referral –** process of providing information but not assistance in accessing the service; does not require follow-up for the purpose of determining the outcome of the referral (passive)
  + **Previously diagnosed –** Previous HIV diagnoses, NOT within the past 12months
* **Newly engaged – Previously diagnosed, but never having entered into medical care**
* **Lost to care – Previously diagnosed, without a visit for routine HIV medical care in the preceding 12 months.**
  + **Lost-to-follow-up (designates linkage attempts) -** three (3) unsuccessful attempts to contact the client within a 90 day period.

**How to Complete the Chart Portion of the Monthly Report (Due by the 15th of each month):**

**Month:** Type the month that is reflected in the data submitted in the report.

**Year:** Type in current year.

**Name of Agency**: Type in the name of the agency.

**Phone Number**: Type the phone number for the person completing the report.

**Name of Person Completing the Form:** Type the name of the person completing the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Total # of Clients Newly Enrolled this Month*** | ***ARTAS*** | ***NON-ARTAS*** | When completing this table, include **only** clients who were enrolled during the month for which reporting is taking place.  Clients who are not classified as Black, Hispanic, or More than One Race (to include Black or Hispanic) do not count on the tables of this form. Information on these clients can be provided in the narrative section under “summary of linkage efforts.” | |
| Black/African American  *(Non-Hispanic)* | 0 | 0 |
| Hispanic  *(Any Race)* | 0 | 0 |
| More than One Race | 0 | 0 |
| Other | 0 | 0 |
| ***Total:*** | 0 | 0 |
| *\*If clients are not classified as Black, Hispanic, or More than One Race (to include Black or Hispanic) do not count on this form.* | | |  |  |
| ***Total # of Clients Newly Enrolled this Month*** | ***ARTAS*** | ***NON-ARTAS*** | When completing this table, include **only** clients who were enrolled during the month for which reporting is taking place. The total here should match the total in the first table above. | |
| # of Females ***>24*** | 0 | 0 |
| # of Males ***>24*** | 0 | 0 |
| # of Transgender ***Male to Female*** | 0 | 0 |
| # of Transgender ***Female to Male*** | 0 | 0 |
| # of Transgender Unknown | 0 | 0 |
| # of Females ***18-24*** | 0 | 0 |
| # of Males ***18-24*** | 0 | 0 |
| ***Total:*** | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Number of Target Populations Enrolled this Month*** *(One client may be entered in multiple target population categories)* | ***ARTAS Linkage*** | ***NON-ARTAS Linkage*** | |
| Heterosexual Women | 0 | 0 | |
| Heterosexual Men | 0 | 0 | |
| Men that have sex with men (MSM) | 0 | 0 | |
| Homeless | 0 | 0 | |
| Parolees | 0 | 0 | |
| Injection Drug Users (IDU) | 0 | 0 | |
| Lesbian/ Bisexual Women | 0 | 0 | |
| Transgender | 0 | 0 | |
| MSM/IDU | 0 | 0 | |
| When completing this table include the numbers for the clients enrolled during the month. These numbers will not necessarily add up as one client can be entered in multiple categories. | | | |
| ***The entire number of active clients enrolled*** *(newly and previously enrolled)* | | |
| # of clients newly enrolled in ARTAS this month | | 0 |
| # of clients previously enrolled in ARTAS *(not counting those enrolled this month)* | | 0 |
| # of clients who received ARTAS services this month | | 0 |
| When completing this table include the numbers for the clients served during the month. This includes clients served during the current fiscal year (from April 1 to March 31). Please keep in mind that clients served can be newly and/or previously enrolled. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Total Clients Enrolled:*** | | ***ARTAS Linkage*** | | ***NON-ARTAS Linkage*** | |
| ***Month*** | ***Cumulative*** | ***Month*** | ***Cumulative*** |
| Total # of clients ***“Previously Diagnosed”*** | ***“Lost to Care”*** | 0 | 0 | 0 | 0 |
| **“Newly Engaged”** | 0 | 0 | 0 | 0 |

When completing this table include the numbers for the clients enrolled during the month. During the first month (April 2014) the numbers for month and cumulative should match. The cumulative number should increase on a monthly basis because you will be adding the new monthly number to the cumulative amount you listed previously. For example, if one (1) client served in April was lost to care, the Cumulative column should also have a one. If two clients served in May were lost to care, then under month you would put a two (2) but under cumulative you would put a three (1 client in April and 2 in May).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Total Clients Served:*** | ***ARTAS Linkage*** | | ***NON-ARTAS Linkage*** | |
| ***Month*** | ***Cumulative*** | ***Month*** | ***Cumulative*** |
| Total # of clients ***“Successfully”*** discharged | 0 | 0 | 0 | 0 |
| Total # of Clients ***“Lost to Follow-Up” or “Non-Compliant”*** | 0 | 0 | 0 | 0 |
| Total # of Clients **“*Deceased”*** | 0 | 0 | 0 | 0 |

When completing this table include the numbers for the clients served during the month. This includes clients who were served during the current fiscal year (from April 1 to March 31), and can include those who were newly and/or previously enrolled. During the first month (April 2014) the numbers for month and cumulative should match. The cumulative number should increase on a monthly basis because you will be adding the new monthly number to the cumulative amount you listed previously.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Referrals Types given this month:*** | | ***# of Clients Referred:*** | | | | |
| ***ARTAS*** | | | ***NON-ARTAS*** | |
| **Medical Care** | | 0 | | | 0 | |
| **ADAP** | | 0 | | | 0 | |
| STD Clinic | | 0 | | | 0 | |
| Substance Abuse Treatment/Prevention | | 0 | | | 0 | |
| Mental Health | | 0 | | | 0 | |
| Housing Assistance | | 0 | | | 0 | |
| Medicaid | | 0 | | | 0 | |
| Long-term Case Management | | 0 | | | 0 | |
| When completing this table include the numbers for the clients served during the month who were given referrals to each service. This includes clients who were given referrals during the current fiscal year (from April 1 to March 31), and can include those who were newly and/or previously enrolled. | | | | | | |
| ***# of clients enrolled in services:*** | ***ARTAS Linkage*** | | | ***NON-ARTAS Linkage*** | | |
| ***Month*** | | ***Cumulative*** | ***Month*** | | ***Cumulative*** |
| # of clients enrolled in Medical Care | 0 | | 0 | 0 | | 0 |
| # of clients enrolled in ADAP | 0 | | 0 | 0 | | 0 |

When completing this table include the numbers for the clients served during the month who were enrolled into each service. This includes clients who were enrolled in medical care and/or ADAP during the current fiscal year (from April 1 to March 31). It can include those who were newly and/or previously enrolled.