COMPREHENSIVE VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT PLAN

Grant Year Period: April 2016 – March 2017

VIRGINIA DEPARTMENT OF HEALTH DIVISION OF DISEASE PREVENTION HIV CARE SERVICES UNIT
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I. INTRODUCTION

Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Treatment Extension Act of 2009 requires the implementation of Clinical Quality Management Programs as a condition of the Notice of Award. The Virginia Department of Health is committed to improving the quality of care and services for people living with HIV/AIDS through continuous monitoring and through a comprehensive performance measurement program. This effort requires ongoing communication with stakeholders including: People living with HIV/AIDS, Quality Management Advisory Committee, Quality Management Leadership Team, Peer Review Team, recipients, and sub-recipients.

The Quality Management expectations for Ryan White Part B Program grantees include:

- Assisting HIV/AIDS-funded recipients in assuring that grant supported services adhere to established Department of Health and Human Services Clinical Guidelines to the greatest extent possible;
- Ensuring that strategies for improvements to quality medical care includes the appropriate access and retention to HIV care and support for treatment adherence; and
- Ensuring that available demographic, client satisfaction, clinical and health care utilization information data are used to monitor the health outcomes along the HIV continuum of care.

The Virginia Department of Health Quality Management Plan frames the direction of continuous Quality Management Program activities to ensure that quality improvement components are implemented in accordance with most recent Department of Health and Human Services Clinical Guidelines. The Quality Management Advisory Committee serves as a core advisory group reviewing and recommending quality improvement initiatives. In addition, quality efforts are supported through training, technical assistance, resources sharing, cross-collaboration among Division of Disease Prevention units and multiple external partners. The five units of the Division of Disease Prevention include: Sexually Transmitted Disease Surveillance, Operations and Data Administration; HIV Care Services; HIV Surveillance; Tuberculosis Control and Newcomer Health; and HIV Prevention and Hepatitis Infection.
The Virginia AIDS Drug Assistance Program provides access to life-saving medications for the treatment of HIV and related illnesses for low-income clients through the provision of medications or through assistance with insurance premiums and medication copayments. The program is primarily supported with federal Ryan White Part B grant funding, which is distributed to all 50 states, the District of Columbia, Puerto Rico, Guam, and the United States. Virgin Islands, and the six U.S. Pacific Territories/Associated Jurisdictions by a formula based on living HIV and AIDS cases. Virginia AIDS Drug Assistance Program also receives support from state general funds; other funding sources include Medicaid reimbursements for clients who receive retroactive eligibility, and voluntary rebates from pharmaceutical manufacturers.

Virginia Department of Health uses multiple systems to monitor and assess its Quality Management Program including the practice of quarterly Quality Management Advisory Committee meetings; review of monthly recipient progress reports; analysis of performance data to identify areas for improvement; client interviews, review of clinical standards through on-site site visits, and review of providers’ individual quality improvement projects.

This document is to be shared with all stakeholders and healthcare providers who care for people living with HIV/AIDS in Virginia. The Quality Management Plan is available in print and on the following website:


The implementation of the content will be effective April 1, 2016. If you have any questions concerning this plan, please contact Safere Diawara, MPH, Quality Management Coordinator at (804) 864-8021 or by email at:

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II. QUALITY STATEMENT

A. Mission Statement:
The Virginia Ryan White Part B Quality Management Program exists to ensure the highest quality medical care and supportive services for people living with HIV/AIDS in Virginia, as well as to provide medication access to them through statewide leadership and stakeholder collaboration.

B. Vision:
Virginia Department of Health envisions optimal health and medication access for all people living with HIV/AIDS, supported by a health care system that assures ready access to comprehensive, competent, and quality care.

C. Values:
Virginia Department of Health believes in creating HIV/AIDS services that inspire and promote:

- Quality
- Parity
- Accuracy
- Creativity
- Growth
- Equality
- Treatment Access
- Cost Effectiveness
- Holistic Care
- Client Focus
- Stakeholder Input
- Priority Setting
- Teamwork

D. Goals:
The goals of the Ryan White Part B Quality Management Program are:

- To assess quality management needs and build capacity within Ryan White Part B funded agencies statewide;
- To improve existing databases and data management practices, utilize outcomes data, needs assessment and client satisfaction data to help gauge service quality and improve service delivery;
- To conduct Ryan White Part B eligibility for complying with federal policies; and
- To help prepare consumers and providers to utilize insurance services.
E. **Purpose:**

The aim of the Ryan White Part B Program, including AIDS Drug Assistance Program services, is to continuously improve the quality of care and services of the HIV/AIDS programs provided by Ryan White Part B providers and their partners, and to be compliant with recognized Department of Health and Humans Services Guidelines, the National HIV/AIDS Strategy, the Human Resources and Services Administration Monitoring and Standards of Care, and research-based best practices. This will be accomplished by:

- Developing and implementing a statewide Quality Management Plan;
- Monitoring core selected performance measures across Ryan White recipients and sub-recipients;
- Providing training and technical assistance related to quality improvement; and
- Participating in national quality management collaborative projects initiated by Human Resources and Services Administration.
III. DEFINITION OF QUALITY TERMINOLOGY

The following definitions can be found on the National Quality Center website: http://nationalqualitycenter.org/files/hab-faq-s-on-qm-programs-updated/

A. Quality:
   Quality as defined by the HIV/AIDS Bureau is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: The quality of ideas, information and suggestions, the quality of the service delivery process, and the quality of life outcomes.

B. Indicator:
   A measurable variable or characteristic that can be used to determine the degree of adherence to a standard or the level of quality achieved.

C. Performance Measure:
   A quantitative tool that provides an indication of the quality of a service or process. It is a number assigned to an object or event that quantifies the actual output and quality of work performed.

D. Quality Management:
   A larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources. The integration of quality throughout the organization of the agency is referred to as quality management. The Quality Management Program embraces quality assurance and quality improvement functions.

E. Quality Assurance:
   A broad spectrum of evaluation activities designed to ensure compliance with minimum quality standards. An ongoing monitoring of services for compliance with the most recent Department of Human and Health Services Clinical Guidelines, and adherence to state and federal laws, rules, and regulations.

F. Quality Improvement:
   A description of the ongoing monitoring, evaluation, and improvement process. It includes a client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. This focus is a means for measuring improvement to access quality of HIV services.
G. Plan, Do, Study, Act Cycles:
The Plan, Do, Study, Act cycle methodology is a model for performance improvement used for all quality improvement activities:

- **PLAN** – Identify and analyze what you intend to improve, looking for areas that hold opportunities for change.
- **DO** – Carry out the change or test on a small scale (if possible).
- **STUDY** – Complete analysis and synthesis, compare data to prediction in PLAN, and record under what conditions the results could be different. Summarize what was learned and what went wrong, and identify if changes led to improvements in the way you had hoped?
- **ACT** – Adopt the change, abandon it, or initiate the cycle again.

H. Outcomes:
Results achieved by participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, conditions or health status.

I. Outcome Indicator:
An outcome indicator is the specific information that tracks program success or failure towards meeting standards or projected outcomes. This definition is used to describe observable, measurable characteristics or changes that represent the product of an outcome.
IV. SCOPE OF RYAN WHITE PART B PROGRAMS

The Ryan White Part B Program attempts to meet the complex needs of eligible people living with HIV/AIDS as well as those high risk populations living throughout the Commonwealth. Virginia Department of Health provides core medical and support services for over 6,000 HIV/AIDS clients by funding two regional consortia and multiple direct recipients, as well as Minority AIDS Initiatives and the Emerging Communities Initiatives. Funded agencies provide core and support services, collect client-level data, collaborate with Peer Review services, and develop Quality Management Plans and quality improvement projects relevant to their provided services.

Virginia AIDS Drug Assistance Program provides insurance cost support or directly purchased medications:

- **Affordable Care Act (ACA) and Other Insurance:** Virginia AIDS Drug Assistance Program pays premiums and medication cost shares (copayments, coinsurance, and deductibles) for plans that meet federal and state AIDS Drug Assistance Program criteria. Payments for medication cost shares count toward an individual annual total maximum out-of-pocket expenditure capped at $6,350 (or less depending on income). Additionally, AIDS Drug Assistance Program supports medication cost shares for eligible clients who have other forms of private insurance meeting federal and state AIDS Drug Assistance Program criteria under the Insurance Continuation Assistance Program.

- **Medicare Part D Assistance Program:** The Medicare Part D Assistance Program pays premiums and medication cost shares for AIDS Drug Assistance Program eligible clients enrolled in Medicare Part D that is supported by state appropriated State Pharmaceutical Assistance Program (SPAP) funds. SPAP funds continue to support premium payments for those clients at or below 300% Federal Poverty Level, while AIDS Drug Assistance Program funds support medication cost shares and premiums for the few clients with incomes between 301% and 400% Federal Poverty Level.

- **Direct Purchase AIDS Drug Assistance Program:** Medications on the AIDS Drug Assistance Program formulary are purchased at discounted rates by the Central Pharmacy, and distributed through local health districts and other medication access sites to provide to the clients. Clients who are not eligible for or unable to enroll in other health marketplace insurance or Medicare Part D may receive medications through Direct Purchase AIDS Drug Assistance Program.
V. QUALITY IMPROVEMENT INFRASTRUCTURE

A. Leadership and Accountability:

Health Resources and Services Administration
An agency of the U.S. Department of Health and Human Services is the primary federal agency for improving access to health care services for people living with HIV/AIDS and their families who are uninsured, isolated or medically vulnerable. Comprising five bureaus and ten offices, Human Resources and Services Administration provides leadership and financial support to health care providers in every state and U.S. territory.

HIV/AIDS Bureau
Administers the Ryan White HIV/AIDS Program, the largest Federal program focused exclusively on HIV/AIDS care. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease.

Virginia Department of Health through the Division of Disease Prevention
Virginia Department of Health is the recipient for Ryan White Part B. Division of Disease Prevention provides leadership and support to local health districts, medical providers, and community-based organizations in the prevention, surveillance, and treatment of HIV and other sexually transmitted infections, tuberculosis, and other complications. It is also dedicated to the provision of education, information, and health care services that promote and protect the health of all Virginians. Additionally, Division of Disease Prevention collaborates with the Central Pharmacy to ensure the provision of medications and some vaccines through AIDS Drug Assistance Program statewide. It also oversees Ryan White Part B, state general funding, and other funding for services to people living with HIV/AIDS.

HIV Care Services
A Director, two Assistant Directors, and Business Manager provide general oversight of the program; coordinate all programs and financial evaluation. They oversee standards of care development, outcome measurement activities, and policy development and implementation.

Quality Management Coordinator
Provides general oversight of the Quality Management Program, coordinates program evaluation and quality management activities, oversees standards of care and outcome measurement activities, analyzes outcomes data, and integrates the data into requested reports. The Quality Management Coordinator is responsible for developing the Quality Management Plan, training on quality improvement for providers, coordinating client record reviews, providing technical assistance as appropriate, developing ongoing processes for improvement and modifying the plan as needed in collaboration with the Quality Management Advisory Committee.
Lead HIV Services Coordinator
Coordinates contract monitoring activities for HIV-related health care and services. Serves as the team's Lead Contract Monitor, supervising other contract monitors in the unit; oversees contract monitors regarding all aspects of the request for proposals, memorandum of agreement or sole source procurement process for federally-funded and state-funded HIV Care Services; recommends new and/or revised policies and procedures to meet business needs; reviews work plans and budgets; establishes and monitors performance standards for HIV service contractors; evaluates contracted service delivery systems for compliance with federal and state funding requirements; and compiles and analyzes data and information used to measure outcomes.

AIDS Drug Assistance Program Coordinator, HIV Care Services
Provides general oversight of the program; coordinates program eligibility/recertification and manages AIDS Drug Assistance Program staff. The AIDS Drug Assistance Program Coordinator is a member of the Quality Management Advisory Committee and AIDS Drug Assistance Program Advisory Committee.

AIDS Drug Assistance Program Operations Specialists, HIV Care Services
Provide oversight of the AIDS Drug Assistance Program eligibility staff and conduct AIDS Drug Assistance Program chart reviews to ensure client files have all required documentation for AIDS Drug Assistance Program eligibility and recertification.

HIV/AIDS Data Team
Comprised of the HIV Services Analyst, AIDS Drug Assistance Program Data Manager, AIDS Drug Assistance Program Data Entry Technicians, and Ryan White Services Data Manager. The Data Team is responsible for managing the AIDS Drug Assistance Program and the e2Virginia databases. The Data Team also coordinates efforts with CAREWare users, Department of Medical Assistance Services, and other Division of Disease Prevention programs to generate data that support quality management efforts. The HIV Services Data Manager works with Ryan White Part B -funded recipients to ensure quality of data collected for federal reporting and for Virginia Department of Health program planning and monitoring.

Consortia, Direct Recipients, Sub-recipients and other Providers
Each individual agency is responsible for its own Quality Management Plan and is accountable to the Ryan White Part B Program for providing data, making improvements in areas of low performance, and reporting to Virginia Department of Health on a monthly basis about their Quality Management Plan monitoring results.
B. Quality Management Committees:
Quality Management Leadership Team
Is charged with providing leadership and oversight for all quality improvement activities. The Quality Management Leadership Team ensures adequate resources to carry out the annual quality management work plan. Membership of the Quality Management Leadership Team consists of:

- Director of HIV Care Services
- Two Assistant Directors of HIV Care Services
- AIDS Drug Assistance Program Coordinator
- Lead HIV Services Coordinator
- Quality Management Coordinator
- HIV Services Analyst
- Business Manager

Quality Management Advisory Committee
Comprised of 35 members including representatives from the five health regions, All Ryan White (A, B, C, D, and F), people living with HIV/AIDS, data managers, physicians, AIDS Education & Training Centers, and program administrators. They are responsible for developing priorities, and setting quality improvement goals and measures. Additional responsibilities include developing and coordinating the implementation of the Quality Management work plan, reviewing standards of care, and developing strategies to improve care processes. Many members of Quality Management Advisory Committee are also members of the Community HIV Planning Group. Furthermore, members are responsible for participating in quarterly meetings to review system-wide quality management issues, challenges, and developing strategies to improve care; planning of educational strategies for Ryan White-funded providers; participating in annual evaluation; and determining annual performance indicators’ benchmarks.

Membership on the Quality Management Advisory Committee is reviewed annually and is open to all Ryan White providers and people living with HIV/AIDS. Participating members who wish to serve on the Quality Management Advisory Committee must complete the application form (Appendix C). The Quality Management Advisory Committee communication sub-committee’s members review all new applications and recommend selection to the Quality Management Coordinator.
AIDS Drug Assistance Program Advisory Committee
Comprised of HIV/AIDS medical providers, a pharmacist, consumers, and local health districts’ representation. The committee advises Virginia Department of Health on AIDS Drug Assistance Program programmatic, clinical, educational issues and formulary changes.

Consumer Capacity Involvement
Consumers participate on Quality Management Advisory Committee, Peer Review processes, and other quality improvement initiatives as necessary. On annual basis, they participate in client satisfaction surveys, needs assessment activities, semi-structured interviews, focus groups, and data to care projects. Also, they make suggestions and recommendations on quality improvement initiative needs. In Virginia, people living with HIV/AIDS involvement is a crucial part of the Ryan White Program management with the following goals:

- To educate people living with HIV/AIDS about current and future quality of care activities;
- To create a forum to routinely hear from affected communities about quality of care issues; and
- To benefit recommendation from people living with HIV/AIDS about issues related to quality of HIV care.

C. Professional Peer Review Team:
The Virginia Commonwealth University HIV/AIDS Center is the sub-recipient for statewide Peer Review services. It provides planning, logistical support and implementation of the Peer Review activities required to assess the quality of services rendered by Ryan White Part B service providers and gauge compliance with Department of Human and Health Services and Human Resources and Services Administration requirements and standards of care. During Peer Review activities, the team provides needed technical assistance, collects performance measure data to support the assessment of clinical and care standards, and reviews client charts and selected quality improvement project data. People living with HIV/AIDS team members conduct consumer peer-to-peer interviews assessing quality of care and satisfaction standing from a peer perspective.

D. Dedicated Resources:
- The National Quality Center of the New York State Department of Health: http://www.NationalQualityCenter.org
- Ryan White TARGET Center training: https://careacttarget.org/category/topics/quality-management
- The Local Performance Sites of the Mid-Atlantic AIDS Education and Training Center: www.pamaaetc.org
• Virginia Northern, Eastern and Central/Southwest Virginia HIV/AIDS Resource Consultation Center: www.vharcc.com
• AIDS Drug Assistance Program information can be found at: www.vdh.virginia.gov/ADAP
• Quality Management information can be found at: http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/

E. Meeting Schedule:
The Quality Management Advisory Committee Team meets quarterly and the Quality Management Coordinator prepares and distributes agendas prior to the meeting. Meeting minutes and work plan updates are maintained and copies of the minutes are disseminated to the members. The Quality Management Advisory Committee subcommittees meet several times (mostly by conference calls) between Quality Management Advisory Committee quarterly meetings to work on specific tasks. The AIDS Drug Assistance Program Advisory Committee meets quarterly. Meeting minutes and work plan updates are maintained and copies of the minutes are disseminated to the members as well as being posted on the Virginia Department of Health Town Hall website.
VI. 2016-2017 WORK PLAN GOALS AND IMPLEMENTATION

The work plan activities are monitored at least quarterly by the Quality Management Committees. The full implementation work plan is found in Appendix A. Selected Quality Management goals include:

Goal B. Strengthening the existing Virginia Ryan White Cross-Parts infrastructure to support quality improvement activities in Virginia.
Goal C. Ensuring that health-related core and support services, including AIDS Drug Assistance Program, provided by Virginia Department of Health and funded agencies adhere to the most recent Department of Human and Health Services and Human Resources and Services Administration guidelines, federal and state regulations.
Goal D. Continuing to work with Ryan White Part B providers, federal, state and community agencies, medical community, insurance industry, and other decision-making stakeholders to ensure eligible clients are referred to the appropriate service option and to ensure medication assistance complies with federal policies.
Goal E. Providing technical assistance and trainings on an ongoing basis.
VII. PERFORMANCE MEASUREMENT

The Ryan White Part B Program utilizes performance measurement data to identify and prioritize quality improvement projects, routinely monitor the quality of care provided to people living with HIV/AIDS, and to evaluate the impact of changes made to improve the quality and systems of HIV care.

A. Selected Measures for Ryan White Part B:
Specific clinical and prevention indicators to be measured for all the Ryan White Part B funded services for the current year include:

<table>
<thead>
<tr>
<th>Measurement Outcome</th>
<th>Indicator to be Measured</th>
<th>Data Elements used to Measure Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of persons who attended a routine HIV medical care visit or had a care marker within 3 months of HIV diagnosis</td>
<td>Linkage to HIV Medical Care</td>
<td><strong>Numerator:</strong> Number of persons who attended a routine HIV medical care services and had a care marker within 3 months of HIV diagnosis <strong>Denominator:</strong> Number of persons with an HIV diagnosis in 12-month measurement period</td>
</tr>
<tr>
<td>Percentage of persons who attended a routine HIV medical care visit or had a care marker within 1 month of HIV diagnosis</td>
<td>Linkage to HIV Medical Care</td>
<td><strong>Numerator:</strong> Number of persons who attended a routine HIV medical care services and had a care marker within 1 month of HIV diagnosis <strong>Denominator:</strong> Number of persons with an HIV diagnosis in 12-month measurement period</td>
</tr>
<tr>
<td>Percentage of persons with an HIV diagnosis who are receiving routine HIV medical care visit who had two</td>
<td>Retention in HIV Medical Care</td>
<td><strong>Numerator:</strong> Number of people enrolled in Ryan White Part B-funded Program living</td>
</tr>
<tr>
<td>Measurement Outcome</td>
<td>Indicator to be Measured</td>
<td>Data Elements used to Measure Indicator</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| Percentage of persons with an HIV diagnosis who are prescribed                       | Antiretroviral Therapy Among Persons in HIV Medical Care                                  | Numerator: Number of persons with an HIV diagnosis who are prescribed Antiretroviral therapy in the 12-month measurement period  
Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period |
| Antiretroviral therapy in the 12-month measurement period                             |                                                                                        |                                                                                                         |
| Percentage of persons with an HIV diagnosis with a viral load <200 copies/mL at last | Viral Load Suppression Among Persons in HIV Medical Care                                  | Numerator: Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12–month measurement period  
Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period |
| test in the 12–month measurement period                                              |                                                                                        |                                                                                                         |
Virginia Ryan White Part B Program has selected HIV continuum of care related performance measures for each funded service including AIDS Drug Assistance Program, which include monitoring care markers (CD4 test dates, viral load test dates, antiretroviral therapy prescription dates, and HIV medical care visit dates). Performance measures apply to the following services: AIDS Drug Assistance Program, outpatient/ambulatory care measures; mental health services; medical case management services (including treatment adherence); substance use services, outpatient; non-medical case management; medical transportation services; emergency financial assistance; health education/risk reduction; food bank/home-delivered meals; outreach services; MAI Outreach and Education; and legal services.
The only exception is for Oral Health Care Services, which will be measured as below:

<table>
<thead>
<tr>
<th>Oral Health Care Health outcome Indicator to be Measured</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of persons with an HIV diagnosis who are receiving Oral Health education session in the 12-month measurement period</td>
<td>Number of people enrolled in Ryan White Part B-funded Program living with HIV and receiving Oral Health education session at least once during the twelve month period.</td>
<td>Number of people enrolled in Ryan White Part B-funded Program living with HIV and receiving Oral Health Care services, regardless of age.</td>
</tr>
</tbody>
</table>

B. Data Collection:
Providers utilize the following methods and databases for data collection: client interviews, chart reviews, CAREWare or e2Virginia. e2Virginia is a Ryan White Services Report-ready system developed by RDE Systems, LLC specifically for Virginia. It is Virginia Department of Health’s official client-level data system. Also, Virginia Department of Health maintains a database specifically for AIDS Drug Assistance Program eligibility and service information.
Overall collected data include:

- Client eligibility and recertification data
- Utilization patterns data
- HIV continuum of care data
- Outcomes data developed for specific services
- Client Satisfaction data
- Needs assessment data of people living with HIV/AIDS in Virginia
- Other data as required and/or deemed necessary

C. Data Sources:
The Virginia Quality Management Program is responsible for regular collection, analysis and reporting of Quality Management data that include but is not limited to:

- Chart abstractions from client medical records (paper or electronic)
- AIDS Drug Assistance Program databases
- Client satisfaction surveys/interviews
- Provider and consumer focus group summaries
- Statewide Coordinated Statement of Need
- CAREWare
- e2Virginia
- Enhanced HIV/AIDS Reporting System
- Administrative/Programmatic monitoring tools
- Unmet Needs referring to the population that is out of care

Virginia Department of Health collaborates with all Ryan White Part A, B, C, D and F providers in the Commonwealth to provide client-level data on a monthly basis through e2Virginia. Providers that utilize CAREWare currently send data files each month for importation into e2Virginia; which is going to change in the future as providers will directly be able to self-import. Quality assurance checks are run on the database monthly by the Data Team to check for missing and incongruent data.

D. Data Collection Requirements for Recipients and Sub-Recipients:
1. Recipients/sub recipients develop, update and submit an annual Ryan White Quality Management Plan. The plan must include:
   a. Quality Statement (Brief purpose describing the end goal of the HIV quality program);
   b. Quality Infrastructure (Leadership, quality committees, roles and responsibilities, and resources);
   c. Performance Measurement (Identifies indicators, who is accountable, how to report and disseminate. Identifies a process in place to use data to develop quality improvement activities);
   d. Annual Quality Goals (Select only a few measurable and realistic goals annually and establish thresholds at the beginning of the year for each goal);
   e. Participation of Stakeholders (Lists internal and external stakeholders and specifies their engagement in the Quality Management Program, includes community representatives and partners, and specifies how feedback is gathered from key stakeholders); and
   f. Evaluation (Evaluates the effectiveness of the Quality Management /Quality Improvement infrastructure to decide whether to improve how quality improvement work gets done and review performance measures). HIV Services Coordinators also review progress on quality improvement projects and quality management plans and provide feedback in their monthly report responses as indicated in the sub-recipient contract deliverables.
2. Sub-recipient shall complete a program-specific quality improvement project annually based on enhancing medication adherence by utilizing standards from Human Resources and Services Administration, including viral load suppression, cluster designation 4 (CD4) count, frequency of medical appointments, and prescribing of highly active antiretroviral therapy medication. Progress of the quality improvement project will be reported on a quarterly basis by using a Plan, Do, Study, Act template.

3. Recipients/sub-recipients shall participate in statewide quality management activities (meetings, trainings, improvement projects and data/report submission requests), to include three (3) meetings at a minimum and the annual Quality Management Summit.

E. Reporting Mechanisms of Quality Management Activity Data:
Compiled findings are shared with HIV providers, Consortia, Virginia Department of Health leadership, and others. They are reported in an aggregated format to stakeholders. Program-specific data reports may be directly provided to each recipient for the purpose of enhancing their Quality Improvement Program.
VIII. PARTICIPATION OF STAKEHOLDERS

Stakeholders are invited to Quality Management Advisory Committee meetings and invited to participate on Quality Improvement Project Teams, as needed. Expected roles include:

- Advance buy-in from stakeholders through role clarification;
- Replicate infrastructures and quality management models that work, within specific geographic areas of the state where similar conditions exist; and
- Foster relationships and provide technical capacity to collect and submit quality improvement related data.

In addition to Health Resources and Services Administration and Virginia Department of Health, the following groups are stakeholders currently involved in Virginia Ryan White Part B quality improvement activities:

- Quality Management Advisory Committee
- Consortia Lead Agencies
- Funded Service Providers
- Funded Third Party Providers
- people living with HIV/AIDS
- RDE Systems, LLC
- The Virginia Local Performance Sites of the Mid-Atlantic AIDS Education and Training Centers
- Performance sites
- Virginia HIV/AIDS Resources and Consultation Centers
- AIDS Drug Assistance Program Advisory Committee
IX. CAPACITY BUILDING

Ryan White Part B continues to build quality improvement capacity through the provision of trainings and TA. In partnership with various stakeholders, Virginia Department of Health develops and conducts comprehensive trainings for providers, people living with HIV/AIDS, and advocacy committees regarding each element of the Quality Management Program.

The quality management staff participates in the HRSA, National Quality Center, and other Ryan White trainings offered to recipients and sub-recipients. In addition, Virginia has established an annual Ryan White Cross-Parts Quality Management Summit designed to build capacity among all Ryan White clinical providers (A, B, C, D and F) to conduct quality improvement activities and enlarge the pool of quality improvement trainees statewide. The Summit is an opportunity to build the quality improvement capacity needed to ensure that Virginia HIV clinical providers are able to better their Quality Improvement Programs. Summit participants access peer learning opportunities to share best practices, and have access to national experts without traveling outside the state.

AIDS Drug Assistance Program also continues to build quality improvement capacity through the provision of trainings and TA. Virginia HIV/AIDS Resources and Consultation Centers will assist Virginia Department of Health with this task by providing training to Certified Application Counselors, case managers, patient navigators, and clients to assist with ACA open enrollment. To streamline and track insurance enrollment efforts, Virginia AIDS Drug Assistance Program has held weekly statewide calls during ACA open enrollment for Certified Application Counselors to provide updates on enrollment goals and information about AIDS Drug Assistance Program approved insurance plans, to facilitate the tracking of enrollment, premium payment requirements, and to address any concerns or problems.

All stakeholders including staff, people living with HIV/AIDS, Quality Management Advisory Committee, volunteers, and others within the Ryan White Part B Program are encouraged to attend at least one yearly training opportunity related to quality management, process management, leadership development, problem solving, and/or team building.
X. COMMUNICATION

Communication to and between stakeholders is an important part of the quality management process. The purpose, method and frequency of communication depend upon the audiences. Structured meetings such as Collaborative Learning Sessions and Quality Management Summits are open to all Ryan White providers and people living with HIV/AIDS. Methods for distribution of the quality improvement results and requirements include public documents, websites, E-Bulletin, and trainings through Virginia Department of Health, Virginia HIV/AIDS Resources and Consultation Centers, and AIDS Education and Training Centers.

All AIDS Drug Assistance Program and Ryan White stakeholders are kept up-to-date with periodic stakeholder emails surrounding ACA enrollment, the Quality Management Advisory Committee meetings, and the quarterly AIDS Drug Assistance Program conference calls, quarterly contractor meetings, and recipients meetings. The AIDS Drug Assistance Program Hotline and Virginia Department of Health website offer information to respond to questions from stakeholders and clients concerning Affordable Care Act.

HIV Care Services staff participates in all regional meetings, quarterly recipient meetings, and Ryan White Part A Planning Council meetings in an effort to provide Ryan White Part B updates to all lead agencies, consumers, and direct recipients. The advisory committees have representation from all regions of the state, all Ryan White Cross-Parts, and non-Ryan White Part B funded agencies.
XI. EVALUATION OF THE VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT PROGRAM

Routine monitoring of the Quality Management Plan, service standards, program and activity outcomes, goals and objectives achievement, and client satisfaction and dissatisfaction will be used to gauge and strengthen program improvement. Data from varied sources are used to plan, design, measure, assess and improve quality of services and processes. Quality improvement activities examine and modify existing processes, if needed, to address quality challenges.

A. Site Performance Measures:
Specific quality indicators are reviewed for appropriateness and continued relevance. Upon completion of the annual review, a new set of quality indicators are identified, goals for the upcoming year established, and specific quality initiatives are identified in the updated Quality Management Plan.

B. Site Visits:
- Peer Review site visits (including chart reviews, performance measure data extraction, and client interviews) are performed every other year for each selected services provider agency. Findings from those reviews are used to assist in the development of agency specific Quality Management Plans and corrective action plans. Agencies review the results from their site visit reports and identify areas in need of improvement.

- AIDS Drug Assistance Program site visits (including chart review) are performed every other year for medication access sites where at least five or more clients are accessing medications. Selected AIDS Drug Assistance Program charts are reviewed to ensure that all eligibility and recertification documents are in place and are current. Additionally, other issues discovered in the process of reviewing the selected charts may expand the scope of the review.

C. Client Interviews:
Client interviews provide additional information regarding how well organizations meet people living with HIV/AIDS expectations and information pertinent to the organization’s quality improvement efforts. In addition to the Peer Review activities, each Ryan White Part B funded provider is contractually required to measure client satisfaction. Peer Review employs the use of a Peer-Administered Survey tool with questions that address the service, the provider, and the health system as whole. In addition, people with HIV/AIDS participate in different needs assessment interviews, focus groups, and surveys to supplement Peer Review client interviews.
**D. Quality Management Plan:**
Virginia Department of Health evaluates the Quality Management Plan on a quarterly and annual basis, including rating the completeness of goals and key activities undertaken during the year, and results are used to:

a. Determine the effectiveness of the Quality Management Plan infrastructure and activities;

b. Review annual goals, identify those that have not been met, as well as the reasons these goals were not met, and assess possible strategies to meet them before the next review.

Based on the findings, Virginia Department of Health will refine strategies for the following year. Regular feedback regarding overall quality improvement is critical in sustaining improvements over time. To obtain feedback from stakeholders Virginia Department of Health communicates findings and solicits feedback from key stakeholders on an ongoing basis and data presentations are made during identified meetings. In addition, written reports are shared with stakeholders who are given the opportunity to provide feedback on the reports.

Overall, the evaluation strengthens organizational performance and links organizations to operational decision-making within the state system. The Plan, Do, Study and Act cycle is a way of continuously checking progress in each step of the focused process. This process assists teams in focusing on specific improvement activities. Findings and revised Quality Management Plan are submitted to Virginia Department of Health leadership for approval on an annual basis.
APPROVAL OF THE 2016 QUALITY MANAGEMENT PLAN

This plan has been reviewed and approved by the Ryan White Part B Grantee as listed below. This plan will expire March 31, 2017.

Ryan White Part B – Virginia Department of Health

Kimberly Scott
Acting Director, Division of Disease Prevention

Effective (retroactively): _______________ April 1, 2016

Dates (s) Reviewed: _______________ February, 2016

Next Review Period: _______________ January – March 2017
The work plan includes goals, areas, objectives, key actions, responsible persons and/or parties, reporting methods, timeline, and status/follow-up.

**APPENDIX A: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2016-2017**

<table>
<thead>
<tr>
<th>Goal A: Develop and Implement the 2016 Ryan White Part B Quality Management Plan and Work Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Areas</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Implement Quality Management Plan</td>
</tr>
<tr>
<td>Evaluate Agency Quality Management Program</td>
</tr>
</tbody>
</table>
### Goal B: Strengthen the Existing Virginia Ryan White Quality Management Cross-Parts Infrastructure that Supports Quality Improvement Activities in Virginia

<table>
<thead>
<tr>
<th>Areas</th>
<th>Objectives</th>
<th>Key action steps</th>
<th>Person/Agency Responsible for Collection</th>
<th>Method of Reporting/Data Sources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide Ryan White Cross-Parts Collaborative</td>
<td>Implement and monitor a comprehensive set of five performance measures and a quality improvement project by all Ryan White Grantees</td>
<td>Provide technical assistance as needed</td>
<td>All Ryan White Grantees</td>
<td>Selected performance measures and quality improvement project and their related data management methods</td>
<td>By March 2017</td>
</tr>
<tr>
<td>Strengthen Virginia Cross-Parts Collaborative</td>
<td>Hold consistent quarterly meetings of the Quality Management Advisory Committee members and invited guests</td>
<td>Ryan White Quality Management Cross-Parts Collaborative members and invited guests</td>
<td></td>
<td>Meeting agendas and minutes, action plan, meeting evaluations, and attendance records</td>
<td>May 10, 2016, February 10, 2017</td>
</tr>
<tr>
<td>Collaboration with training centers</td>
<td>Local Mid Atlantic AIDS Education Training Center Performance sites and the Virginia HIV/AIDS Resources and Consultation Centers</td>
<td>Plan the Quality Management Summit and Case Management trainings.</td>
<td>Medical providers, case managers, people living with HIV AIDS and other professionals</td>
<td>Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites</td>
<td>March 2017</td>
</tr>
</tbody>
</table>
### APPENDIX A: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2016-2017

**Goal C:** Ensuring that Primary Care and Health-Related Support Services Provided by Funded Agencies Adhere to the Most Recent Department of Health and Human Services Guidelines, Federal and State Regulations.

<table>
<thead>
<tr>
<th>Area</th>
<th>Objectives</th>
<th>Key action steps</th>
<th>Person/Agency Responsible for Collection</th>
<th>Method of Reporting/Data Sources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality improvement Activities</td>
<td>Encourage incorporating Ryan White Part B Quality Management goals into agencies’ Quality Management Plans</td>
<td>Disseminate selected performance measure goals to all agencies</td>
<td>All stakeholders Virginia Department of Health staff</td>
<td>Written documents, face-to-face meetings, telephone, webs and emails</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implementation of agency selected quality improvement activities to meet annual goals</td>
<td>All providers</td>
<td>Submitted quality improvement project reports on quarterly basis to Virginia Department of Health</td>
<td>April 2016 July 2016 October 2016 January 2017</td>
</tr>
<tr>
<td>Case Management Standards</td>
<td>Provide needed trainings and technical assistance</td>
<td></td>
<td>Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites, and the Virginia HIV/AIDS Resources and Consultation Centers</td>
<td>Implementation of the new Case Management Standards</td>
<td>By March 2017</td>
</tr>
<tr>
<td>Case Management Retreat</td>
<td>Planning, implementing and evaluating the Retreat</td>
<td></td>
<td>Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites</td>
<td>Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites</td>
<td>By March 2017</td>
</tr>
<tr>
<td>Peer Review</td>
<td>Update PR tools to match with the selected HIV continuum of care</td>
<td>Update tools and assess 10 Ryan White Part B funded providers’ compliance</td>
<td>PR Team and Quality Management Coordinator</td>
<td>Revised PR tools and reviewed client’s records for adherence to the Standards of Care as required by Health</td>
<td>March 2017</td>
</tr>
<tr>
<td>performance measures</td>
<td>with relevant standards of care</td>
<td>Resources and Services Administration and the state</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX A: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2016-2017

<table>
<thead>
<tr>
<th>Area</th>
<th>Objectives</th>
<th>Key action steps</th>
<th>Person/Agency Responsible for Collection</th>
<th>Method of Reporting/Data Sources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure eligibility and recertification determination adheres to most recent Health Resources and Services Administration Guidelines.</td>
<td>As defined by Health Resources and Services Administration, ensure eligibility occurs every year and recertification has been completed every 6 months.</td>
<td>Mailing monthly recertification documents to active clients.</td>
<td>AIDS Drug Assistance Program Data Manager. AIDS Drug Assistance Program Operations Technicians.</td>
<td>AIDS Drug Assistance Program Contacts Database.</td>
<td>Monthly by March 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eligibility and recertification completed at agency level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recipients and sub-recipients.</td>
<td>Monthly progress reports, e2virginia, Electronic Medical Records, CAREWare and Client Files.</td>
<td></td>
<td>Monthly by March 2017</td>
</tr>
<tr>
<td>Outreach</td>
<td>Ensure information regarding all programs under AIDS Drug Assistance Program is available and communicated.</td>
<td>Periodic stakeholder letters through the listserv; updating AIDS Drug Assistance Program website and providing updates at statewide and stakeholder meetings.</td>
<td>AIDS Drug Assistance Program staff.</td>
<td>Verbal Reports, written documents, power point presentation, emails, website updates.</td>
<td>By March 2017</td>
</tr>
</tbody>
</table>
## APPENDIX A: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2016-2017

**Goal E:** Providing Technical Assistance and Trainings on an Ongoing Basis

<table>
<thead>
<tr>
<th>Area</th>
<th>Objectives</th>
<th>Key action steps</th>
<th>Person/Agency Responsible for Collection</th>
<th>Method of Reporting/Data Sources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance and Training Activities</td>
<td>Hold a Ryan White Cross-Parts Annual Quality Management Summit</td>
<td>Identify topics, dates, and locations of the Summit. Develop and provide training event</td>
<td>Virginia Department of Health Quality Management Coordinator and other resources</td>
<td>Trainings developed and conducted during the Summit</td>
<td>By March 2017</td>
</tr>
<tr>
<td></td>
<td>Provide ongoing Quality Management technical assistance to providers</td>
<td>Provide technical assistance to providers on Quality Management Principles and any needed specific topics</td>
<td>Quality Management Coordinator and Quality Management Advisory Committee</td>
<td>Number of requested technical assistance; Number of technical assistance provided</td>
<td>By March 2017</td>
</tr>
<tr>
<td>Provide ongoing AIDS Drug Assistance Program technical assistance to consumers, providers and local health department and medication access site staff</td>
<td>Provides technical assistance on Ryan White service options and AIDS Drug Assistance Program</td>
<td>HIV Care Services Staff</td>
<td>Medication Edibility Hotline; AIDS Drug Assistance Program Contacts Database; Monthly progress reports</td>
<td>By March 2017</td>
<td></td>
</tr>
<tr>
<td>Provide trainings to local health department staff, case managers, patient navigators, and other stakeholders in regard to identified topics</td>
<td>Identify topics, dates, and locations of trainings Develop and provide training events</td>
<td>Quality Management Coordinator and other resources including AIDS Drug Assistance Program staff</td>
<td>Trainings developed and conducted</td>
<td>By March 2017</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX B: DHHS-FUNDED HIV PREVENTION, TREATMENT & CARE SERVICES COMMON CORE MONITORING INDICATORS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Positivity</td>
<td>Number of HIV positive tests in the 12-month measurement period</td>
<td>Number of HIV tests conducted in the 12-month measurement period</td>
</tr>
<tr>
<td>Late HIV Diagnosis</td>
<td>Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis in the 12-month measurement period</td>
</tr>
<tr>
<td>Linkage to HIV Medical Care</td>
<td>Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis</td>
<td>Number of persons with an HIV diagnosis in 12-month measurement period</td>
</tr>
<tr>
<td>Retention in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period</td>
<td>Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period</td>
</tr>
<tr>
<td>Antiretroviral Therapy Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who are prescribed Antiretroviral Therapy in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Viral Load Suppression Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis with a viral load &lt;200 copies/mL at last test in the 12–month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Housing Status</td>
<td>Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis receiving HIV services in the last 12 months</td>
</tr>
</tbody>
</table>
APPENDIX C: QUALITY MANAGEMENT ADVISORY COMMITTEE TEAM MEMBER APPLICATION INFORMATION FORM

Date: ___________________________________________  Source/Referral: ___________________________________________________

Representation: ___________________________________________________________________________________________________________________

Name: _________________________________________________________________________________________________________________________
   First                           Last                           Middle Initial

Mailing Address: _______________________________________________________________________________________________________________________________________
   City                                  State                            Zip Code

Phone # (Work): ___________________________________________  Cell #: ______________________________________________________
Home #: ___________________________________________  Fax #: ______________________________________________________

Email: _______________________________________________________________________________________________________________________

Conflict of Interest: _______________________________________________________________________________________________________________________________________

Present Employment: _______________________________________________________________________________________________________________________________________

Please state your qualifications, interest and/or reasons for wanting to be a member of the Quality Management Advisory Committee
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Interviewed by: ________________  Phone: ____________  Email: ________________  Letter: ____________

Contacts/Communications: _______________________________________________________________________________________________________________________________________

Comments: _______________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Signature of Approval:
Quality Management Coordinator: ___________________________  Date: ____________
Quality Management Advisory Committee Communication Subcommittee: ___________________________  Date: ____________
## APPENDIX D: 2016 QUALITY MANAGEMENT PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th>Quality Area</th>
<th>Quality Activity</th>
<th>Responsible Person</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Management plan and Quality Improvement Project</strong></td>
<td>Ryan White Provider Quality Management Plan development and submission to Virginia Department of Health</td>
<td>Recipients</td>
<td>60 days after the start date of the grant year</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement Project proposal development and submission to Virginia Department of Health (selected topic is HIV/AIDS medication treatment and Adherence) The proposal should include the site baseline data on selected performance measures</td>
<td>Recipients</td>
<td>60 days after the start date of the grant year</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement Project and Quality Management Plan reports required on monthly basis</td>
<td>Recipients</td>
<td>Monthly Quality Improvement Project quarterly reports are due: April 2016, July 2016, October 2016, January 2017</td>
</tr>
<tr>
<td><strong>Planning and Evaluation</strong></td>
<td>Quality Management Advisory Committee Meeting</td>
<td>Quality Management Advisory Committee Members</td>
<td>May 10, 2016, February 10, 2017</td>
</tr>
<tr>
<td></td>
<td>Consumers Forum retreat</td>
<td>Quality Management Coordinator</td>
<td>June 2-3, 2016</td>
</tr>
<tr>
<td></td>
<td>Case Management Standards implementation</td>
<td>Recipients, HIV Service Coordinators, Quality Management Coordinator</td>
<td>September 30, 2016</td>
</tr>
</tbody>
</table>
| Case Management Retreat | Planning Committee  
AIDS Education and Training Center  
Quality Management Coordinator | March 2017 |
|-------------------------|-------------------------------------------------|------------|
| Training and technical assistance as needed | Quality Management Coordinator  
AIDS Education and Training Center  
Virginia HIV/AIDS Resource Consultation Center | Ongoing |
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CARE Act</td>
<td>Comprehensive AIDS Resources Emergency Act</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>Service Category</td>
<td>Definition/Description</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health Care Services</td>
<td></td>
</tr>
<tr>
<td>Ambulatory/Outpatient Medical Care</td>
<td>Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). <em>Primary medical care</em> for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service’s guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. <strong>NOTE: Early Intervention services provided by Ryan White Part C and Part D Programs should be included here under <em>Outpatient/Ambulatory medical care</em>.</strong></td>
</tr>
<tr>
<td>AIDS Drug Assistance Program (AIDS Drug Assistance Program Treatments)</td>
<td>State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.</td>
</tr>
<tr>
<td>AIDS Pharmaceutical Assistance (local)</td>
<td>Local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with AIDS Drug Assistance Program earmark funding.</td>
</tr>
<tr>
<td>Health Insurance Premiums &amp; Cost Sharing</td>
<td>Provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.</td>
</tr>
</tbody>
</table>
## APPENDIX F: HUMAN RESOURCES AND SERVICES ADMINISTRATION – HIV/AIDS BUREAU SERVICE CATEGORY DEFINITIONS

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care Services</strong></td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td><em>Diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.</em></td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>Counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. <strong>NOTE:</strong> EIS provided by Ryan White Part C and Part D Programs should NOT be reported here. Part C and Part D EIS should be included under Outpatient/Ambulatory medical care.</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.</td>
</tr>
<tr>
<td>Medical Nutrition Therapy</td>
<td>Provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.</td>
</tr>
<tr>
<td>Medical Case Management Services (including treatment adherence)</td>
<td>A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client’s and other key family members’ needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific</td>
</tr>
<tr>
<td>Service Category</td>
<td>Definition/Description</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health Care Services</td>
<td>advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</td>
</tr>
<tr>
<td>Substance Use Services - Outpatient</td>
<td>Provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting rendered by a physician, or under the supervision of a physician, or by other qualified personnel.</td>
</tr>
<tr>
<td>Child Care Services</td>
<td>Provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training.</td>
</tr>
<tr>
<td>Treatment Adherence Counseling</td>
<td>Provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.</td>
</tr>
<tr>
<td>Case Management (non-medical)</td>
<td>Provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</td>
</tr>
<tr>
<td>Substance Abuse Services - Residential</td>
<td>Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).</td>
</tr>
<tr>
<td>Respite Care</td>
<td>Provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.</td>
</tr>
<tr>
<td>Emergency Financial Assistance</td>
<td>Provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.</td>
</tr>
<tr>
<td>NOTE: Part A and Part B Programs must be allocated, tracked and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02).</td>
<td></td>
</tr>
<tr>
<td>Food Bank/Home Delivered Meals/Nutritional Supplements</td>
<td>Provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. It does include vouchers to purchase food.</td>
</tr>
</tbody>
</table>
## APPENDIX F: HUMAN RESOURCES AND SERVICES ADMINISTRATION – HIV/AIDS BUREAU SERVICE CATEGORY DEFINITIONS

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Services</td>
<td></td>
</tr>
<tr>
<td>Health Education/Risk Reduction</td>
<td>Provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.</td>
</tr>
<tr>
<td>Linguistics Services</td>
<td>Provision of interpretation and translation services.</td>
</tr>
<tr>
<td>Housing Services</td>
<td>Provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential Mental Health services, foster care, or assisted living residential services.</td>
</tr>
</tbody>
</table>