The seal of Virginia Commonwealth University is a circular emblem. It features a central illustration of a classical building with four columns and a pediment. Above the building, the letters "MCV" are inscribed between two horizontal lines. Below the building, the letters "RPI" are inscribed between two horizontal lines. The outer ring of the seal contains the text "VIRGINIA COMMONWEALTH UNIVERSITY" at the top and "1838" at the bottom, flanked by two small stars.

**Virginia Commonwealth University Peer Review Program
Virginia Ryan White Part B
Fiscal Year 2018 Final Report**

VCU PR FY2018 FINAL REPORT

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VCU Peer Review Program Virginia Ryan White Part B Program 2018 Final Report

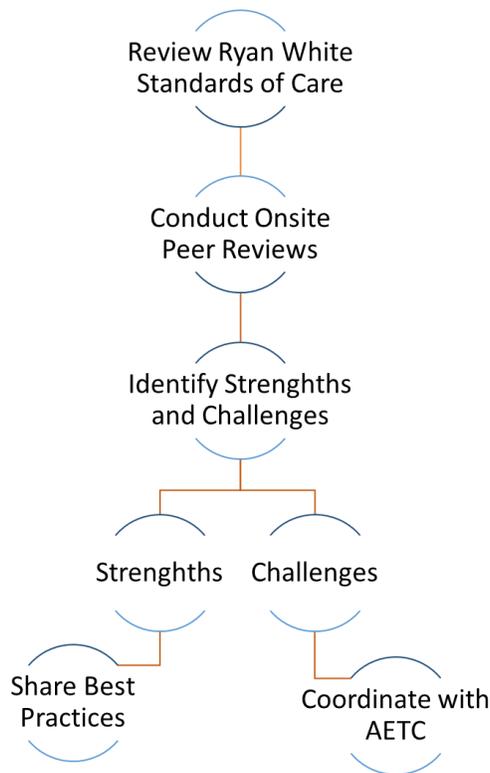
Background

In 2002, the Virginia Department of Health (VDH), Division of Disease Prevention established a statewide independent Peer Review (PR) team. Their mission is to monitor sub-recipients receiving Ryan White HIV/AIDS Program Part B (RWHAP B) funding, for the quality of care provided to HIV consumers eligible for RWHAP B services. In 2012, Virginia Commonwealth University (VCU) was awarded the contract by VDH to complete PR activities and collect HIV Performance Measure data for the state of Virginia. The following report summarizes the VCU PR process for the Grant Year of 2018.

Process and Methodology

The PR site visit entails a one to two-day onsite review of pre- and post- visit activities as outlined in Figure 1.

Figure 1. Peer Review Process



Selected agencies and funded service categories.

Sub-recipients receiving RWHAP B funding are reviewed on a biennial schedule. In 2018, seven sites were selected for review including: CrossOver Healthcare Ministry, Vernon J. Harris, Fredericksburg Area HIV/AIDS Support Services, AIDS Response Effort, Daily Planet, Three Rivers Health District, and Carilion Clinic. Table 1 displays funded service categories for Peer Reviewed sites. Technical Assistance (TA) Peer Reviews were conducted at Health Brigade, Inova Juniper, Neighborhood Health, and Community Access Network. Table 2 displays funded service categories for TA sites. Technical Assistance was provided to sites that were newly funded or expanded Ryan White Part B services in 2018. The TA site visit follows the same process as PR site visits as shown in Figure 1 above. TA site visits were preliminary visits to help prepare for future PRs. No corrective actions are necessary for a TA. The total number of PR and TA site reviews in 2018 was eleven.

Table 1. Peer Review Funded Service Categories

GY2018 Peer Review Sites	Outpatient Ambulatory Health Services	Medical Case Management	Oral Health Care	Transportation
CrossOver Healthcare Ministry	✓	✓	✓	✓
Vernon J Harris	✓	✓	✓	✓
Fredericksburg Area HIV/AIDS Support Services		✓	✓	✓
AIDS Response Effort		✓	✓	✓
Daily Planet			✓	
Three Rivers Health District		✓	✓	✓
Carilion Clinic	✓	✓	✓	✓

Table 2. TA Funded Service Categories

GY2018 Peer Review TA Sites	Outpatient Ambulatory Health Services	Medical Case Management	Oral Health Care	Transportation
Health Brigade	✓	✓		✓
Inova Juniper	✓	✓	✓	✓
Neighborhood Health		✓	✓	✓
Community Access Network	✓	✓	✓	✓

Data collection tools.

The VCU contracted PR Program employs REDCap as its primary data collection tool. REDCap is a web-based application created in 2004 at Vanderbilt University for the purpose of securely managing data online and building surveys and databases.

VDH Part B Standards of Care modules and the data collection tool for performance measures were built into the online PR database, REDCap. The PR team collects the data from the site using a secure remote internet access card to ensure confidentiality & HIPAA compliance.

Qualified peer reviewers.

The PR Program is comprised of a group of experts in the HIV field recruited throughout the state of Virginia. These individuals are professionals in Ryan White services and include medical providers, dental providers, and medical case managers. A thoroughly vetted team of RWHAP B consumers were selected to conduct the client interviews. In order to have a range of Peer Reviewers and not have a conflict of interest, PR staff selected reviewers from each of the five Virginia health regions and placed them in areas where they have not practiced or received HIV care.

Site visit schedule, site information and pre-visit conference calls.

The PR staff notified agencies selected for PR in 2018 by email and by phone; their VDH HIV Services Coordinators and lead agency (if any) were also notified. Following the initial email, site review dates were scheduled and confirmed by email. After confirming the performance measure data collection and PR onsite date with the agency, two web conferences between the PR Program staff and the agency were scheduled. The PR staff and agency staff web-conferenced via GoToMeeting at least one month before and one week prior to the onsite PR. Confirmation emails were sent to the agency and their lead agency before the web-conferences. During the web-conferences PR staff reviewed the performance measure data collection and peer review process and procedures. PR staff also explained to RWHAP B staff how to prepare for the site visit, review previous PR reports, resources available, assessed technical assistance needs and answered any questions.

Site review day one.

Outpatient Ambulatory Health Services (OAHS) and Medical Case Management (MCM) performance measures were collected on day one of the site review. Health Resource & Services Administration HIV/AIDS Bureau (HRSA HAB) Performance measures selected by VDH were used to assess the quality of care for RW and non-RW HIV patients throughout the state. Performance measure data were collected for the 4 case management and 4 outpatient ambulatory health measures. Data was extracted from charts and entered into REDCap by PR staff.

Table 3 displays OAHS and Medical Case Management Performance Measure definitions.

Table 3. HRSA HAB Performance Measures for Clinical and Medical Case Management

Service Category	Indicator
Outpatient Care	Linkage: Number of people living with HIV who had a care marker* within 1 month (30 days) of HIV diagnosis. (changed to 30 days in GY2018 from 90 days)
	Retention: Number of people living with HIV who had at least two care markers* in a 12 month period that are at least 3 months apart
	Antiretroviral Therapy (ART): Number of people living with HIV who are prescribed ART in the 12-month measurement period
	Viral Load Suppression: Number of people living with HIV with a viral load <200 copies/ML at last test in the 12-month measurement period
Medical Case Management	Linkage: Number of people living with HIV who had a care marker* within 1 months (30 days) of HIV diagnosis. (changed to 30 days in GY2018 from 90 days)
	Retention: Number of people living with HIV who had at least two care markers* in a 12 month period that are at least 3 months apart
	Antiretroviral Therapy (ART): Number of people living with HIV who are prescribed ART in the 12-month measurement period
	Viral Load Suppression: Number of people living with HIV with a viral load <200 copies/ML at last test in the 12-month measurement period

*Care marker is defined as CD4, viral load, medical visit, or ART prescription

Detailed description of HRSA HAB Performance Measures: <http://hab.hrsa.gov/deliverhivaidscale/habperformmeasures.html>

The number of charts selected for review was determined by the total population of RWHAP B patients served at each site using the HIVQUAL Quality Improvement Project Sampling Methodology (<http://nationalqualitycenter.org/index.cfm/6115/13471>) (Table 4).

The agency staff assisted the PR staff on how to navigate medical records and answer any questions. Internet access was obtained with a secured remote internet access card to ensure confidentiality & HIPAA compliance. In the event of unavailability of internet access a secured database was created to store the performance measure data through REDCap. PR staff also pre-selected and qualified charts that were reviewed by the Peer Reviewers on day two by evaluating their eligibility following the RWHAP B guidelines.

Table 4. HIVQUAL Quality Improvement Project Sampling Table

Total Sample Table	
<i>Total Eligible Population</i>	<i>Minimum Total Records</i>
Up to 24	All
25-30	24
31-40	30
41-50	35
61-60	39
61-70	43
71-80	46
81-90	49

91-100	52
101-119	57
120-139	61
140-159	64
160-179	67
180-199	70
200-249	75
250-299	79
300-349	82
350-399	85
400-449	87
450-499	88
500-749	94
750-999	97
1000-4999	105
5000 or more	107

Site visit day two.

The second day of the site visit was dedicated to the collection of information for funded RWHAP B services using VDH PR Standards and Modules. The peer reviewed RWHAP B categories are: OAHS, MCM, Transportation Services, Oral Health Services, and Client Interviews.

(<http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/peer-review-standards-modules/>).

The PR Program selected 10% of the eligible charts, with a minimum of 10 charts for each funded service category. When a minimum of 10 charts were not available for review all charts were reviewed. On day one, randomly selected eligible clinical charts are selected for review by Peer Reviewers in the funded categories. The Peer Reviewers entered the results directly into REDCap. After all data were collected, the Peer Reviewers and the PR team extracted a summary of the information. At the end of day two, an exit meeting was conducted with agency staff and leadership to review findings and solicit feedback. An initial summary was then presented by the Peer Review team to the agency staff.

Post-visit activities.

Final site visit reports were prepared by the PR staff and submitted to VDH Quality staff for review and final approval; reports were due to the agency within 45 days of their visit. After VDH’s final approval of the PR site visit reports, the reports were sent to each reviewed agency individually by email. The final site visit reports for each agency identified strengths and challenges. A corrective action plan was required for identified challenges. The corrective action plan was requested within 90 days of receiving the report to the VDH Quality and Peer Review staff.

Key Findings and Recommendations

Peer Review performance measures.

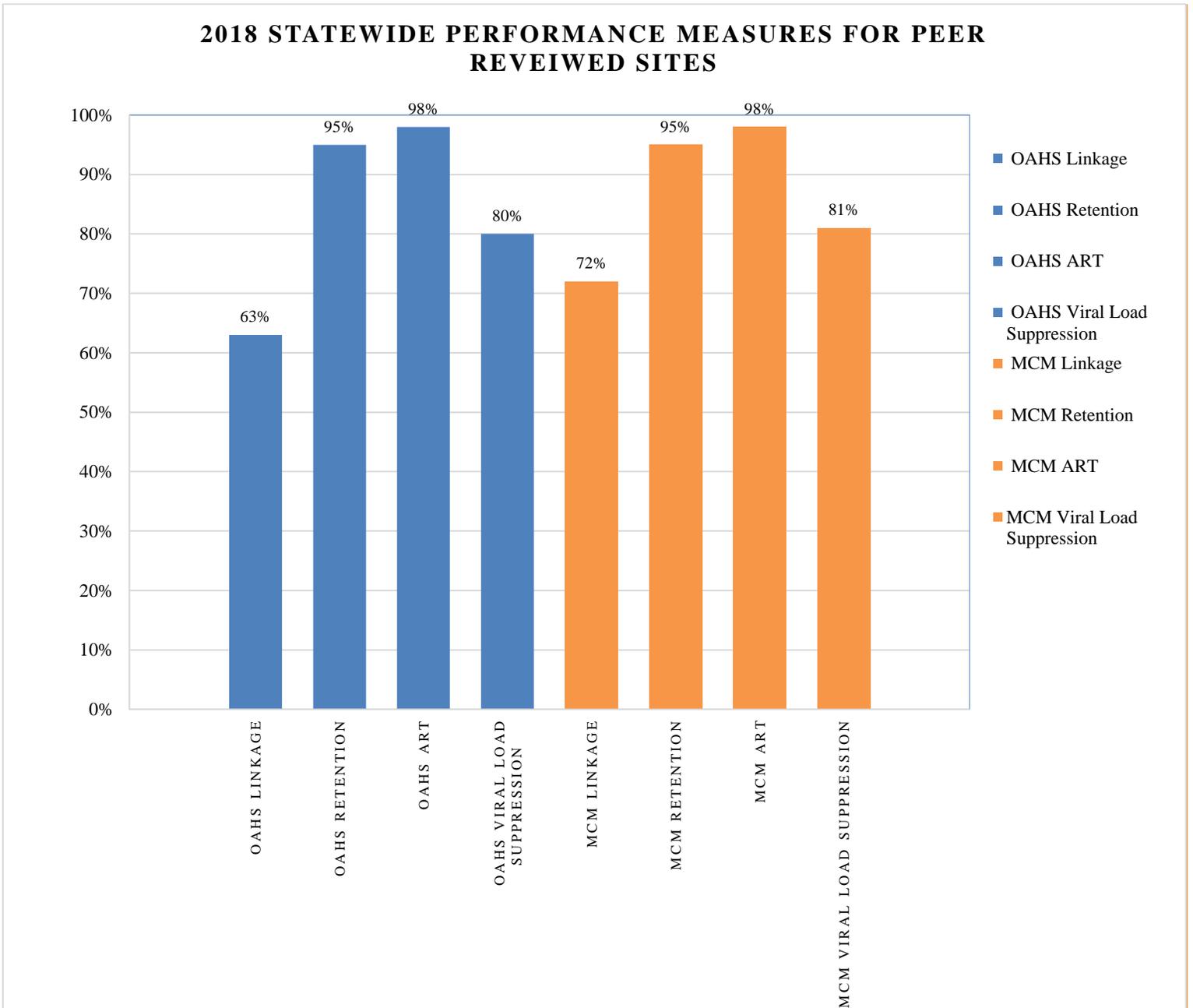
Figure 2 and Table 5 demonstrate aggregate data for Performance Measures across six Peer Reviewed sites (Daily Planet does not provide OAHS and MCM). Statewide performance measures were revised in 2016 to reflect HRSA HAB Performance Measures. The performance measures were collected into REDCap from electronic medical records or paper medical charts and reviewed by the Peer Review team.

Prescription for Antiretroviral Therapy (ART) was the highest Performance Measure at 98% for Outpatient Ambulatory Health Services and Medical Case Management. Across all sites ART measures were similar, reporting at 98% or higher (OAHS=219 & MCM=355).

Retention in Care was the second highest percentage of the statewide Performance Measures with clients receiving two care markers at least 3 months apart on 95% of OAHS and MCM charts. The total number of charts reviewed for MCM Retention in Care was 358 with a range of 83% to 100% of charts meeting the measure. The 212 charts reviewed for OAHS Retention in Care had achievement rates with a range of 88% to 99% across all agencies reviewed.

Viral Load Suppression for OAHS and MCM were met at 80% and 81% of the sampled charts reviewed. All sites reviewed for MCM Viral Load Suppression met the measure at 77% or higher with 355 charts reviewed. The OAHS charts reviewed had a range of 77% to 88% for Viral Load Suppression with 219 charts reviewed.

Figure 2. Performance Measure - Totals



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* See [Attachment A](#) for raw data

Sixty three percent of the charts reviewed for Linkage to Care for OAHS (Technical Assistance site excluded) had a documented care maker within 30 days of diagnosis. MCM charts reviewed for Linkage to Care were met on 72% of the charts reviewed. Linkage to Care for MCM sites had the largest range from 33% to 100%; a total of 25 charts were reviewed for MCM. Sites that did

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not meet the MCM Linkage to Care measure often reported difficulty in obtaining medical care maker information from third party outpatient medical centers. Sites also reported not having a 30 day linkage to care policy in place, as the previous standard was 90 days. The Peer Reviewers noted the 90 day standard of linkage to care was updated to 30 days in 2018.

Retention in Care for MCM had the largest sample size of charts reviewed of the MCM performance measures at 358 (95%). The second largest sample sizes were 355 charts reviewed for ART (98%) and 355 charts for Viral Load Suppression (81%).

Table 5. Aggregate Performance Measure Data by Percentage

Peer Reviewed Performance Measures	FAHASS	COHM	ARE	Carilion	CAHN	TRHD	Total Gross	Total Percentage
OAHS Linkage	N/A	100%	N/A	38%	80%	N/A	11/18	63%
OAHS Retention	N/A	97%	N/A	88%	99%	N/A	202/212	95%
OAHS ART	N/A	97%	N/A	98%	99%	N/A	215/219	98%
OAHS Viral Load Suppression	N/A	77%	N/A	88%	77%	N/A	175/219	80%
MCM Linkage	80%	80%	100%	33%	80%	100%	18/25	72%
MCM Retention	89%	97%	96%	83%	99%	100%	340/358	95%
MCM ART	97%	97%	100%	97%	99%	100%	349/355	98%
MCM Viral Load Suppression	86%	77%	77%	89%	77%	85%	287/355	81%

Technical assistance performance measures.

Four sites received Technical assistance from Peer Review in 2018. Technical Assistance was provided to sites that were newly funded or expanded Ryan White Part B services in 2018. Three sites provided Outpatient Ambulatory Health Services and four provided Medical Case Management.

The TA site visit is the same process as PR site visit as shown in Figure 1 above. TA site visits were preliminary visits to help prepare for future PRs. No corrective actions are necessary for a TA. Data from the TA sites is in Table 6.

Table 6. Performance measures for sites receiving TA peer review.

Technical Assistance Performance Measures	Neighborhood Health	Inova	Community Access Network	Health Brigade	Total Gross	Total Percentage
OAHS Linkage	N/A	100%	100%	100%	16/16	100%

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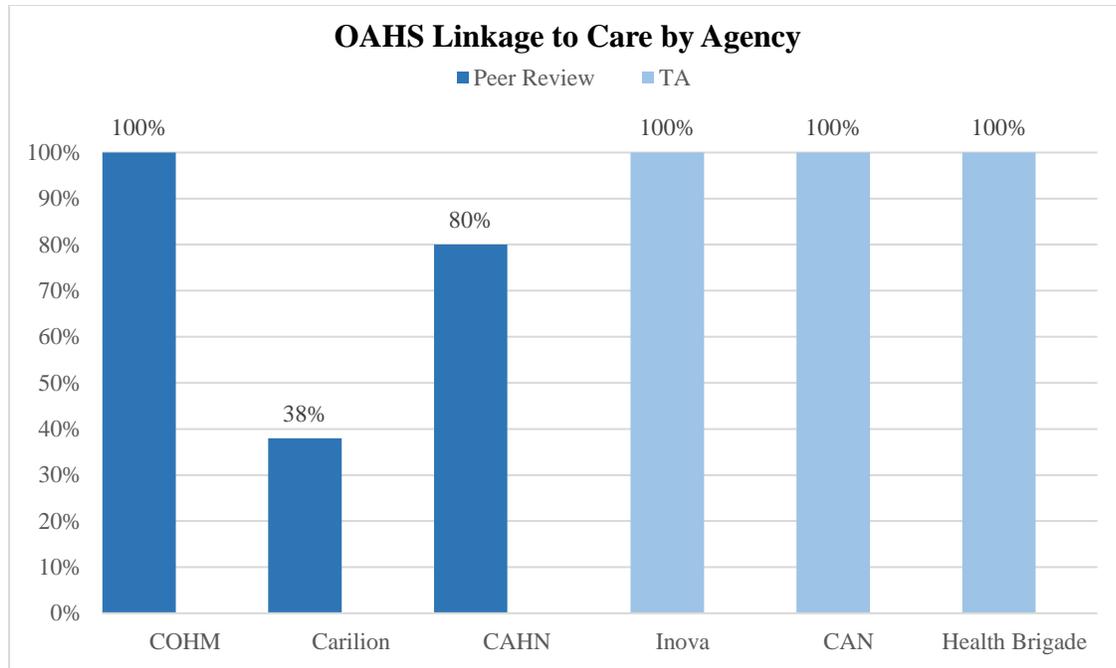
OAHS Retention	N/A	92%	99%	100%	185/194	95%
OAHS ART	N/A	98%	97%	100%	191/196	97%
OAHS Viral Load Suppression	N/A	76%	64%	0%	137/196	69%
MCM Linkage	N/A	100%	100%	100%	23/23	100%
MCM Retention	100%	93%	99%	57%	227/258	88%
MCM ART	100%	97%	99%	91%	250/257	97%
MCM Viral Load Suppression	92%	78%	67%	55%	182/260	70%

Technical Assistance sites had performance measures outcomes that were different than those found at PR sites, specifically with regard to Viral Load Suppression. Viral suppression was 10% lower (80% v 69%) on the OAHS measures and 10% lower (81% v 70%) on the MCM measures.

In contrast, measures collected for Linkage to Care (100%) and ART (97%) had high percentages for both OAHS and MCM at these sites. Performance for retention was also high but variable (88% for OAHS and 95% for MCM).

Figures 3-10 provide individual data sets for each site demonstrating variability in certain performance measures.

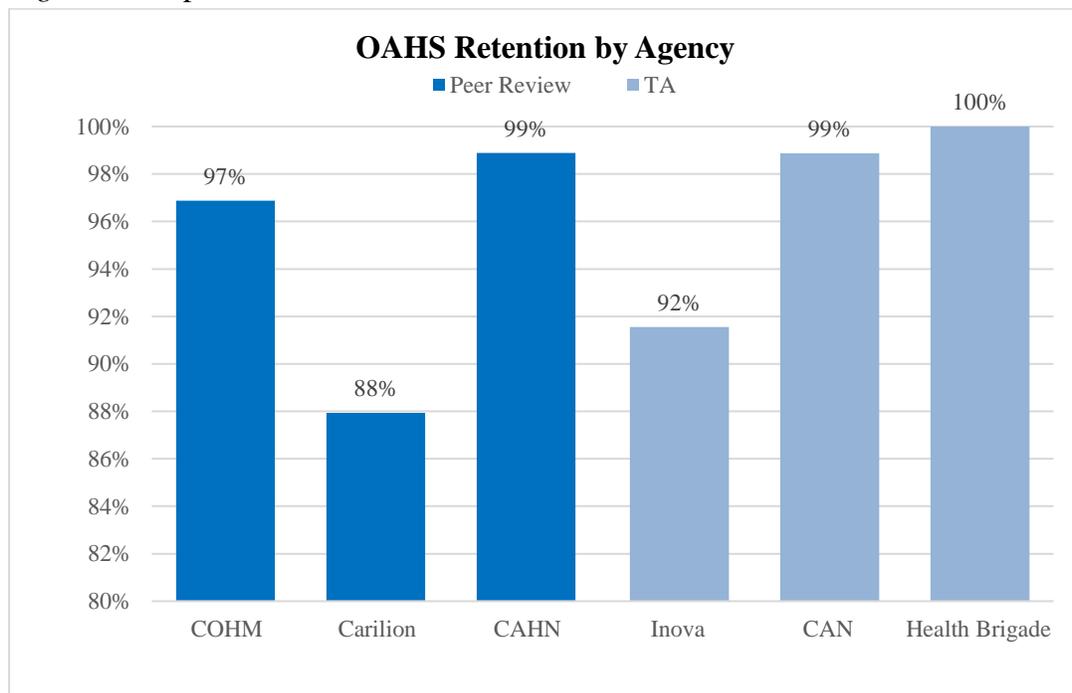
Figure 3. Outpatient Linkage



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* See [Attachment A](#) for raw data

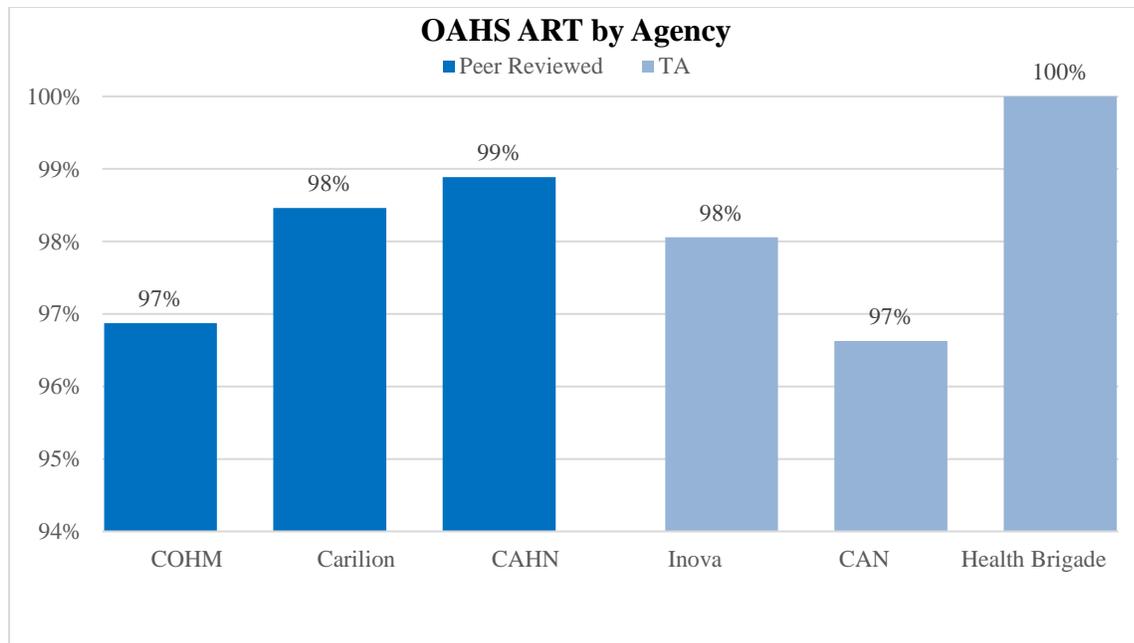
Figure 4. Outpatient Retention



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* See [Attachment A](#) for raw data

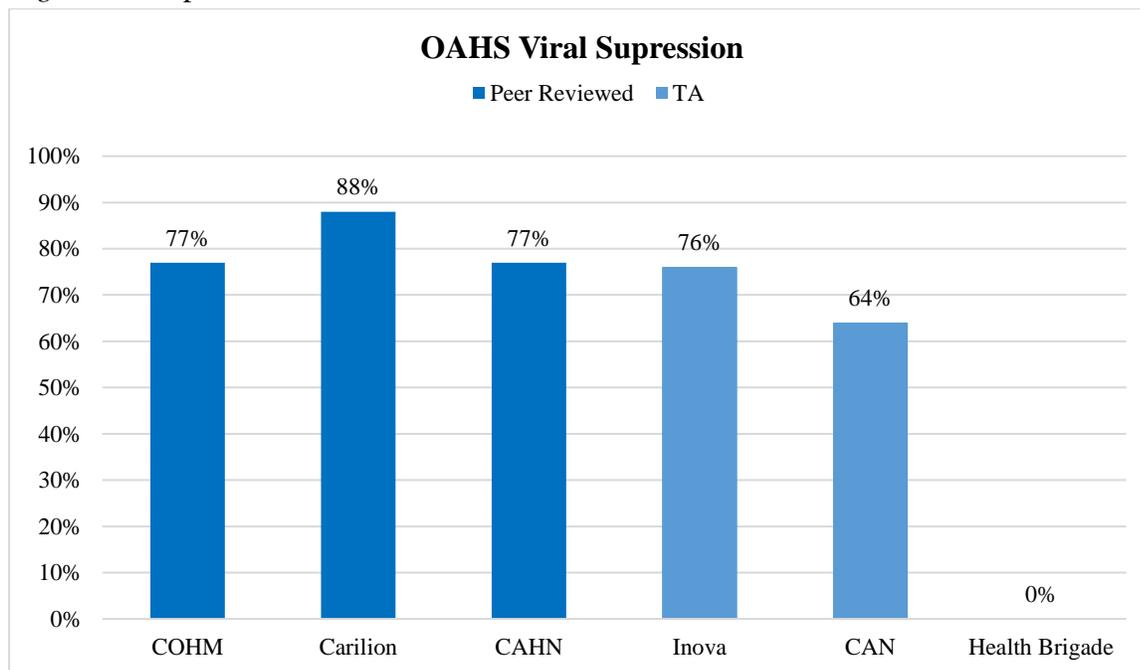
Figure 5. Outpatient ART



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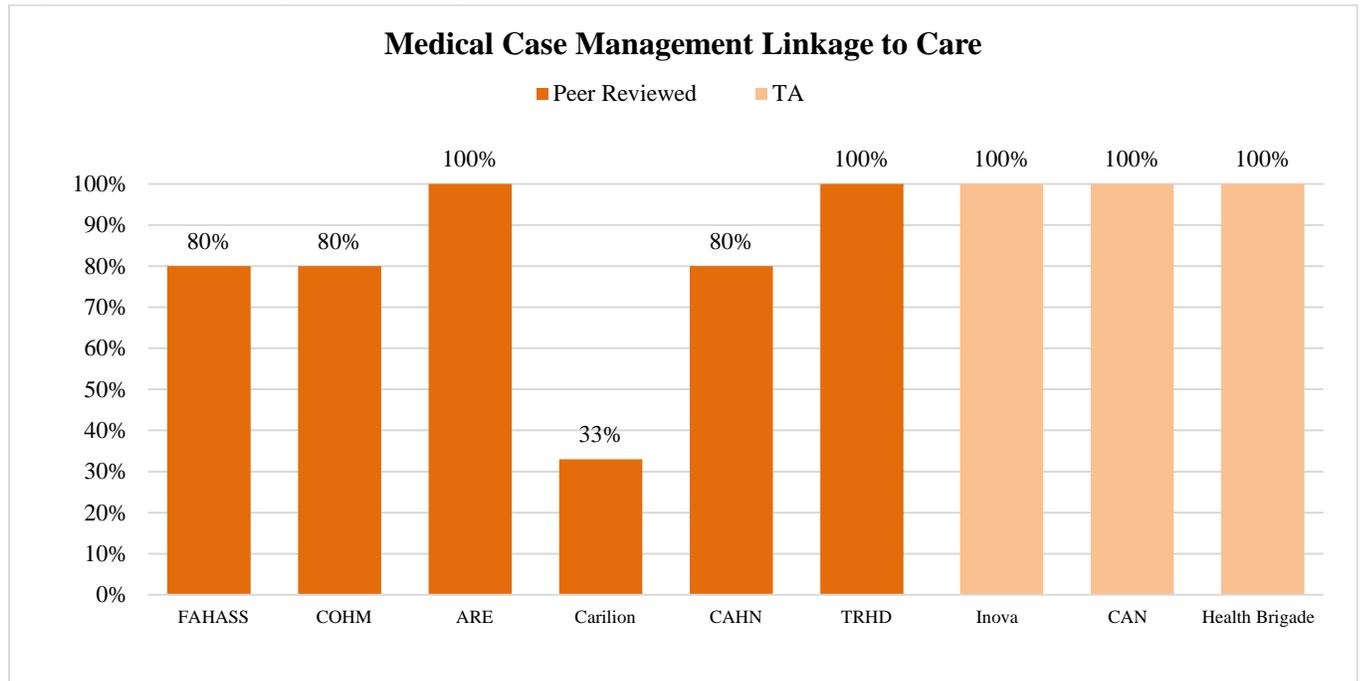
* See [Attachment A](#) for raw data

Figure 6. Outpatient Viral Load



VCU Peer Review Program 2018 See [Attachment A](#) for raw data

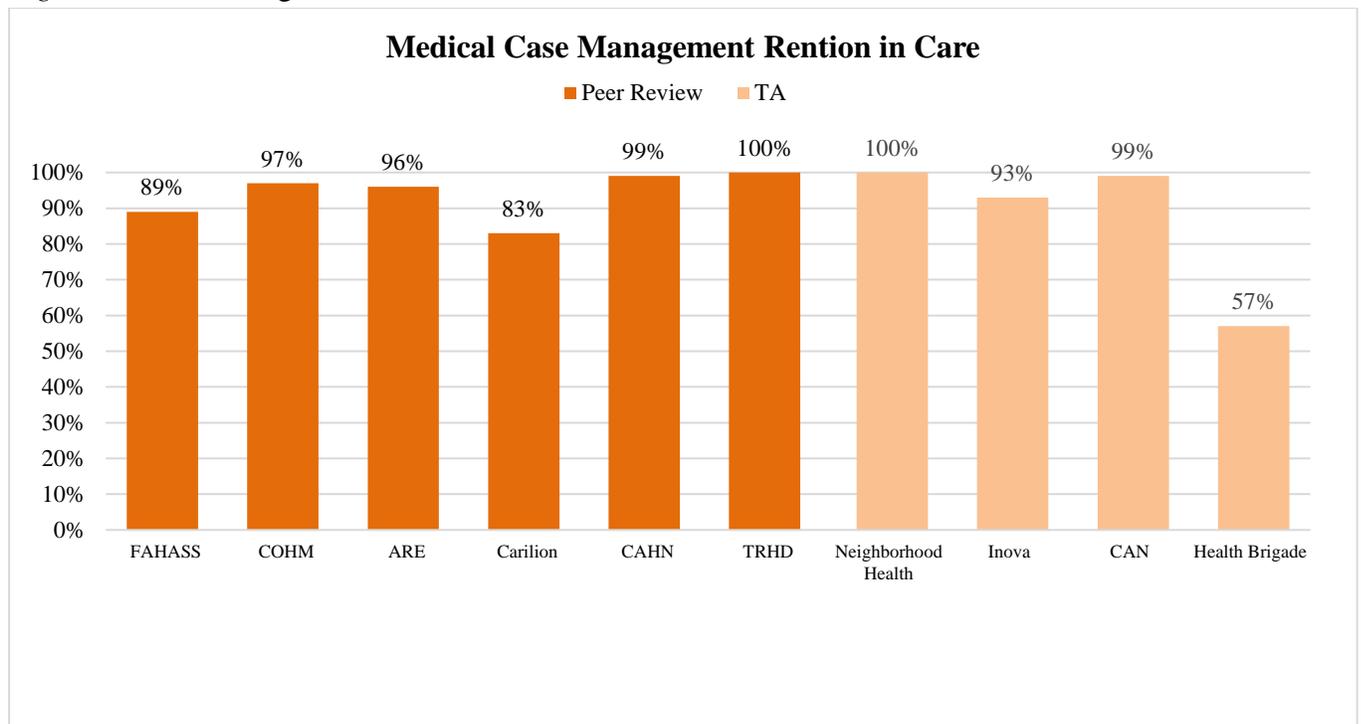
Figure 7. Case Management Linkage



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*please see [Attachment A](#) for raw data results

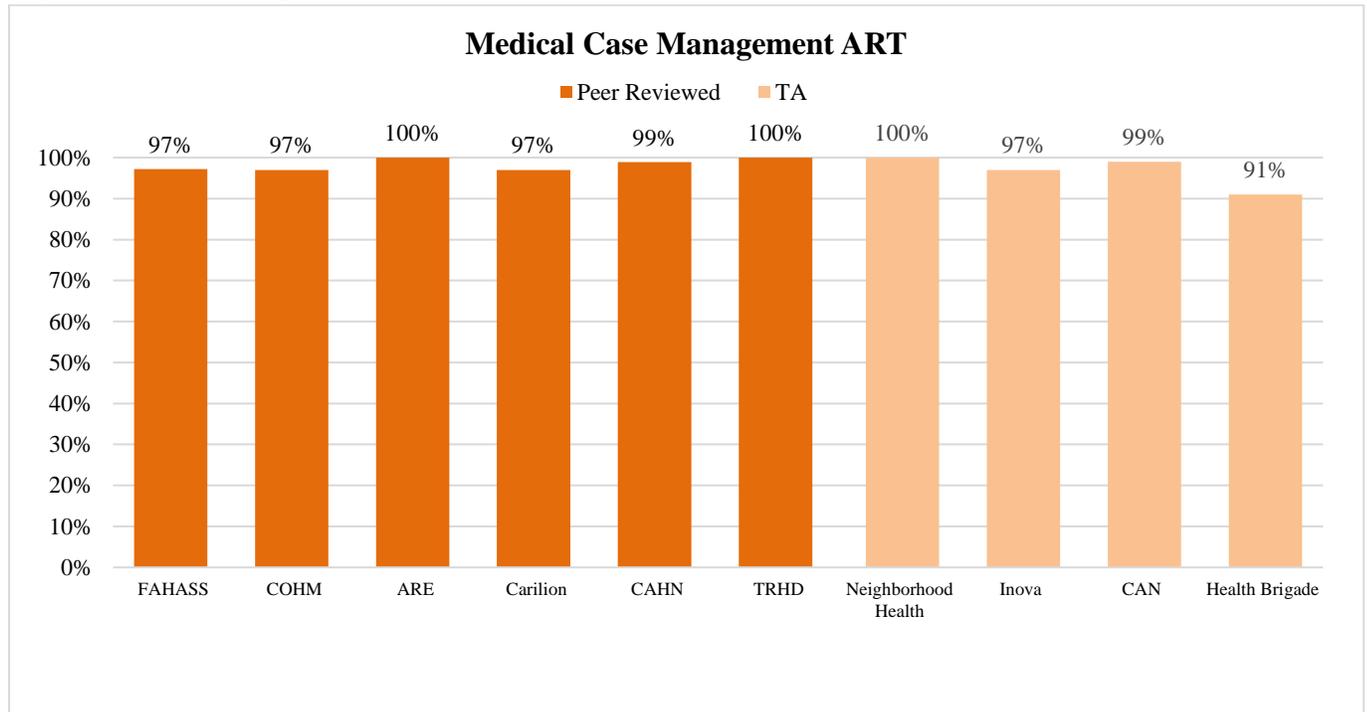
Figure 8. Case Management Retention



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* See [Attachment A](#) for raw data

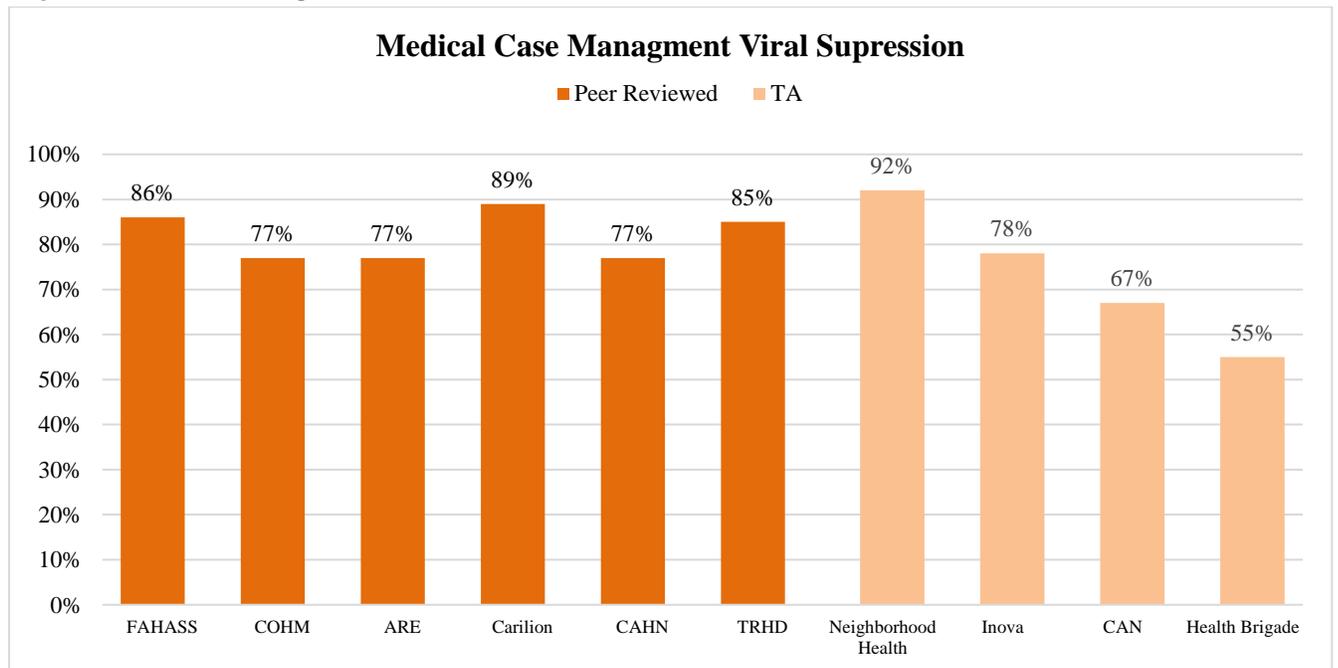
Figure 9. Case Management ART



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*See [Attachment A](#) for raw data

Figure 10: Case Management Viral Load



VCU Peer Review Program 2018

* See [Attachment A](#) for raw data

Universal administrative review.

Key findings. (See [Attachment B](#) for raw data)

All sites were reviewed using VDH Standards of Care for Administrative Services. Most of the sites had appropriate policies and procedures and were very knowledgeable about RWHAP B requirements. See [Attachment B](#) for raw data.

Strengths.

The following standards from the Universal Administrative Questionnaire were found to be consistently adhered to by $\geq 90\%$ of the eleven sites reviewed. They included: current policies to protect client confidentiality that are signed and dated by the client; a policy for determining RWHAP B eligibility that includes proof of residency, income, no income, insurance status, and documentation of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) diagnosis; a confidentiality form that has a unique client identifier signed by the client; release of information policy and process that is signed by both client and provider representative with a twelve month expiration date and signature date; established policies to safeguard client information for paper and/or electronic records; a written Quality Management Plan; a client rights and responsibilities policy that is signed and dated by the client; staff member's files with job descriptions and specific standard qualifications.

All of the agencies reviewed were verified to have a Health Insurance Portability and Accountability Act (HIPAA) policy and had a staff-training manual or materials, a provider orientation manual and a file for each staff member. One Peer Reviewed site did not have Policies that specify client involvement in the development of services offered.

Challenges.

Challenges were identified in the area of policies and procedures. One site did not have third party agreements available for review during the visit which included all necessary information regarding the third party vendor for transportation services. Two sites did not have the documentation for continuing education for the Oral Health provider. Additionally, two sites did not have any policies or procedures in place for OAHs, Substance Abuse, and Medical Nutrition Therapy services or the corresponding continuing education. One site did not have a Continuity of Operations Plan (COOP) available for review at the time of the PR.

Recommendations.

It was recommended that agencies requiring Corrective Action Plans follow up with their HIV Services Coordinator regarding compliance.

Outpatient/Ambulatory health services.

Key findings.

Of the seven sites reviewed in Peer Review Year 2018/2019, three reported providing Outpatient Ambulatory Health Services. The data below is based on the aggregate data collected. See [Attachment C](#) for raw data. Overall, reviewed sites demonstrated thorough progress notes and documentation when present. The challenges were to ensure that documentation regarding assessment of all relative symptoms and risks are present in the medical record as well as Hepatitis A, B and C serology and vaccine information.

Strengths.

A total of forty eight charts were Peer Reviewed for OAHS at six Peer Reviewed sites. The Peer Reviewers noted strengths of the sites such as a template for prevention and education, thorough progress notes, CD4 and CBC documentation, and verification that HAART was offered to the client. The sites were commended for reaching 100% overall for the following measures in OAHS for ten or more charts reviewed: CD4 and CBC documentation within a 12 month period or as necessary; documentation of all current medications; HAART was offered to the client; the client was noted as currently on HAART; HAART consistent with current Public Health Service (PHS) Guidelines; an appropriate out-come based medical plan of treatment developed with the client and present in the client's record; documentation of a Prevention/Risk factor reduction/ Counseling message at each visit; progress notes were present, current, legible, signed and dated in the client's record; and documentation of any special studies (as applicable). Additionally, all new client charts had medication history, initial labs, oral health, nutritional, and substance abuse assessments (100% n=8/8). The following standards were reported to be consistently 98% at the three sites reviewed for OAHS with ten or more charts reviewed: Medication history which includes new drug allergies, current medications, drug/substance abuse, and treatment adherence at 98% (n=47/48); Glucose (if not in Chemistry Panel; baseline & annually)/ Hemoglobin A1C every 6 months or as needed 98% (n=44/45); medication adherence assessment with documentation done at each visit 98% (n=47/48). Laboratory Testing, q. 6 months, or p.r.n (n=46/48); and Liver/Hepatic Panel/baseline; q. 6 months, annually (n=46/48) were reported at 96% for all charts reviewed.

Challenges.

A challenge was defined as any standard within the PR process that did not meet a 70% or greater completion (when a minimum of 10 charts were reviewed). Having a current (in last 12 months) ophthalmology exam or referral if CD4<100 or history of Diabetes Mellitus (DM) or Hypertension (HTN) was difficult for most sites as they reported there is not a process in place to verify if the exam has taken place by third party providers; 41% of the 17 eligible charts reviewed met this standard (n=7/17). The documentation of follow up from referrals in the clients' records was met on 67% of the 30 charts reviewed (n=20/30). Forty-six eligible charts reviewed reported that an annual lipid panel was documented at a rate of 65% (n=30/46); it was not documented in

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most of the charts reviewed if Tetanus/Diphtheria (or Tdap x 1) was administered every ten years (33% n=13/48).

Twenty three of the thirty-eight charts reviewed reported the client was referred for immunization if the client was documented as having a negative Hepatitis A serology at baseline (61%). Twenty of the thirty-one charts reviewed reported the client was referred for immunization if the client was documented as having a negative Hepatitis B serology at baseline (65%). For the questions regarding Hepatitis A series (n=21/48) and B series (n=33/47) it was asked if serology is negative was a series completed; the Hepatitis A series reported 50% while Hepatitis B series reported 70%.

The Peer Reviewers noted that although the overall report for Tuberculosis (TB) Risk factors charted in the client record was only met on 65% of the 48 eligible charts (n=31/48); the assessment of the TB risk factors annually or as needed depended on the interpretation of the standard by the medical provider. Annual vaccinations for Influenza were documented in the charts reviewed at 62% (n=29/48) and Prevnar 13 at 38% (n=18/38).

Lastly, there were a total of eight initial client visits for the OAHS sites reviewed. Five of the eight new clients had an initial medical history documented within 30 days of client contact with provider (63%) and their initial physical examination within 30 days by a provider was only met at 63% for five out of eight new clients. Additionally, a psychosocial/mental health assessment and/or referral was documented as a component of the initial assessment for six of the new clients (75%).

Recommendations.

It was recommended by the PR team that each site create a process for all providers to chart consistently or develop a template for medical notes that includes a checklist of needed labs, vaccines, assessments, and outpatient standards of care; this template should reflect the PR module for OAHS. A Peer Reviewer noted that medical templates make documentation easier to review and manage, and also serves as a reminder for upcoming care markers and patient follow up at future visits. Additionally, a template could help to increase efforts to make sure patients are seen every 6 months. CrossOver Health Care Ministry was noted for using a template for prevention and education, which was noted by the Peer Reviewers as exceptional and was recommended for other sites to create a consistent approach to care.

Additionally, the Peer Reviewers recommended to ensure that documentation regarding assessment of all relative symptoms and risks are present in the medical record as well as Hep A, B and C serology and vaccine information.

Outpatient/Ambulatory Health Services technical assistance sites.

Three sites received OAHS TA by Peer Reviewers in 2018/2019. Inova, CAN, and Health Brigade had a total of 44 charts for OAHS review.

Key findings.

As Peer Reviewers provided TA it was found that these sites needed onsite TA or had recently received TA from AETC within the year to inform them of the Ryan White Standards of Care.

Strengths.

Documentation for follow-up referrals (n=18/18) and all medications (n=44/44) were noted at 100% compliant in the client records reviewed. The client medical records also revealed that 98% had documentation of current CD4 (n=43/44), as well as HAART offered to the client (41/42), current with PHS guidelines (n=40/41), and progress notes were current, legible, signed and dated in the client record (n=43/44).

Challenges.

The nutritional assessments or referral was reviewed at 63% for the measure (n=28/43).

Medical Case Management: peer reviewed sites.

Key findings.

Peer Reviewers analyzed 92 case management files from all three case management levels at six Peer Reviewed agencies. See [Attachment D](#) for raw data. Overall it was reported by Peer Reviewers, when properly documented and recorded in the clients files, the agencies had detailed case notes, indicated a high level of client contact which resulted in well-developed service plans. The Peer Reviewers for Medical Case Management reported that when the documentation was available for review, most forms were completed and included the Individualized Service Plan (ISP), Assessments, and Acuties as needed. It was noted that one agency used an area on the Service Plan for goals to indicate the task was completed.

Medical Case Management records revealed during PR that 96% of charts reviewed at every case management level had a completed Acuity Scale in the chart reflecting the client's current Acuity level (n=88/92), and reported that 97% (n=89/92) of the reviewed charts indicated the Acuity Scale was signed and dated by both the MCM and the client on the date of completion. In 91 charts, treatment adherence was identified as a need and included in the Service Plan for 89 clients (98%).

An Initial Assessment was completed within 30 days of intake for all 20 new clients, and they received at least two face to face interviews in the past 12 months (n=25/25). The Initial Assessment was dated and signed by both the client and MCM for clients enrolled within the last 12 months at 94% (n=15/16).

The overall case management data for all agencies reviewed at every level revealed the following standards not met at $\leq 70\%$ with a minimum of 10 charts. Twenty-eight out of 51 reviewed service plans and/or progress notes did not contain ongoing documentation of activities toward the completion of goals (55%). Fifty-one of the charts reviewed revealed 31 (61%) did not have the timeline for goals set within the appropriate time frame for the client's Case Management level. The service plans were updated according to the appropriate Case Management Level at 66% (n=25/38).

Challenges.

All of the sites reviewed for Medical Case Management revealed they are working to improve the documentation and organization of the client files. The caseload for Medical Case Managers varies by site but the overall theme is they are challenged to implement systems to make sure all required documentation has been obtained and filled out consistently such as signatures, assessments, and summaries. The Peer Reviewers recommended consistent charting to address some gaps in documentation of the timeline of goals and action steps in the progress notes or on the Service Plans.

Medical case management recommendations.

All sites reviewed had recommendations to develop a system to ensure the MCM intake and eligibility Assessment forms were updated as required and ensure all areas are filled out and scored according to the Case Management Standards. All agencies had identified challenges in completion of their summaries and progress notes and/or had Services Plans which were not updated or were missing in the client files.

Medical Case Management: level 3.

Key findings.

The updated Medical Case Management standards were released in October 2015. Six sites reported providing Medical Case Management services for the 2018 Peer Review. Of those sites, fifteen Level 3 Medical Case Management charts were selected at random for review. The data below is based on the aggregate data collected. See [Attachment D](#) for raw data.

Strengths.

Medical Case Management Level 3 client files revealed during PR that $\geq 90\%$ of charts with ten or more files reviewed, had initial assessments completed within 30 days of intake (100%). All Service Plans were developed within 45 calendar days after completion of MCM Assessment (n=15), and documentation the client participated in the development of the Service Plan (100%).

Challenges.

The following standards were identified as challenges and were not completed $\leq 70\%$: Documentation of minimum contact (face-to-face or by phone) every thirty days was met in 8 out of the 15 reviewed charts (53%). The acuity was updated at least every 3 months for 30% of the reviewed charts (n=10) and service plans were not updated at least every six months (0%).

Medical Case Management: level 2.

Key findings.

All of the six sites providing Medical Case Management reported providing Level 2 Medical Case Management services. The data below is based on the aggregate data collected from 36 randomly selected client files. See [Attachment E](#) for raw data.

Strengths.

Initial assessments were completed within 30 days for newly enrolled clients in all ten charts reviewed and their assessment was signed and dated by the MCM and client in all seven charts reviewed. All charts reviewed for treatment adherence were addressed in the MCM assessment form (35/35). Thirty-five out of thirty-seven charts reviewed had a completed Acuity Scale reflecting the client's current acuity level and the Acuity Scale was signed by the MCM and the Client (97%). Documentation of minimum contact (face to face or by phone) every six months was met in all of the 36 reviewed charts.

Challenges.

The following standards were identified as challenges and were not completed $\leq 70\%$: Documentation that goals and progress on attaining goals in progress notes were available in 17 out of 36 charts (47%).

Medical Case Management: level 1.

Key findings.

All of the six sites Peer Reviewed reported providing Medical Case Management Level 1, 41 client charts were pulled at random for review. The data below is based on the aggregate data collected. See [Attachment F](#) for raw data.

Strengths.

Ninety-five percent of the charts reviewed had a completed Acuity Scale reflecting the client's current acuity level (39/41) and 98% of the charts indicated the Acuity Scale was signed by the MCM and the Client (40/41).

Challenges.

Peer Reviewers noted that some charts reviewed indicated that discharge summaries were not documented or were not available for review.

Medical Case Management: technical assistance sites.

Key findings.

The sites in 2018/2019 that received Peer Review Technical Assistance were overall adhering to the 2015 Case Management Standards, when the case managers were unaware of the standards the Peer Reviewers gave onsite TA to address any misunderstanding of the standards. The sites had been to the Case Management Standards course provided by the AETC prior to their Peer Review TA.

Strengths.

The TA sites did well and met the measure for at least 1 face-to-face interview completed within the past 12 months (n=11/11) and having a brief summary of the findings noted on the last page of the Assessment Form (n=12/12) for Level 1 clients at 100%. The Level 2 client charts revealed that all client charts had the progress notes completed within 24 hours (n=17/17); the summary of findings were completed (n=11/11); and the treatment adherence (17/17) was noted in the client charts selected for review. The Level 3 client charts reviewed had 100% of the progress notes completed within 48 hours.

Challenges.

The primary challenges noted by the Peer Reviewers were the Acuity Scales not updated within the correct time frame for Level 3 (57%, n=4/7), Level 2 (58%, n=7/12), and Level 1 (57%, n=13/23). The Level 2 charts had 56% meeting the measure for the Service Plans or progress notes containing ongoing documentation of activities toward the completion of goals (n=9/16), the Service Plans were not updated at least every 6 months (45%, n=5/11), and there was incomplete documentation that the client was offered a copy of the Service Plan (14%, n=2/14).

Medical Transportation.

Key findings.

The following standards from Medical Transportation were found to be consistently adhered to by $\geq 90\%$ of the six sites reviewed. Sixty nine charts were reviewed for Medical Transportation See [Attachment H](#) for raw data.

Strengths.

Documentation of a Ryan White need for transportation in the client charts was present in 99% of the sampled charts (n=68/69). All clients were made aware of a transportation cancellation (n=7), and all clients were notified when applicable about inclement weather and breakdowns of

transportation in advance to reschedule appointments (n=9). Documentation of referrals was recorded in 100% the client records reviewed (n=13). All bus tickets and passes are issued by Ryan White case managers or designated staff and documented (n=21). All clients with acute medical needs were documented as receiving the appropriate medical transportation service (n=16). No client waited more than two hours for transportation.

Challenges.

No challenges were identified based on the aggregate data collected.

Oral Health.

Key findings.

Seven Peer Reviewed sites reported providing Oral Health Care and three TA sites. See [Attachment I](#) for raw data.

Strengths.

Documentation of referrals were located in all of the client records and noted in the charts for both PR (n=81) and TA (n=23) sites. Documentation was in the client record of encouragement to seek routine dental care as a preventive measure for 100% of PR (n=82) and TA (n=23) sites. Appropriate dental education materials were located in waiting rooms or offered to clients at 100% for both PR (n=79) and TA (n=21). Documentation that Ryan White overseeing agency has given approval for dental services was reported by the sites at 100% (PR n=82 & TA n=23). Documentation at baseline, a completed medical history, chief complaint, medical alert (if appropriate), radiographs and drug history were all present in the client charts at 100% for PR (n=82) and TA (n=23) sites. Documentation in treatment plan addressing cavities, missing teeth, and extractions were present in 100% of the charts PR (n=82) and TA (n=23) sites. Signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months was clearly documented in 100% of the client charts for PR (n=79) and TA (n=21) sites. All PR charts were signed and dated with documentation that all services provided were recorded, prescriptions and drugs dispensed, post-operative instructions were given for surgical procedures, and pre-medications and local anesthetics were used (n=20/20). Signed and dated documentation in client's record of medical history, physical examination, laboratory reports, medications, treatment plan of care, interim progress notes, and referrals/follow-ups was present and reviewed.

Challenges.

No challenges were identified based on the aggregate data collected. The sampled client charts revealed only few examples of incomplete charting for periodontal therapy, no post-operative instructions, and the patients diagnosed with periodontal disease should have complete charting every six months. Signed and dated documentation that all services provided were recorded,

prescriptions and drugs dispensed was 67% for TA (n=2/3), however there were less than ten charts reviewed.

Client Interview.

Key findings.

Fifty Four Virginia RWHAP B clients were interviewed during the PR onsite review process. Clients for both Peer Reviewed sites and Technical Assistance sites were selected for interviews. Client interview questions consisted of a variety of open-ended, yes or no, and Likert scale questions developed from the New York State Department of Health AIDS Institute Patient Satisfaction Survey for HIV Ambulatory Care (<https://careacttarget.org/library/patient-satisfaction-survey-hiv-ambulatory-care>). See Attachment J for raw data of both Peer Reviewed and TA sites.

Of the RWHAP B clients interviewed, 27 received OAHS, 43 received oral health care, 44 received MCM, and 19 received medical transportation. Eight clients out of 54 reported they do not know much or anything about Ryan White services. Thirty seven clients reported that a grievance procedure has been explained to them (68%) and 67% (n=36/54) know how to write a grievance/complaint. Of the 54 clients interviewed, 48% (n=26) had been asked to participate in a patient/consumer advisory board. Sixty-eight percent have participated in a satisfaction survey (n=37).

Twenty Seven RWHAP B clients were interviewed about their experiences in OAHS. All clients interviewed reported the medical providers made sure they understood what lab test results (such as CD4 and viral load) meant for their health. All clients interviewed stated the providers explained the side effects of HIV medications in a way the client could understand. Nineteen clients reported it was not difficult to understand the providers when questions were asked (70%) and three had questions they wanted to ask providers about HIV care but did not ask (11%). Most clients interviewed agreed their providers tell them on a consistent basis how important it is to keep their appointment (96%, n=26/27). All clients reported their medical provider made sure they understood their lab results, and were able to get the services to which they were referred (n=27). Clients interviewed reported ‘all of the time’ as they were informed by the medical provider about how to prevent the spread of HIV to partners (96%), and 89% (n=24) were informed on preventing the spread of Hepatitis C. Four of the clients reported they feel they were treated poorly at clinic (15%) and 96% (n=21) felt the staff kept their HIV status confidential. When asked if clients could schedule an appointment soon enough for their needs, 22 (81%) responded ‘all the time.’ Twenty-three clients reported it was never hard for to get HIV medication prescriptions filled when needed (85%).

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Forty-four clients were interviewed about MCM. Of the 44 clients, 75% “agreed strongly” that they were aware of the different levels of case management (n=33). All of the clients interviewed (100%) agree they work with their case manager to determine their needs. Forty-three (98%) of the respondents could get an appointment when they needed, and the same number of clients reported they felt comfortable sharing their feelings and problems with their case manager, and 98% (n=43) reported their provider works with their case manager to help them. Thirty-nine respondents (91%) agreed or agreed strongly they want to be more involved in making decisions about their Service Plans and goals. Forty respondents (91%) disagreed that it was hard to talk to their case manager.

Forty-three clients were interviewed about the oral health services they receive. Forty of the clients (93%) reported they have received oral health services in the past two years. Forty-two of the clients (98%) ‘agreed’ or ‘agreed strongly’ that they are satisfied with the oral health services they receive at their agency and also reported they receive information on how to care for their teeth and gums. Twenty-nine of the 43 clients see their dentist at least once a year (50%) with 14 respondents (32%) saying they see the dentist ‘when they feel the need.’

Two questions were asked about satisfaction with transportation. Eighteen of the clients interviewed (100%) were satisfied with the transportation services provided at the agencies. When asked how frequently transportation services arrive at the scheduled appointment time, 67% (n=12) of clients responded “all the time”.

When asked to think about the care at their clinic or agency, clients were asked to select from a list of words. Table 7 shows the responses with the majority of clients using positive words to describe their experiences as a RWHAP B client.

Table 7. Client Words

When I think about my care at this clinic/agency, these words come to mind		
WORD	NUMBER	RESPONSE
Caring	47	87%
Safe	50	93%
Excellent	50	93%
Friendly	50	93%
Warm	33	61%
Personal	44	81%
Understanding	44	81%
Dignified	35	65%
Adequate	28	52%

Busy	12	22%
OK	10	19%
Rushed	1	2%
Terrible	0	0%
Poor	0	0%
Impersonal	2	4%
Cold	0	0%
Humiliating	0	0%
Scary	1	2%
Other (please write in)	3	5.5%

Recommendations.

Clients reported they want to be more involved when making decisions about their care and creating goals with their case manager. Frequency of oral health visits is also an area for improvement for preventing emergency oral health needs. Current guidelines recommend cleaning and checkups twice a year. Clients should be going to the dentist for regular check-ups as a preventative measure instead of waiting until there is an urgent need. Clients interviewed suggested having extended hours for clinic visits, more professional front office staff, and would like to have more support groups.

Action Plans

Of the seven sites reviewed in 2018/2019, six sites were identified with challenges that required action plans. Challenges across these sites were focused on documentation of policies and procedures, keeping updated medical charts and updating acuities and action steps toward goals. Corrective Action Plans are submitted within 90 days of receiving the final report and the Peer Review team work with the sites to coordinate with AETC and their VDH HIV Services Coordinator when necessary.

Corrective Action Plans were required for sites that did not meet Medical Case Management Standards and follow-up TA was provided for needed sites. MCM sites that required Corrective Action Plans were cited for needing to correct the MCM level for their clients; update the Acuities Scale and steps towards goals within the standard time frame; medication and treatment adherence indicated in the client record; contact with client within the appropriate time frame; and discharge summaries.

The OAHS corrective actions included indication for addressing Viral Suppression among patients who are not virally suppressed; annual testing for TB and Hep A; scheduling to meet the required standards of care; updated medications lists; and assessment of STD symptoms.

Eligibility

In 2017 eligibility data collection was added to the PR process at the request of VDH for Peer Review. The date of the last RW certification (annual or six-month) was collected on a sample of 82 clients as requested by VDH. The sample of eligibility was reported to the agency and to VDH.

Peer Review Evaluation

PR site evaluations were sent to the Peer Reviewed sites after each site visit, the same survey was sent a second time at the end of the fiscal year to sites that did not respond to the survey. Eight of the 11 sites reviewed responded to the survey at a 73% response rate. The sites were sent an evaluation survey using the online data collection tool, REDCap. Table 8 shows the number of respondents that answered “yes” and “no” to the 14 question survey. Because of the small number of responses, no strengths or challenges can be identified from the sites reviewed. Two Peer Reviewers were delayed due to severe weather conditions.

Table 8: Peer Review Evaluation Survey

Evaluation Survey	Yes	No
Did the VCU Peer Review staff provide you with the necessary information needed to prepare for the on-site review?	8	0
Did the VCU Peer Review Team arrive on time?	6	2
Was the VCU Peer Review Team polite and professional?	8	0
Was an introductory meeting held at the beginning of the day?	8	0
Did the VCU Peer Review team work quietly and ask for assistance with little disruption to the daily routine of the agency?	8	0
At midday, did the Chair inform the provider of a time for the exit interview?	8	0
Did the VCU Peer Review team meet for an internal meeting to discuss findings, as a team?	8	0
Was exit meeting provided?	8	0
Was appropriate provider staff present as selected by the provider?	8	0
Were you satisfied with the discussion of the findings?	8	0
Did you discuss the new standards and/or modules?	8	0
Were you pleased with the answers to your questions?	8	0
Was the time period for the return of the final report explained to the provider?	8	0
Do you feel the reviewers were knowledgeable in their areas of review?	8	0

Summary and key findings.

The 2018/2019 Peer Reviewers reported consistent themes throughout the on-site reviews. These themes included the overall documentation was good when available and illustrated a close and well developed relationship between the Medical Case Managers, Medical Providers, and the clients. When documented, it was evident the case managers were committed to client care, are compliant, and working towards improving processes.

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The need for better Performance Measure documentation in MCM charts is a consistent challenge for agencies that do not provide on-site OAHS. The communication between off-site health care providers and case managers is a consistent problem that results in poor performance measure outcomes. Sites frequently experience difficulty obtaining copies of patient information from medical providers providing OAHS outside of the RWHAP B agency. All sites reviewed had recommendations to develop a system to ensure the MCM intake and assessment forms were updated as required and ensure all areas are filled out and scored properly. This has been recommended by Peer Reviewers as a need for additional training from their VDH HIV Services Coordinator and AETC for Case Management Training.

It was recommended by the PR OAHS team that each site develop a template for medical notes that includes a checklist of needed labs, vaccines, assessments, and outpatient standards of care. The template could also serve as a reminder for upcoming care markers and patient follow-up at future visits.

Additionally, progress notes to ensure consistency in patient care and highlight when to update the client's chart regarding symptoms and risk history. The section should have areas of concern, namely risk reduction counseling, client education, and annual vaccinations.

Peer Reviewers determined that additional technical assistance provided by VDH would be helpful for determining the best referral process to reach outside agencies. A consistent challenge in previous years. Sites continually ask how other agencies located outside of Virginia are working with their referral processes.

In conclusion, Peer Reviewers stated they were impressed with all of the sites and the level of care provided to clients. The Peer Reviewers stated they were especially moved to see how many new and transitioning sites providing RWHAP B services have increasing caseloads and maintain exceptional levels of retention in care. The RWHAP B sites continue to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The Ryan White Part B Clients interviewed had an overwhelming positive feedback regarding their care, as one client stated "they are like family to me and I don't know where I would be without this agency."

Attachment A: PR Outpatient and Medical Case Management Performance Measures Raw Data

Performance Measures	FAHASS		COHM		ARE		Carilion		CAHN		TRHD		Raw Total	Total Percentage
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%		
OAMC Linkage	N/A	N/A	3/3	100%	N/A	N/A	3/8	38%	4/5	80%	N/A	N/A	10/16	63%
OAMC Retention	N/A	N/A	62/64	97%	N/A	N/A	51/58	88%	89/90	99%	N/A	N/A	202/212	95%
OAMC ART	N/A	N/A	62/64	97%	N/A	N/A	64/65	98%	89/90	99%	N/A	N/A	215/219	98%
OAMC Viral Load Suppression	N/A	N/A	49/64	77%	N/A	N/A	57/65	88%	69/90	77%	N/A	N/A	175/219	80%
CM Linkage	4/5	80%	4/5	80%	2/2	100%	2/6	33%	4/5	80%	2/2	100%	18/25	72%
CM Retention	63/71	89%	62/64	97%	54/56	96%	25/30	83%	89/90	99%	47/47	100%	340/358	95%
CM ART	69/71	97%	62/64	97%	47/47	100%	35/36	97%	89/90	99%	47/47	100%	349/355	98%
CM Viral Load Suppression	61/71	86%	49/64	77%	36/47	77%	32/36	89%	69/90	77%	40/47	85%	287/355	80%

Attachment A: TA Outpatient and Medical Case Management Performance Measures Raw Data

Performance Measures	Neighborhood Health		Inova		Community Access Network		Health Brigade		Raw Total	Total Percentage
	Raw	%	Raw	%	Raw	%	Raw	%		
OAMC Linkage	N/A	N/A	13/13	100%	1/1	100%	2/2	100%	16/16	100%
OAMC Retention	N/A	N/A	95/103	92%	88/89	99%	2/2	100%	185/194	95%
OAMC ART	N/A	N/A	103/105	98%	86/89	97%	2/2	100%	191/196	97%
OAMC Viral Load Suppression	N/A	N/A	80/105	76%	57/89	64%	0/2	0%	137/196	69%

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CM Linkage	N/A	N/A	18/18	100%	1/1	100%	4/4	100%	23/23	100%
CM Retention	12/12	100%	96/103	93%	89/90	99%	30/53	57%	227/258	88%
CM ART	12/12	100%	102/103	97%	88/89	99%	48/53	91%	250/257	97%
CM Viral Load Suppression	11/12	92%	82/105	78%	60/90	67%	29/53	55%	182/260	70%

Attachment B: Universal Administrative Raw Data

Universal Administrative Review	Raw Total	Total Percentage
Is there a current policy to protect clients confidentiality signed and dated by the client?	8/8	100%
Does it include identifying a client identifier number for each client?	8/8	100%
Does it include a Release of Information policy and process signed by the client and a provider representative?	8/8	100%
Does it include an expiration date of not more than 12 months from the signature date?	8/8	100%
Does it include an explanation and documentation of who may receive the client's information?	8/8	100%
Where applicable, is there a policy for HIPAA?	8/8	100%

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Are there established policies to safeguard client information which includes securing client files for paper and/or electronic records?	8/8	100%
Is there a policy for determining Ryan White Part B eligibility?	8/8	100%
Does it include proof of residency?	8/8	100%
Does it include obtaining documentation of an HIV/AIDS diagnosis?	8/8	100%
Does it include obtaining proof of income?	8/8	100%
Does it include obtaining proof of no income?	8/8	100%
Does it include determining insurance status?	8/8	100%
Does it include obtaining Medicaid status documentation?	8/8	100%
Is there a staff training manual or materials on file?	7/8	88%
Does the Provider have an Orientation Manual?	7/8	88%
Is there a file for each staff member?	8/8	100%
Are there client's rights and responsibilities policies signed and dated by the client that states client has been offered an explanation and a copy of the policy?	8/8	100%

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Is there a policy that specifies how services are made available and accessible to all eligible clients, including outside normal hours of operation and in emergency situations?	7/8	88%
Are there policies and procedures that specify client involvement in the development of services offered by Ryan White Part B?	7/8	88%
Are there policies that outline that a client satisfaction survey will be administered every 12 months?	7/8	88%
Are there policies that state that clients will be informed of services for which they are eligible?	7/8	88%
Is there documentation of provider liability insurance coverage?	3/3	100%
If site has third party payers, is there a signed agreement for services provided?	4/4	100%
Is there a written QM Plan?	8/8	100%
Does the QM plan contain a written HIV quality management statement?	8/8	100%
Does the QM plan outline stakeholders and their responsibilities?	8/8	100%
Does the QM plan indicate responsibilities and accountability for annual work plan activities?	8/8	100%

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Does the plan include objectives for each final goal with specific PM and action items?	8/8	100%
Does the QM committee meet at least quarterly?	7/8	88%
Are minutes of the QM committee meetings taken and kept on file?	6/8	75%
Is there documentation that monitors the progress and review (benefits, challenges, corrective action steps) of the QM plan?	8/8	100%
Is there documentation that the QM plans and activities are communicated to relevant stakeholders?	8/8	100%
Do all staff members' files contain the staff members' job description?	8/8	100%
Do all staff members meet the specific standard qualifications when applicable?	8/8	100%

Attachment C: Peer Reviewed Site Outpatient/Ambulatory Medical Care Raw Data

Outpatient/Ambulatory Medical Care	Carillion		COHM		CAHN		Raw Total	Total Percentage
	Raw	%	Raw	%	Raw	%		
A.1. Initial Medical History is documented within 30 days of client contact with provider?	0/2	0%	1/2	50%	4/4	100%	5/8	63%
A.2. (Initial) Physical Examination is documented within 30 days of client contact with the provider?	0/2	0%	1/2	50%	4/4	100%	5/8	63%

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A.3. Medication history which includes: a. drug allergies b. current medications c. drug/substance abuse	2/2	100%	2/2	100%	4/4	100%	8/8	100%
A.4. Initial laboratory results or orders are documented as a component of the initial assessment	2/2	100%	2/2	100%	4/4	100%	8/8	100%
A.5. Oral Health assessment/referral is documented as a component of the initial assessment.	2/2	100%	2/2	100%	4/4	100%	8/8	100%
A.6. Psychosocial/Mental Health assessment and/or referral documented as a component of the initial assessment	2/2	100%	2/2	100%	4/4	100%	8/8	100%
A.7. Nutritional assessment is documented as a component of the initial assessment	2/2	100%	2/2	100%	4/4	100%	8/8	100%
A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment	2/2	100%	2/2	100%	4/4	100%	8/8	100%
Follow up Visits								
Question	Carillion		COHM		CAHN		Raw Total	Total Percentage
	Raw	%	Raw	%	Raw	%		
B.1. History, q. 6 months, or p.r.n.	10/15	67%	10/10	100%	23/23	100%	43/48	90%
B.2. Physical Exam, q. 6 months, or p.r.n.	10/15	67%	9/9	100%	22/23	100%	41/47	87%
B.3. Has client been seen at least twice in the past 12 months?	13/15	87%	10/10	100%	22/23	96%	45/48	94%
B.4. Laboratory Testing, q. 6 months, or p.r.n	13/15	87%	10/10	100%	23/23	100%	46/48	96%

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B.5. Medication history which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance abuse 4. Treatment adherence	14/15	93%	10/10	100%	23/23	100%	47/48	98%
B.6. Oral health assessment, referral, and annual/routine dental care	9/15	60%	10/10	100%	21/23	91%	40/48	83%
B.7. Nutritional assessment or referral?	13/15	87%	10/10	100%	16/20	80%	39/45	87%
B.8. Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN	0/6	0%	4/6	67%	3/5	60%	7/17	41%
B.9. Documentation of current breast exam, where applicable in the client's record? (females)	1/3	33%	1/3	33%	1/1	100%	3/7	43%
B.10. Is there documentation of follow up from referrals in the client's record?	6/7	86%	3/7	43%	11/16	67%	20/30	67%
C.1. CD4, q. 12 months, or p.r.n.	15/15	100%	10/10	100%	23/23	100%	48/48	100%
C.2. Viral Load (HIV/RNA), q. 6 months, or p.r.n.	10/14	71%	10/10	100%	23/23	100%	43/47	91%
C.3. CBC, q. 12 months, or p.r.n.	15/15	100%	10/10	100%	22/22	100%	47/47	100%
C.4. Chemistry Panel, q. 6 months, or p.r.n.	12/15	80%	10/10	100%	23/23	100%	45/48	94%
C.5. Toxoplasmosis Antibody Titer at baseline if CD4< 100.	6/6	100%	5/8	63%	1/2	50%	12/16	75%
C.6. Resistance Genotyping /Phenotyping, p.r.n. a) Genotypic resistance testing (baseline; treatment failure) b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s))	13/15	87%	8/10	80%	16/20	80%	37/45	82%

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C.7. Lipid Panel (annually)	2/15	13%	7/9	78%	21/22	95%	30/46	65%
C.8. Urinalysis (baseline & annually or if on TDF-tenofovir)	5/14	36%	7/10	70%	22/23	96%	34/47	72%
C.9. Liver/Hepatic Panel (baseline; q. 6 months, annually)	13/15	87%	10/10	100%	23/23	100%	46/48	96%
C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C q 6 months or p.r.n.	15/15	100%	10/10	100%	19/20	95%	44/45	98%
C.11. Hepatitis A serology at baseline	15/15	100%	2/10	20%	20/23	87%	37/48	77%
C.11a. If negative, patient referred for Immunization	6/9	67%	4/9	44%	13/20	65%	23/38	61%
C.12. Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior	15/15	100%	7/10	70%	20/23	87%	42/48	88%
C.12a If negative patient referred for Immunization	7/10	70%	5/6	83%	8/15	53%	20/31	65%
C.13. Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior	15/15	100%	7/10	70%	20/23	87%	42/48	88%
C.13a. If positive, patient evaluated and /or referred	0/1	0%	1/1	100%	2/4	50%	3/6	50%
C.14. STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)	10/15	67%	9/10	90%	21/21	100%	40/46	87%
C.14a. Asked about STD symptoms at each visit	10/15	67%	9/10	90%	22/22	100%	41/47	87%

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C.15. VDRL/ RPR initially and q12 months with reports on the record where applicable?	13/15	87%	9/10	90%	23/23	100%	45/48	94%
C.16 TB risk factors reviewed annually and p.r.n,	2/15	13%	7/10	70%	22/23	100%	31/48	65%
C16a. TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but has risen to > 200, and p.r.n based on risk factor review?	13/15	87%	3/10	30%	23/23	100%	39/48	81%
C.17. Pap Smear, twice in first year and then annually thereafter -Are dates and results in the record?	1/4	25%	0/1	0%	2/2	100%	3/7	43%
C.18. Mammogram annually > 50 years with dates and results in the record?	0/2	0%	1/1	100%	N/A	N/A	1/3	33%
C.19. Chest x-ray at baseline for patients with positive TB testing or prn for underlying lung disease - dates and results in the record?	N/A	N/A	0/3	0%	N/A	N/A	0/3	0%
C.20. Special Studies-other testing based on individual needs. Dates and results in the record (as applicable)	12/12	100%	1/1	100%	2/2	100%	15/15	100%
C.21. Pre-Conceptual Discussion and Counseling for all women of childbearing age at baseline and routinely thereafter.	2/2	100%	0/0	0%	0/0	0%	2/2	100%
D.1. Are all current medications documented in the client's record?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
D.2. Is medication adherence assessment with documentation done at each visit?	14/15	93%	10/10	100%	23/23	100%	47/48	98%
D.3. Are medication side effects assessed and documented?	8/15	53%	10/10	100%	20/22	91%	38/47	81%

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D.4. Does the client have a documented AIDS diagnosis?	5/15	33%	5/10	50%	9/19	47%	19/44	43%
D.5. Has HAART been offered to the client, when applicable?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
D.6. Is the client currently on HAART?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
D.7. Is HAART consistent with current PHS Guidelines?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
D.8. Is the client on PCP prophylaxis if CD4<200?	5/5	100%	3/4	75%	2/2	100%	10/11	91%
D.9. Is the client on Toxoplasmosis prophylaxis if CD4<100?	4/4	100%	1/1	100%	0/0	0%	5/5	100%
D.10. Is the client on MAC prophylaxis if CD4<50?	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
E. 1. Is an appropriate out-come based medical plan of treatment developed with the client and present in the client's record?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?	9/15	60%	9/10	90%	16/23	70%	34/48	71%
E.2. Is Client Education documented in the client's record?	11/15	73%	10/10	100%	17/23	74%	38/48	79%
E.3. Are progress notes present, current, legible, signed and dated in the client's record?	15/15	100%	10/10	100%	23/23	100%	48/48	100%
E.4. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?	11/15	73%	10/10	100%	23/23	100%	44/48	100%

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F.1. Influenza (annually)	9/15	60%	9/10	90%	11/23	49%	29/48	62%
F.2. Pneumovax	10/15	67%	7/9	78%	18/23	78%	35/47	74%
F.3. Prevnar 13	9/15	60%	8/10	80%	1/23	4%	18/48	38%
F.4. Hepatitis A series- if serology is negative- is series completed?	6/15	40%	6/10	60%	9/23	39%	21/48	50%
F.5. Hepatitis B series -if serology is negative –is series completed?	7/15	47%	9/9	100%	17/23	74%	33/47	70%
F.6. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)	7/15	47%	6/10	60%	0/23	0%	13/48	33%
F.7. Others	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.1. Is there adequate documentation of care provision in the client’s record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.2. Are there an initial history, physical, and laboratory reports in the client’s record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.3. Do all progress notes reflect health status, response to treatment and services provided to client?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.4. Are there current laboratory reports in the client’s record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.5. Are there current medication records, ADAP and non-ADAP (name of drug, dosage, time) in the client’s record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.6. Is appropriate referral and follow-up documented in the client’s record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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G.7. Is there documentation in the client’s record that current standards of care for the HIV/AIDS client are practiced? If not, comment.	N/A							
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Outpatient/Ambulatory Medical Care TA Sites Raw Data	Inova		CAN		Health Brigade		Raw Total	Total %
	Raw	%	Raw	%	Raw	%		
A.1. Initial Medical History is documented within 30 days of client contact with provider?	2/4	50%	N/A	N/A	3/3	100%	5/7	71%
A.2. (Initial) Physical Examination is documented within 30 days of client contact with the provider?	2/4	50%	N/A	N/A	3/3	100%	5/7	71%
A.3. Medication history which includes: a. drug allergies b. current medications c. drug/substance abuse	3/4	75%	N/A	N/A	3/3	100%	6/7	86%
A.4. Initial laboratory results or orders are documented as a component of the initial assessment	3/4	75%	N/A	N/A	3/3	100%	7/7	100%
A.5. Oral Health assessment/referral is documented as a component of the initial assessment.	3/4	75%	N/A	N/A	3/3	100%	6/7	86%
A.6. Psychosocial/Mental Health assessment and/or referral documented as a component of the initial assessment	1/3	33%	N/A	N/A	3/3	100%	4/6	67%
A.7. Nutritional assessment is documented as a component of the initial assessment	3/4	75%	N/A	N/A	3/3	100%	6/7	86%
A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment	2/3	66%	N/A	N/A	3/3	100%	5/6	83%

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Follow up Visits								
Question	Inova		CAN		Health Brigade		Raw Total	Total Percentage
	Raw	%	Raw	%	Raw	%		
B.1. History, q. 6 months, or p.r.n.	21/21	100%	10/20	50%	3/3	100%	34/44	77%
B.2. Physical Exam, q. 6 months, or p.r.n.	21/21	100%	11/20	55%	3/3	100%	35/44	80%
B.3. Has client been seen at least twice in the past 12 months?	20/20	100%	12/20	60%	3/3	100%	35/43	81%
B.4. Laboratory Testing, q. 6 months, or p.r.n	21/21	100%	12/20	60%	3/3	100%	36/44	82%
B.5. Medication history which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance abuse 4. Treatment adherence	17/21	81%	16/20	80%	3/3	100%	36/44	82%
B.6. Oral health assessment, referral, and annual/routine dental care	18/21	86%	18/20	90%	3/3	100%	39/44	89%
B.7. Nutritional assessment or referral?	10/21	48%	16/19	84%	3/3	100%	28/43	65%
B.8. Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN	4/11	27%	2/4	50%	N/A	N/A	6/15	40%
B.9. Documentation of current breast exam, where applicable in the client's record? (females)	2/4	50%	3/6	50%	N/A	N/A	5/10	50%
B.10. Is there documentation of follow up from referrals in the client's record?	12/12	100%	5/5	100%	1/1	100%	18/18	100%

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C.1. CD4, q. 12 months, or p.r.n.	21/21	100%	19/20	95%	3/3	100%	43/44	98%
C.2. Viral Load (HIV/RNA), q. 6 months, or p.r.n.	18/21	86%	13/20	65%	3/3	100%	34/44	77%
C.3. CBC, q. 12 months, or p.r.n.	21/21	100%	17/20	85%	3/3	100%	41/44	93%
C.4. Chemistry Panel, q. 6 months, or p.r.n.	20/21	95%	14/20	70%	3/3	100%	37/44	84%
C.5. Toxoplasmosis Antibody Titer at baseline if CD4<100.	6/11	55%	1/1	100%	N/A	N/A	7/12	58%
C.6. Resistance Genotyping /Phenotyping, p.r.n. a) Genotypic resistance testing (baseline; treatment failure) b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s))	15/21	71%	6/20	30%	3/3	100%	24/44	55%
C.7. Lipid Panel (annually)	20/21	95%	18/20	90%	2/2	100%	40/43	93%
C.8. Urinalysis (baseline & annually or if on TDF-tenofovir)	21/21	100%	13/20	65%	3/3	100%	37/44	84%
C.9. Liver/Hepatic Panel (baseline; q. 6 months, annually)	20/21	95%	16/20	80%	3/3	100%	39/44	89%
C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C q 6 months or p.r.n.	13/13	100%	16/18	89%	3/3	100%	32/34	94%
C.11. Hepatitis A serology at baseline	14/21	67%	12/20	60%	N/A	N/A	27/44	61%
C.11a. If negative, patient referred for Immunization	4/8	50%	5/13	38%	1/3	33%	9/24	38%

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C.12. Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior	16/21	76%	15/20	75%	0/3	0%	32/44	73%
C.12a If negative patient referred for Immunization	6/8	75%	5/8	63%	0/3	0%	11/19	58%
C.13. Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior	18/21	86%	16/20	80%	2/3	66%	36/44	82%
C.13a. If positive, patient evaluated and /or referred	6/6	100%	2/5	40%	0/3	0%	8/12	67%
C.14. STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)	14/21	67%	19/20	95%	3/3	100%	36/44	82%
C.14a. Asked about STD symptoms at each visit	20/21	95%	15/20	75%	2/3	66%	37/44	84%
C.15. VDRL/ RPR initially and q12 months with reports on the record where applicable?	19/21	90%	18/20	90%	3/3	100%	40/44	91%
C.16 TB risk factors reviewed annually and p.r.n,	11/21	52%	19/20	95%	2/2	100%	32/43	74%
C16a. TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but has risen to > 200, and p.r.n based on risk factor review?	19/20	95%	18/19	95%	N/A	N/A	37/39	95%
C.17. Pap Smear, twice in first year and then annually thereafter -Are dates and results in the record?	2/3	67%	1/6	17%	N/A	N/A	3/9	33%
C.18. Mammogram annually > 50 years with dates and results in the record?	1/3	33%	2/2	100%	N/A	N/A	3/5	60%

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C.19. Chest x-ray at baseline for patients with positive TB testing or prn for underlying lung disease - dates and results in the record?	3/4	75%	N/A	N/A	N/A	N/A	3/4	75%
C.20. Special Studies-other testing based on individual needs. Dates and results in the record (as applicable)	5/5	100%	N/A	N/A	0/1	0%	5/6	83%
C.21. Pre-Conceptual Discussion and Counseling for all women of childbearing age at baseline and routinely thereafter.	N/A	N/A	1/2	50%	0/1	0%	4/5	80%
D.1. Are all current medications documented in the client's record?	21/21	100%	19/19	100%	3/3	100%	43/43	100%
D.2. Is medication adherence assessment with documentation done at each visit?	17/20	85%	18/19	95%	3/3	100%	38/42	90%
D.3. Are medication side effects assessed and documented?	16/20	80%	16/18	89%	3/3	100%	35/41	85%
D.4. Does the client have a documented AIDS diagnosis?	8/16	50%	4/12	33%	3/3	100%	12/31	39%
D.5. Has HAART been offered to the client, when applicable?	19/20	95%	19/19	100%	3/3	100%	41/42	98%
D.6. Is the client currently on HAART?	20/21	95%	18/19	95%	3/3	100%	41/43	95%
D.7. Is HAART consistent with current PHS Guidelines?	20/20	100%	17/18	94%	3/3	100%	40/41	98%
D.8. Is the client on PCP prophylaxis if CD4<200?	4/4	100%	0/1	0%	N/A	N/A	4/5	80%

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D.9. Is the client on Toxoplasmosis prophylaxis if CD4<100?	1/1	100%	N/A	N/A	N/A	N/A	1/1	100%
D.10. Is the client on MAC prophylaxis if CD4<50?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. 1. Is an appropriate out-come based medical plan of treatment developed with the client and present in the client's record?	20/21	95%	19/20	95%	3/3	100%	42/44	95%
E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?	18/21	86%	18/20	90%	0/3	0%	36/44	82%
E.2. Is Client Education documented in the client's record?	21/21	100%	19/20	95%	1/3	33%	41/44	93%
E.3. Are progress notes present, current, legible, signed and dated in the client's record?	21/21	100%	19/20	95%	3/3	100%	43/44	98%
E.4. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?	21/21	100%	18/20	90%	3/3	100%	42/44	95%
F.1. Influenza (annually)	13/21	62%	11/20	55%	1/3	33%	25/44	57%
F.2. Pneumovax	20/21	95%	18/20	90%	0/3	0%	38/44	86%
F.3. Prevnar 13	20/21	95%	16/20	80%	0/3	0%	36/44	82%
F.4. Hepatitis A series- if serology is negative- is series completed?	9/14	64%	12/14	86%	0/3	0%	23/33	70%
F.5. Hepatitis B series -if serology is negative –is series completed?	18/20	90%	14/20	70%	0/3	0%	32/43	74%
F.6. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)	13/21	62%	14/20	70%	0/3	0%	4/32	13%
F.7. Others	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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G.1. Is there adequate documentation of care provision in the client's record?	N/A							
G.2. Are there an initial history, physical, and laboratory reports in the client's record?	N/A							
G.3. Do all progress notes reflect health status, response to treatment and services provided to client?	N/A							
G.4. Are there current laboratory reports in the client's record?	N/A							
G.5. Are there current medication records, ADAP and non-ADAP (name of drug, dosage, time) in the client's record?	N/A							
G.6. Is appropriate referral and follow-up documented in the client's record?	N/A							
G.7. Is there documentation in the client's record that current standards of care for the HIV/AIDS client are practiced? If not, comment.	N/A							

Attachment D: All Levels of Case Management Raw Data

Peer Reviewed Sites									
Question	Level 1		Level 2		Level 3		Total Raw	Total %	
	Raw	%	Raw	%	Raw	%			
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	N/A	N/A	10/10	100%	10/10	100%	20/20	100%	

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2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	N/A	N/A	7/7	100%	8/9	89%	15/16	94%
3. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	N/A	N/A	10/10	100%	15/15	100%	25/25	100%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	N/A	N/A	10/10	100%	13/15	87%	23/25	92%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	39/41	95%	35/35	100%	15/15	100%	89/91	98%
5a. If Treatment Adherence was identified as a need, is it included on the Service Plan?	40/41	98%	13/17	76%	8/9	89%	61/67	91%
6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	39/41	95%	35/36	97%	14/15	93%	88/92	96%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	40/41	98%	35/36	97%	14/15	93%	89/92	97%
8. Was the Acuity Scale updated at within appropriate time frame for acuity level?	34/36	94%	25/30	83%	3/10	30%	62/76	82%
9. After completion of MCM Assessment, was the Service Plan developed within 45 calendar days?	N/A	N/A	30/36	83%	15/15	100%	45/51	88%
10. Is there documentation that the client participated in the development of the Service Plan (indicated by client signatures)?	N/A	N/A	33/36	92%	15/15	100%	48/51	94%
11. Is there documentation that the client was offered a copy of the Service Plan?	N/A	N/A	33/36	75%	14/15	93%	47/51	92%
12. Are the goals and progress on attaining goals documented in the progress notes?	N/A	N/A	27/36	75%	15/15	100%	42/51	82%
13. Is the timeline for goals set within appropriate time frame for level?	N/A	N/A	20/36	56%	11/15	73%	31/51	61%
14. Is the service plan updated within appropriate time frame for level?	N/A	N/A	25/29	86%	0/9	0%	25/38	66%
15. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	N/A	N/A	17/36	47%	11/15	73%	28/51	55%

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16. Is there documentation of minimum contact (telephone or face-to-face) within appropriate time frame for level?	N/A	N/A	34/36	94%	8/15	53%	42/51	82%
17. Are progress notes completed within 48 hours?	N/A	N/A	34/36	94%	15/15	100%	49/51	96%
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	1/1	100%	4/4	100%	5/5	100%
19. Is documentation in the progress notes of client file?	N/A	N/A	1/1	100%	2/4	50%	3/5	60%
20. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	1/1	100%	1/1	100%	2/2	100%
21. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	N/A	N/A	0/2	0%	0/2	0%
22. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	N/A	N/A	0/1	0%	0/1	0%
22a. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	1/3	33%	1/3	33%
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting the reason for discharge and possible alternative resources?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attachment E: Level 3 Medical Case Management Raw Data

Case Management: Level 3 Peer Reviewed Sites	Carilion		COHM		ARE		THRD		FAHASS		CAHN		Raw Total	Total %
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	N/A	N/A	N/A	N/A	3/3	100%	1/1	100%	2/2	100%	4/4	100%	10/10	100%

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2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	N/A	N/A	N/A	N/A	1/2	50%	1/1	100%	2/2	100%	4/4	100%	8/9	89%
3. Were at least two face-to-face interview completed within the past 12 months?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	2/4	50%	13/15	87%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
5a. If Treatment Adherence was identified as a need, is it included on the Service Plan?	N/A	N/A	N/A	N/A	2/3	66%	1/1	100%	1/1	100%	4/4	100%	8/9	89%
6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	0/1	0%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	14/15	93%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	0/1	0%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	14/15	93%
8. Was the Acuity Scale updated at least every 3 months?	0/1	0%	N/A	N/A	0/4	0%	1/1	100%	1/2	50%	1/2	50%	3/10	30%
9. After completion of MCM Assessment, was the Service Plan developed within 45 calendar days?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
9a. If not, is there documentation why?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10. Is there documentation that the client participated in the development of the Service Plan (indicated by client signatures)?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
11. Is there documentation that the client was offered a copy of the Service Plan?	0/1	0%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	14/15	93%

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12. Are the goals and progress on attaining goals documented in the progress notes?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
13. Is the timeline for goals set for at least 3 months?	1/1	100%	N/A	N/A	3/4	75%	1/1	100%	2/5	40%	4/4	100%	11/15	73%
14. Is the service plan updated at least every 3 months?	0/1	0%	N/A	N/A	0/4	0%	0/1	0%	0/1	0%	0/2	0%	0/9	0%
15. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	0/1	0%	N/A	N/A	3/4	75%	0/1	0%	4/5	80%	4/4	100%	11/15	73%
16. Is there documentation of minimum contact (telephone or face-to-face) every 30 days?	0/1	0%	N/A	N/A	1/4	25%	1/1	100%	3/5	60%	3/4	75%	8/15	53%
17. Are progress notes completed within 48 hours?	1/1	100%	N/A	N/A	4/4	100%	1/1	100%	5/5	100%	4/4	100%	15/15	100%
17 a. Was client discharged or has started the discharge process?	1/1	100%	N/A	N/A	1/4	25%	0/1	0%	2/5	40%	0/4	0%	4/15	27%
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	1/1	100%	N/A	N/A	1/1	100%	N/A	N/A	2/2	100%	N/A	N/A	4/4	100%
19. Is documentation in the progress notes of client file?	1/1	100%	N/A	N/A	1/1	100%	0/1	0%	0/1	0%	N/A	N/A	2/4	50%
20. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%
21. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	N/A	N/A	0/1	0%	N/A	N/A	N/A	N/A	0/1	0%	0/2	0%
22. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/1	0%	0/1	0%
22a. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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23. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	N/A	N/A	0/2	0%	1/3	33%
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting the reason for discharge and possible alternative resources?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Case Management: Level 3 (Raw Data) Technical Assistance Sites	Health Brigade		CAN		Inova		Raw Total	Total %
	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	1/1	100%	N/A	N/A	3/3	100%	4/4	100%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	1/1	100%	N/A	N/A	1/1	100%	2/2	100%
3. Were at least two face-to-face interview completed within the past 12 months?	1/1	100%	0/2	0%	7/7	100%	9/10	90%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	1/1	100%	0/1	0%	3/3	100%	4/5	80%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	1/1	100%	1/2	50%	7/7	100%	9/10	90%
5a. If Treatment Adherence was identified as a need, is it included on the Service Plan?	1/1	100%	1/1	100%	7/7	100%	9/9	100%

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6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	1/1	100%	1/2	0%	7/7	100%	9/10	90%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	1/1	100%	1/1	100%	5/6	83%	7/8	88%
8. Was the Acuity Scale updated at least every 3 months?	1/1	100%	0/2	0%	3/4	75%	4/7	57%
9. After completion of MCM Assessment, was the Service Plan developed within 45 calendar days?	1/1	100%	1/2	50%	7/7	100%	9/10	90%
9a. If not, is there documentation why?	N/A	N/A	0/1	0%	N/A	N/A	0/1	0%
10. Is there documentation that the client participated in the development of the Service Plan (indicated by client signatures)?	1/1	100%	1/1	100%	4/5	80%	6/7	86%
11. Is there documentation that the client was offered a copy of the Service Plan?	0/1	0%	1/1	100%	2/3	67%	3/5	60%
12. Are the goals and progress on attaining goals documented in the progress notes?	1/1	100%	1/1	100%	7/7	100%	9/9	100%
13. Is the timeline for goals set for at least 3 months?	1/1	100%	0/1	0%	2/5	40%	3/7	43%
14. Is the service plan updated at least every 3 months?	1/1	100%	0/2	0%	3/4	75%	4/7	57%
15. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	1/1	100%	0/1	0%	4/5	80%	5/7	71%
16. Is there documentation of minimum contact (telephone or face-to-face) every 30 days?	0/1	0%	1/1	100%	7/7	100%	8/9	89%
17. Are progress notes completed within 48 hours?	1/1	100%	2/2	100%	7/7	100%	10/10	100%

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17a. Was client discharged or has started the discharge process?	1/1	100%	0/2	0%	0/7	0%	1/10	10%
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	0/1	0%	N/A	N/A	N/A	N/A	0/1	0%
19. Is documentation in the progress notes of client file?	1/1	100%	N/A	N/A	N/A	N/A	1/1	100%
20. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
21. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	0/1	0%	N/A	N/A	N/A	N/A	0/1	0%
22. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	0/1	0%	N/A	N/A	N/A	N/A	0/1	0%
22a. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23. Is documentation in the progress notes of all attempts made?	1/1	100%	N/A	N/A	N/A	N/A	1/1	100%
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting the reason for discharge and possible alternative resources?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attachment F: Level 2 Medical Case Management Raw Data

Case Management: Level 2 Peer Reviewed Sites	Carilion		COHM		ARE		THRD		FAHASS		CAHN		Raw Total	Total %
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients newly enrolled within the last 12 months)	N/A	N/A	3/3	100%	3/3	100%	N/A	N/A	4/4	100%	N/A	N/A	10/10	100%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled newly within the last 12 months)	N/A	N/A	3/3	100%	N/A	N/A	N/A	N/A	4/4	100%	N/A	N/A	7/7	100%
3. Were at least 2 face-to-face interviews completed within the past 12 months?	N/A	N/A	3/3	100%	3/3	100%	N/A	N/A	4/4	100%	N/A	N/A	10/10	100%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	N/A	N/A	3/3	100%	3/3	100%	N/A	N/A	4/4	100%	N/A	N/A	10/10	100%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	5/5	100%	10/10	100%	3/3	100%	6/6	100%	7/7	100%	4/4	100%	35/35	100%
5a. If Treatment Adherence was identified as a need, is it included on the Service Plan?	1/2	50%	0/3	0%	2/2	100%	6/6	100%	4/4	100%	0/0	N/A	13/17	76%
6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	5/5	100%	9/10	90%	3/3	100%	7/7	100%	7/7	100%	4/4	100%	35/36	97%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	5/5	100%	9/10	90%	3/3	100%	7/7	100%	7/7	100%	4/4	100%	35/36	97%
8. Was the Acuity Scaled updated at least every 6 months?	3/5	60%	9/10	90%	1/1	100%	5/5	100%	5/6	83%	2/3	67%	25/30	83%
9. After completion of MCM Assessment, was the Service Plan developed within 45 calendar days after the completion of the assessment?	3/5	60%	8/10	80%	3/3	100%	7/7	100%	7/7	100%	2/4	50%	30/36	83%
9a. If not, is there documentation why?	0/2	0%	0/2	0%	N/A	N/A	N/A	N/A	N/A	N/A	0/2	0%	0/6	0%
10. Is there documentation that the client was offered a copy of the Service Plan?	4/5	80%	10/10	100%	3/3	100%	7/7	100%	7/7	100%	2/4	50%	33/36	92%
11. Are the goals and progress on attaining goals documented in the progress notes?	5/5	100%	1/10	10%	3/3	100%	7/7	100%	7/7	100%	4/4	100%	27/36	75%
12. Is the timeline for goals set for at least 6 months?	2/5	40%	1/10	10%	3/3	100%	7/7	100%	5/7	71%	2/4	50%	20/36	56%
13. Is the service plan updated at least every 6 months?	3/4	75%	8/9	89%	1/1	100%	6/6	100%	6/6	100%	1/3	33%	25/29	86%
14. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	2/5	40%	0/10	0%	2/3	67%	6/7	86%	5/7	71%	2/4	50%	17/36	47%
15. Is there documentation of minimum contact (telephone or face-to-face) every 6 months in addition to the 6 month update?	5/5	100%	10/10	100%	3/3	100%	7/7	100%	7/7	100%	4/4	100%	36/36	100%

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16. Are progress notes completed within 48 hours?	4/5	80%	9/10	90%	3/3	100%	7/7	100%	7/7	100%	4/4	100%	34/36	94%
16 a. Was client discharged or has started the discharge process?	1/5	20%	0/10	0%	0/3	0%	0/7	0%	N/A	N/A	0/4	0%	1/36	3%
17. Was a discharge summary placed in the client's chart within 30 days of discharge date?	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%
18. Is documentation in the progress notes of the client's chart?	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%
19. If client has transferred to another agency, were case management services transferred within 5 business days of request?	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%
20. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
21. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting reason for discharge and possible alternative resources.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting reason for discharge and possible alternative resources.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Case Management: Level 2 Technical Assistance Sites	Neighborhood Health		Health Brigade		CAN		Inova		Raw Total	Total %
	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients newly enrolled within the last 12 months)	N/A	N/A	8/8	100%	N/A	N/A	1/1	100%	9/9	100%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled newly within the last 12 months)	N/A	N/A	8/8	100%	N/A	N/A	N/A	N/A	8/8	100%
3. Were at least 2 face-to-face interviews completed within the past 12 months?	2/3	67%	8/8	100%	N/A	N/A	1/1	100%	11/12	92%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	3/3	100%	8/8	100%	N/A	N/A	N/A	N/A	11/11	100%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	3/3	100%	8/8	100%	4/4	100%	2/2	100%	17/17	100%
5a. If Treatment Adherence was identified as a need, is it included on the Service Plan?	3/3	100%	3/4	75%	1/1	100%	2/2	100%	9/10	90%
6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	0/3	0%	8/8	100%	4/4	100%	2/2	100%	14/17	82%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	0/1	0%	8/8	100%	4/4	100%	N/A	N/A	12/13	92%
8. Was the Acuity Scaled updated at least every 6 months?	0/3	0%	4/5	80%	2/3	67%	1/1	100%	7/12	58%
9. After completion of MCM Assessment, was the Service Plan developed within 45 calendar days after the completion of the assessment?	3/3	100%	8/8	100%	3/4	75%	2/2	100%	16/17	94%
9a. If not, is there documentation why?	N/A	N/A	N/A	N/A	0/1	0%	N/A	N/A	0/1	0%
10. Is there documentation that the client was offered a copy of the Service Plan?	0/3	0%	0/8	0%	2/3	67%	N/A	N/A	2/14	14%
11. Are the goals and progress on attaining goals documented in the progress notes?	3/3	100%	8/8	100%	2/3	67%	2/2	100%	15/16	94%
12. Is the timeline for goals set for at least 6 months?	3/3	100%	8/8	100%	3/3	100%	N/A	N/A	14/14	100%
13. Is the service plan updated at least every 6 months?	0/3	0%	3/5	60%	1/2	50%	1/1	100%	5/11	45%

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14. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	2/3	67%	5/8	63%	2/3	67%	0/2	0%	9/16	56%
15. Is there documentation of minimum contact (telephone or face-to-face) every 6 months in addition to the 6 month update?	2/3	67%	8/8	100%	4/4	100%	1/1	100%	15/16	94%
16. Are progress notes completed within 48 hours?	3/3	100%	8/8	100%	4/4	100%	2/2	100%	17/17	100%
16 a. Was client discharged or has started the discharge process?	0/3	0%	2/8	25%	1/4	25%	0/2	0%	3/17	18%
17. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	0/2	0%	0/1	0%	N/A	N/A	0/3	0%
18. Is documentation in the progress notes of the client's chart?	N/A	N/A	2/2	100%	1/1	100%	N/A	N/A	3/3	100%
19. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
20. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	0/2	0%	N/A	N/A	N/A	N/A	0/2	0%
21. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	0/2	0%	N/A	N/A	N/A	N/A	0/2	0%
22. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23. Is documentation in the progress notes of all attempts made?	N/A	N/A	2/2	100%	1/1	100%	N/A	N/A	3/3	100%
24. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting reason for discharge and possible alternative resources.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attachment G: Level 1 Medical Case Management Raw Data

Case Management: Level 1 Peer Reviewed Sites	Carilion		COHM		ARE		THRD		FAHASS		CAHN		Total Raw	Total %
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Was at least 1 face-to-face interview completed within the past 12 months?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Is a brief summary of the findings noted on the last page of the Assessment Form?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	2/4	50%	N/A	N/A	3/3	100%	5/5	100%	3/3	100%	26/26	100%	39/41	95%
6. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	3/4	75%	N/A	N/A	3/3	100%	5/5	100%	3/3	100%	26/26	100%	40/41	98%
7. Was the Acuity Scaled updated at least annually?	2/4	50%	N/A	N/A	3/3	100%	N/A	N/A	3/3	100%	26/26	100%	34/36	94%
8. Was a discharge summary placed in the client's chart within 30 days of discharge date?	1/4	25%	N/A	N/A	0/3	0%	0/5	0%	0/3	0%	0/26	0%	1/41	2%
9. Is documentation in the progress notes of the client's chart?	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%

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10. If client has transferred to another agency, were case management services transferred within 5 business days of request?	1/1	100%	N/A	1/1	100%									
11. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
12. After the last failed attempt to contact the client, was a letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting reason for discharge and possible alternative resources.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
16. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Case Management: Technical Assistance Level 1 (Raw Data)	Neighborhood Health		Health Brigade		CAN		Inova		Raw Total	Total %
	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	N/A	N/A	1/1	100%	1/1	100%	N/A	N/A	2/2	100%

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2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	N/A	N/A	1/1	100%	1/1	100%	N/A	N/A	2/2	100%
3. Was at least 1 face-to-face interview completed within the past 12 months?	10/10	100%	1/1	100%	1/1	100%	N/A	N/A	12/12	100%
4. Is a brief summary of the findings noted on the last page of the Assessment Form?	9/9	100%	1/1	100%	1/1	100%	N/A	N/A	11/11	100%
5. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	9/10	90%	1/1	100%	22/26	85%	3/4	75%	33/41	80%
6. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	7/10	70%	1/1	100%	21/25	84%	0/1	0%	29/37	78%
7. Was the Acuity Scaled updated at least annually?	5/8	63%	N/A	N/A	7/13	54%	1/2	50%	13/23	57%
8. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	N/A	N/A	2/26	8%	0/4	0%	2/41	5%
9. Is documentation in the progress notes of the client's chart?	N/A	N/A	N/A	N/A	0/2	0%	N/A	N/A	0/2	0%
10. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	N/A	N/A	2/2	100%	N/A	N/A	2/2	100%
11. If client could not be located, were a minimum of 3 follow up attempts made over a 3 month period?	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
12. After the last failed attempt to contact the client, was a letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of date on letter.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
13. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14. Is documentation in the progress notes of all attempts made?	N/A	N/A	N/A	N/A	2/2	100%	N/A	N/A	2/2	100%

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15. If client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting reason for discharge and possible alternative resources.	N/A									
16. Is a copy of the certified letter in the file?	N/A									

Attachment H: Medical Transportation Raw Data

Medical Transportation (Raw Data)	FAHASS	COHM	ARE	Carilion	CAHN	TRHD	Raw Total	Total %
Is there documentation of referral in the client record?	11/11	10/10	10/10	14/14	9/10	14/14	68/69	99%
Is there documentation of any instance where the client waited more than 2 hours for transportation?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Is there documentation that clients are aware of cancellations, inclement weather, breakdowns?	1/1	0	3/3	0	4/4	1/1	9/9	100%
Is there documentation in the agency log that the client and/or Ryan White Part B case manager notified the transportation agency if cancellation or change of scheduled occurred?	N/A	N/A	N/A	5/5	1/1	1/1	7/7	100%
If a client is removed from transportation services due to falsifying the existence of a medical appointment in order to access service, is there documentation of the client being removed from transportation services?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Is there documentation that the client was notified of their removal to receive transportation services in writing?	N/A	N/A						
Is there documentation that cab or van transportation is arranged for those with acute medical needs?	1/1	10/10	3/3	1/1	8/8	3/3	26/26	100%
Is there documentation of a Ryan White need for transportation?	11/11	10/10	10/10	14/14	10/10	7/14	62/69	90%
Is there documentation of referrals?	0	10/10	10/10	14/14	7/7	5/5	46/46	100%
Is there documentation that bus tickets/bus passes or gas vouchers are issued by the Ryan White Part B case manager or by designated staff?	11/11	N/A	7/7	14/14	6/6	10/10	48/48	100%

TA Transportation (Raw Data)	Neighborhood Health	Health Brigade	CAN	Inova	Raw Total	Total %
Is there documentation of referral in the client record?	9/9	10/10	10/10	8/12	37/41	90%
Is there documentation of any instance where the client waited more than 2 hours for transportation?	N/A	10/10	N/A	N/A	10/10	100%
Is there documentation that clients are aware of cancellations, inclement weather, breakdowns?	9/9	N/A	N/A	N/A	9/9	100%
Is there documentation in the agency log that the client and/or Ryan White Part B case manager notified the transportation agency if cancellation or change of scheduled occurred?	4/4	N/A	N/A	N/A	4/4	100%

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If a client is removed from transportation services due to falsifying the existence of a medical appointment in order to access service, is there documentation of the client being removed from transportation services?	N/A	N/A	N/A	N/A	N/A	N/A
Is there documentation that the client was notified of their removal to receive transportation services in writing?	N/A	N/A	4/4	N/A	4/4	100%
Is there documentation that cab or van transportation is arranged for those with acute medical needs?	9/9	N/A	7/7	N/A	16/16	100%
Is there documentation of a Ryan White need for transportation?	9/9	10/10	4/4	N/A	23/23	100%
Is there documentation of referrals?	9/9	N/A	4/4	N/A	13/13	100%
Is there documentation that bus tickets/bus passes or gas vouchers are issued by the Ryan White Part B case manager or by designated staff?	N/A	10/10	5/5	6/6	21/21	100%

Attachment I: Oral Health Raw Data

Peer Reviewed Oral Health	Daily Planet	FAHASS	COHM	ARE	Carilion	CAHN	TRHD	Raw Total	Total %
Is there referral in the client record?	13/13	12/12	10/10	11/11	10/10	14/14	11/11	81/81	100%
Is there documentation in the client's record encouraging the client to seek routine dental care as recommended by the American Dental Association?	13/13	12/12	10/10	11/11	10/10	14/14	12/12	82/82	100%
Is there appropriate dental education material apparent in the waiting room or noted in the client's record that materials were offered?	13/13	12/12	8/8	11/11	10/10	14/14	11/11	79/79	100%

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Is there documentation that the Ryan White overseeing agency has given consent for the dental services?	13/13	12/12	10/10	11/11	10/10	14/14	12/12	82/82	100%
Is treatment priority given to pain, infection, traumatic injuries, or other emergency conditions documented in the client's record signed and dated for each appropriate visit?	13/13	8/8	10/10	11/11	9/9	13/13	9/9	73/73	100%
Is there documentation in the client's record signed and dated of a baseline evaluation that consists of:									
A completed medical history	12/13	12/12	10/10	11/11	10/10	14/14	12/12	81/82	100%
Existing oral conditions	13/13	12/12	10/10	11/11	10/10	13/13	12/12	81/81	100%
Patient's chief complaint	13/13	10/10	10/10	11/11	10/10	14/14	12/12	80/80	100%
Medical alert, if appropriate	13/13	12/12	10/10	11/11	9/9	14/14	11/11	80/80	100%
Radiographs appropriate for an accurate diagnosis and treatment	12/13	12/12	10/10	11/11	10/10	12/12	8/12	75/80	94%
Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client and addressing									
Drug history	13/13	12/12	10/10	11/11	10/10	14/14	12/12	82/82	100%
Cavities	12/12	9/9	10/10	11/11	10/10	14/14	10/10	76/76	100%
Missing teeth	12/12	10/10	3/3	8/8	11/11	7/7	11/11	62/62	100%
Periodontal conditions	11/11	2/2	0/0	6/6	7/7	9/9	4/5	39/40	98%
Are diagnoses made for each quadrant or sextant to address periodontal conditions?	10/10	2/2	N/A	6/6	6/6	9/9	0/4	33/37	89%
If periodontal disease exists, has a full mouth probing been performed every six months?	7/7	2/2	N/A	6/6	7/7	9/9	0/4	31/35	89%
Has a full mouth series of radiographs been conducted to substantiate periodontal disease?	7/8	2/2	N/A	6/6	7/7	9/9	0/4	31/36	86%
Extractions (Did client have a need for extraction)	5/5	4/4	N/A	3/3	3/3	6/6	3/3	24/24	100%

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Need for replacement teeth	5/5	4/4	N/A	2/2	2/2	6/6	2/3	21/22	95%
Has a removable prosthesis for tooth replacement been considered?	4/4	4/4	N/A	2/2	3/3	6/6	1/1	20/20	100%
Has a fixed prosthesis for tooth replacement been considered?	1/2	N/A	N/A	1/1	1/1	0/2	N/A	3/6	50%
If implants are needed, has a cone beam analysis performed?	N/A	N/A	N/A	1/1	N/A	0/1	N/A	1/2	50%
Is there signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months?	13/13	11/11	10/10	11/11	9/9	14/14	11/11	79/79	100%
Is there documentation signed and dated that all services provided recorded?	13/13	10/10	10/10	11/11	13/13	12/12	11/11	80/80	100%
Is there signed and dated documentation in the client's record of prescriptions and drugs dispensed?	5/5	3/3	N/A	5/5	3/3	1/1	3/3	20/20	100%
Is there signed and dated documentation in the client's record that post-operative instructions were given for surgical procedures?	7/7	4/4	N/A	6/6	4/4	10/10	1/7	32/38	84%
Is there documentation signed and dated in the client's record of all pre-medications and local anesthetic used?	13/13	11/11	6/6	10/10	9/9	14/14	12/12	75/75	100%
Is this provider a third party payer?	N/A	N/A	N/A						

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Is there documentation signed and dated on the client's record of									
Medical history	13/13	12/12	10/10	11/11	10/10	14/14	12/12	82/82	100%
Physical examination	N/A	N/A	N/A						
Laboratory reports	N/A	N/A	N/A						
Medications	13/13	9/9	7/7	N/A	9/9	14/14	12/12	64/64	100%
Treatment plan of care	12/12	12/12	10/10	11/11	9/9	14/14	12/12	80/80	100%
Interim progress notes	13/13	12/12	10/10	11/11	10/10	14/14	10/10	80/80	100%
Referrals and follow-ups	13/13	11/11	7/7	1/1	10/10	14/14	11/11	67/67	100%

Technical Assistance Oral Health Sites	Neighborhood Health	Inova	Raw Total	Total %
Is there referral in the client record?	13/13	10/10	23/23	100%
Is there documentation in the client's record encouraging the client to seek routine dental care as recommended by the American Dental Association?	13/13	10/10	23/23	100%
Is there appropriate dental education material apparent in the waiting room or noted in the client's record that materials were offered?	12/12	9/9	21/21	100%
Is there documentation that the Ryan White overseeing agency has given consent for the dental services?	13/13	10/10	23/23	100%
Is treatment priority given to pain, infection, traumatic injuries, or other emergency conditions documented in the client's record signed and dated for each appropriate visit?	10/10	9/9	19/19	100%
Is there documentation in the client's record signed and dated of a baseline evaluation that consists of:				
A completed medical history	13/13	10/10	23/23	100%

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Existing oral conditions	13/13	10/10	23/23	100%
Patient's chief complaint	12/12	10/10	22/22	100%
Medical alert, if appropriate	13/13	10/10	23/23	100%
Radiographs appropriate for an accurate diagnosis and treatment	11/11	9/10	20/21	95%
Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client and addressing				
Drug history	9/9	10/10	19/19	100%
Cavities	12/12	6/6	18/18	100%
Missing teeth	9/9	5/5	14/14	100%
Periodontal conditions	5/5	7/7	12/12	98%
Are diagnoses made for each quadrant or sextant to address periodontal conditions?	2/2	6/7	8/9	89%
If periodontal disease exists, has a full mouth probing been performed every six months?	N/A	6/7	6/7	89%
Has a full mouth series of radiographs been conducted to substantiate periodontal disease?	N/A	6/7	6/7	86%
Extractions (Did client have a need for extraction)	5/7	4/8	9/15	100%
Need for replacement teeth	2/2	1/1	3/3	95%
Has a removable prosthesis for tooth replacement been considered?	N/A	1/1	1/1	100%
Has a fixed prosthesis for tooth replacement been considered?	N/A	N/A	N/A	N/A

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If implants are needed, has a cone beam analysis performed?	N/A	N/A	N/A	N/A
Is there signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months?	12/12	9/9	21/21	100%
Is there documentation signed and dated that all services provided recorded?	12/12	9/9	21/21	100%
Is there signed and dated documentation in the client's record of prescriptions and drugs dispensed?	2/3	N/A	2/3	67%
Is there signed and dated documentation in the client's record that post-operative instructions were given for surgical procedures?	7/7	6/6	13/13	100%
Is there documentation signed and dated in the client's record of all pre-medications and local anesthetic used?	12/12	9/9	21/21	100%
Is this provider a third party payer?	N/A	N/A	N/A	N/A
Is there documentation signed and dated on the client's record of				
Medical history	13/13	10/10	23/23	100%
Physical examination	N/A	N/A	N/A	N/A
Laboratory reports	N/A	N/A	N/A	N/A
Medications	N/A	10/10	10/10	100%
Treatment plan of care	13/13	9/9	22/22	100%
Interim progress notes	13/13	10/10	23/23	100%
Referrals and follow-ups	1/1	10/10	11/11	100%

Attachment J: Client Interview Raw Data

Section B: Overall Experiences and Satisfaction	Raw Value	Percentage
B1. The Ryan White Grievance/Complaint Procedure has been explained to me (yes)	37/54	68%
B2. I know when and why I can write a grievance/complaint procedure	36/54	67%
B3. I have been asked to participate in a patient satisfaction survey at this agency	37/54	68%
B4. I have been asked participate in a Patient/Consumer Advisory Board	26/54	48%

Section C: Primary Medical Care	All the Time	Most of the Time	Sometimes	Rarely	Never
C1. When I needed an appointment, I could schedule one soon enough for my needs	22/27 (81%)	5/27 (19%)	N/A	N/A	N/A
C2. My providers told me how important it was to keep my appointments	25/27 (93%)	1/27 (4%)	N/A	N/A	1/27 (4%)
C3. My providers made sure I understood what my lab test results (such as CD4 and viral load) meant for my health	26/27 (96%)	1/27 (4%)	N/A	N/A	N/A
C4. I had questions that I wanted to ask my providers about my HIV care but did not ask	1/27 (4%)	1/27 (4%)	1/27 (4%)	5/27 (19%)	19/27 (70%)
C5. When I asked my providers questions about my HIV care, it was hard to understand their answers	3/27 (11%)	1/27 (4%)	6/27 (22%)	1/27 (4%)	16/27 (59%)
C6. I found my providers to be accepting and non-judgmental of my life and health care choices	22/27 (81%)	1/27 (4%)	2/27 (7%)	1/27 (4%)	1/27 (4%)
C7. It was hard for me to get my HIV medication prescriptions filled when I needed them	1/27 (4%)	N/A	2/27 (7%)	1/27 (4%)	23/27 (85%)
C11. I was able to get the services that my provider referred me to	21/27 (78%)	3/27 (11%)	3/27 (11%)	N/A	N/A
C13. The staff and my providers kept my HIV status confidential	26/27 (96%)	1/27 (4%)	N/A	N/A	N/A
Agree/Yes					
Disagree/No			Not Sure		

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C8. My providers explained the side effects of my HIV medications in a way I could understand	27/27 (100%)	N/A	N/A
C9. My providers talked to me about how to avoid passing HIV to other people	26/27 (96%)	N/A	1/27 (4%)
C10. My providers talked to me about how to protect myself from getting Hep C or how to avoid passing it on to other if I already had it	24/27 (89%)	2/27 (7%)	1/27 (4%)
C12. At any point, did you feel you were treated poorly at your clinic?	4/27 (15%)	23/27 (85%)	N/A

Section D. Oral Health	Less than 1 year	1 to 2 years	3 to 5 years	more than 5 years
D1. I have received care here for oral health for...	14/43 (32%)	8/43 (19%)	13/43 (30%)	8/43 (19%)
D2. My last visit for oral health was...	31/43 (72%)	9/43 (21%)	2/43 (5%)	1/43 (2%)
	Disagree Strongly	Disagree	Agree	Agree Strongly
D3. I am satisfied with the oral health services I receive at this agency	N/A	1/43 (2%)	13/43 (31%)	29/43 (67%)
D5. At every dentist visit I receive information on how to care for my mouth, teeth, gums and what to look for in my mouth	N/A	1/43 (2%)	17/43 (40%)	25/43 (58%)
	1 time a year	2 times a year	3+ times a year	when I feel the need
D4. I see the dentist	5/43 (12%)	11/43 (26%)	13/43 (30%)	14/43 (32%)
E. Case Management	Disagree Strongly	Disagree	Agree	Agree Strongly
E1. I am aware of the different levels of case management	1/44 (2%)	10/44 (23%)	24/44 (55%)	9/44 (20%)
E2. I work with my case manager to determine my needs	N/A	1/44 (2%)	15/44 (34%)	28/44 (64%)
E3. I find it hard to talk to my case manager	28/44 (64%)	12/44 (27%)	1/44 (2%)	3/44 (7%)
E4. When I needed an appointment, I could see my case manager soon enough for my needs	N/A	1/44 (2%)	18/44 (41%)	25/44 (57%)

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E5. I feel comfortable sharing my feelings and problems with my case manager	N/A	1/44 (2%)	13/44 (30%)	30/44 (68%)
E6. My case manager and HIV medical care providers worked together to help me	N/A	3/44 (7%)	18/44 (41%)	23/44 (52%)
E7. I want to be more involved in making decisions about my service plans and goals	1/44 (2%)	4/44 (10%)	23/44 (52%)	16/44 (36%)
F. Transportation				
F. Transportation	All the Time	Most of the Time	Sometimes	Rarely
F1. I am satisfied with the transportation services I receive at this agency	14/19 (74%)	1/19 (5%)	3/19 (16%)	1/19 (5%)
F2. The transportation services get me to my appointment on time	12/19 (63%)	4/19 (21%)	1/19 (5%)	2/19 (11%)