Virginia Commonwealth University Peer Review Program
Virginia Ryan White Part B
Fiscal Year 2019 Final Report

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VCU Peer Review Program Virginia Ryan White Part B Program 2019 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, and to measure the quality of care provided to consumers with Human Immunodeficiency Virus (HIV) 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 (VA). The following report summarizes the VCU PR process for Grant Year 2019.

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**.



Selected Agencies and Funded Service Categories

Sub-recipients receiving RWHAP B funding are reviewed on a biennial schedule. In 2019, nine sites were selected for review including: Eastern Shore Health District (ESHD), Harrisonburg Community Health Center (HCHC), University of VA (UVA), Council of Community Services Roanoke & Marion, Lenowisco, Community Access Network (CAN)-Lynchburg, Eastern VA Medical School (EVMS) and Health Brigade. A Technical Assistance (TA) Peer Review was conducted at CCS Danville and Mary Washington Health Center (MWHC). TA was conducted at sites because their first year of RWHAP B funding was in 2019 or their RWHAP B services were expanded. The PR site visit is the same process as TA site visit. No corrective actions are

required for a TA site visit as this is a preliminary visit to help those sites prepare for a PR visit. The total number of reviews in 2019 was eleven.

Data Collection Tools

The 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 RWHAP B care markers used for performance measures were built into the online PR database in REDCap. The PR team collects the data from the site using a secure remote internet access card to ensure confidentiality & Health Insurance Portability and Accountability Act (HIPAA) compliance.

Qualified Peer Reviewers

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

Schedule Site Visits, Obtain Site Information and Pre-visit Conference Calls

The PR staff notified agencies selected for PR in 2019 by email to establish a traceable reference for communication and by phone for follow-up correspondence; 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 necessary care markers for performance measure data collection with the PR sites. The PR process and procedures were outlined in the preliminary meetings as well as in checklists submitted by email. PR staff also explained to RWHAP B staff how to prepare for the site visit, reviewed their previous PR reports and TA resources available, and answered any questions that came up during the meeting.

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 were collected based on the care markers selected by VDH, these were used to assess the quality of care for RW and non-RW patients throughout the state.

During the first day of the review, Performance Measure data were collected for the Clinical and MCM indicators. All four indicators were extracted and entered into REDCap by PR staff. Figure 2 displays Clinical and MCM definitions.

Figure 2: HRSA HAB Performance Measures for Clinical and MCM

	Indicator
	Linkage: Number of people with HIV who had a care marker within
	1 months (30 days) of HIV diagnosis. (changed to 30 days in
	GY2019 from 90 days)
	Retention: Number of people with HIV who had at least two care
	markers in a 12-month period that are at least 2 months apart.
OAHS	Antiretroviral Therapy (ART): Number of people with HIV who
	are prescribed ART in the 12-month measurement period by a
	prescribing medical provider.
	Viral Load Suppression: Number of people with HIV with a viral
	load <200 copies/ML at last test in the 12-month measurement
	period.
	Linkage: Number of people with HIV who had a care marker within
	1 months (30 days) of HIV diagnosis. (changed to 30 days in
	GY2019 from 90 days)
	Retention: Number of people with HIV who had at least two care
MCM	markers in a 12-month period that are at least 2 months apart
WICWI	Antiretroviral Therapy (ART): Number of people with HIV who
	are prescribed ART in the 12-month measurement period by a
	prescribing medical provider.
	Viral Load Suppression: Number of people with HIV with a viral
	load <200 copies/ML at last test in the 12-month measurement period

^{*}for a detailed description of HRSA HAB Performance Measure please refer to website: http://hab.hrsa.gov/deliverhivaidscare/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) (Figure 3).

The agency staff assisted the PR staff on how to navigate medical records and answer any questions that arose. 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 for review following the RWHAP B guidelines.

Figure 3: HIVQUAL Quality Improvement Project Sampling Table

Total Sample Table						
Total Eligible	Minimum Total Records					
Population						
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

^{*}http://nationalqualitycenter.org/files/hivqual-workbook-chapters/10-sampling-and-data-collection/

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.

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. Peer Reviewers in the funded categories randomly selected clinical charts from preselected qualifying charts from day one. The Peer Reviewers entered the results directly into REDCap for data collection. After the collection of all data, the Peer Reviewers and the PR team reviewed all data and composed a summary of the information. At the end of the second day, an exit meeting was conducted with agency staff and leadership to review findings and solicit feedback. A completed summary was then presented in person by the PR team to the agency staff for discussion.

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 the visit. After VDH's final approval, the reports were sent to each agency by email. The final site visit reports identified strengths and challenges. A Corrective Action Plan was required for identified challenges requiring corrective action steps. The Corrective Action Plan was submitted by the Peer Reviewed site within 90 days of receiving the report to the VDH Quality and Peer Review staff.

Key Findings and Recommendations

Performance Measures

Figure 4 and Table 1 demonstrates aggregate data for Performance Measures (PM) across nine Peer Reviewed sites. The performance measures were collected by Peer Review staff at sites through either electronic medical record software or secured paper medical charts.

ART was the highest Performance Measure at 99% for OAHS and MCM with a sample size of 275 charts reviewed. Across all sites ART measures were similar, reporting at 96% or better (OAHS=274 & MCM=440).

Retention in Care was the second highest of the statewide PM with clients receiving two care markers at least 3 months apart on 96% of OAHS and 90% of Medical Case Manager charts. The total number of charts reviewed for MCM Retention in Care was 439 with a range of 57% to 100% of charts meeting the measure. The 274 charts reviewed for OAHS Retention in Care measures had achievement rates with a range of 75% to 100% across all agencies reviewed.

Linkage to Care for OAHS was at 88% and MCM was at 85% of the 25 charts reviewed. All sites reviewed met the measure at 0% to 100% with a total number of sampled charts reviewed at 34 for MCM and 25 for OAHS. Linkage to Care had the largest range as the one site had the lowest rate of Linkage to Care at 0% (n=0/1) because a client tested positive at ESHD and was admitted into and received care at EVMS within their first 30 days of diagnosis. Therefore, the 0% care marker collected at ESHD was only for one recently diagnosed patient in the previous 12 months prior to the PR. Sites that did not meet the MCM Linkage to Care measure often reported difficulty in obtaining medical care maker information from third party outpatient medical centers.

Viral Suppression was met at 87% for OAHS and 81% for MCM. All sites reviewed for MCM Viral Suppression met the measure at 55% to 88% with a total number of sampled charts reviewed at 442. The OAHS charts reviewed had a range of 83% to 100% for Viral Load Suppression with a total of 274 charts reviewed.

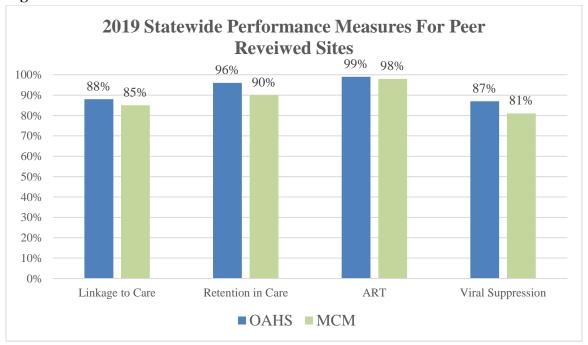


Figure 4: 2019 Performance Measure - Totals

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Viral Suppression had the highest number of MCM charts reviewed within the MCM performance measure at 81% (n=442); 440 charts were reviewed for ART (98%) and 439 charts were reviewed for Retention in Care (90%).

Table 1: Aggregate Performance Measure Data by Percentage of Charts achieving the measure outcome.

Peer Reviewed Performance Measures	ESHD	нснс	UVA	Lenowisco	CCS Marion	CCS Roanoke	Health Brigade	CAN	EVMS	Total %
OAHS Linkage	0%	N/A	89%	N/A	N/A	N/A	100%	100%	N/A	88%
OAHS Retention	88%	N/A	100%	75%	N/A	N/A	100%	100%	100%	96%
OAHS ART	98%	N/A	100%	100%	N/A	N/A	100%	100%	100%	99%
OAHS Viral Load Suppression	83%	N/A	88%	83%	N/A	N/A	100%	100%	87%	87%
MCM Linkage	0%*	100%	88%	N/A	50%	75%	100%	100%	N/A	85%
MCM Retention	88%	98%	100%	70%	94%	88%	57%	57%	N/A	90%
MCM ART	98%	100%	100%	95%	97%	100%	91%	91%	N/A	98%
MCM Viral Load Suppression	83%	94%	88%	80%	75%	74%	55%	55%	N/A	81%

^{*} See Attachment A for raw data

^{*} See Attachment A for raw data

TA Peer Reviewed Sites Performance Measures

Two sites received TA from PR in 2019. These sites receive a PR visit either because they were a new agency to receive RWHAP B funding or had new services offered under RWHAP B. Of the two sites reviewed, neither provided OAHS under RWHAP B; both sites provided MCM.

As stated earlier in report, the PR site visit is the same process as TA site visit. No corrective actions are necessary for a TA site visit as this is a preliminary visit to prepare for the full PR visit the following contract year in 2020/2021.

Performance Measures	MWI	НC	CCS D	anville	Raw Total	Total %
OAMC Linkage	N/A	N/A	N/A	N/A	N/A	N/A
OAMC Retention	N/A	N/A	N/A	N/A	N/A	N/A
OAMC ART	N/A	N/A	N/A	N/A	N/A	N/A
OAMC Viral Load Suppression	N/A	N/A	N/A	N/A	N/A	N/A
CM Linkage	6/7	86%	3/4	75%	9/11	82%
CM Retention	51/54	94%	59/61	97%	110/115	96%
CM ART	54/54	100%	61/61	100%	115/115	100%
CM Viral Load Suppression	38/53	72%	45/61	74%	83/115	72%

TA sites were well prepared for the PR and shared all available care markers. The care markers for PM were only marginally different by 3 to 9% compared to sites that were Peer Reviewed. The TA sites had 72% Viral Suppression in MCM compared to 81% of Peer Reviewed MCM sites. Overall 115 charts were reviewed for TA while up to 442 were reviewed for PR. Figures 5 – 12 provide individual data sets for each site demonstrating variability in certain performance measures.

OAHS Linkage to Care 100% 100% 92% 89% 90% 80% 70% 60% 50% 40% 30% 20% 10% N/A N/A N/A 0% **ESHD** UVA Lenowisco Health Brigade **EVMS** CAN Peer Reviewed Sites

Figure 5: OAHS Linkage to Care

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^{*} See Attachment A for raw data

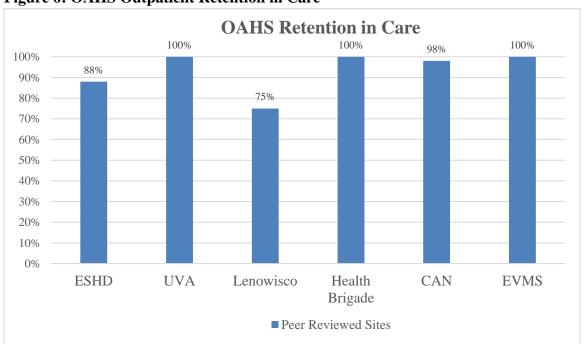


Figure 6: OAHS Outpatient Retention in Care

VCU Peer Review Program 2019

^{*} See Attachment A for raw data

OAHS ART 100% 100% 100% 100% 98% 96% 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% **ESHD** UVA Lenowisco Health Brigade CAN **EVMS** ■ Peer Reviewed Sites

Figure 7: OAHS ART Prescription

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* See Attachment A for raw data

Figure 8: OAHS Viral Supression OAHS Viral Suppression 100% 100% 88% 88% 87% 90% 83% 83% 80% 70% 60% 50% 40% 30% 20% 10% 0% **ESHD** Health Brigade UVA Lenowisco CAN **EVMS** ■ Peer Reviewed Sites

VCU Peer Review Program 2019

* See Attachment A for raw data

MCM Linkage to Care 100% 100% 100% 92% 88% 86% 90% 75% 75% 80% 70% 60% 50% 50% 40% 30% 20% 10% N/A N/A 0% CAN MANIE CES Darrille OS Mation CS Roandke Health Brigade ■ Peer Reviewed Sites ■ Technical Assistance Sites

Figure 9: MCM Linkage to Care

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^{*}See Attachment A for raw data results

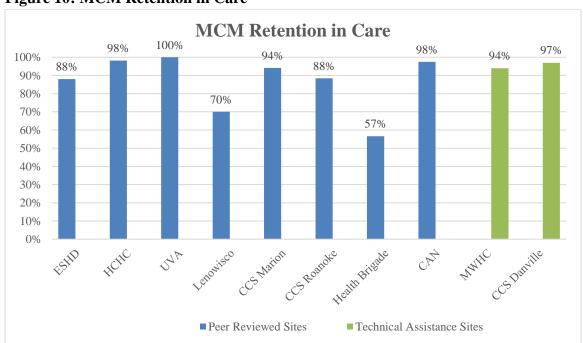


Figure 10: MCM Retention in Care

VCU Peer Review Program 2019

^{*} See Attachment A for raw data

MCM ART 100% 100% 100% 100% 100% 98% 97% 98% 96% 95% 96% 94% 92% 91% 90% 88% 86% 84% CS Major CS Roanske Health Brigade ■ Peer Reviewed Sites ■ Technical Assistance Sites

Figure 11: MCM ART

VCU Peer Review Program 2019

^{*}See Attachment A for raw data

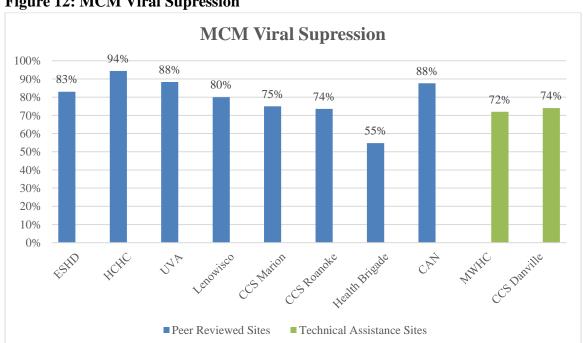


Figure 12: MCM Viral Supression

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^{*} See Attachment A for raw data

Standards of Care Assessment: Chart Review, Documentation Assessment & Client Interviews

Universal Administrative Review

Key Findings (See Attachment B for raw data)

All sites were reviewed using VA RWHAP B Quality Standards for Core and Support Services. All of the sites had appropriate policies and procedures and were very knowledgeable about RWHAP B requirements except for the following; one site did not have a policy to state that clients will be informed of services for which they are eligible (n=7/8) and one site did not have a signed agreement for third party serviced provided (n=6/7). It was recommended that agencies requiring Corrective Action Plans follow up with their HIV Services Coordinator regarding compliance. See Attachment B for raw data.

Outpatient/Ambulatory Health Services

Key Findings

Of the sites reviewed in Peer Review 2019/2020, five reported providing OAHS. The data below is based on the aggregate data collected. See Attachment C for raw data. Reviewed sites demonstrated thorough progress notes and documentation when present in the reviewed chart. The challenges were to ensure that documentation regarding assessment of all relative symptoms and risks are present in the medical record as well as referrals and vaccine information.

Strengths

A total of 84 charts were Peer Reviewed for OAHS, 16 of the 84 charts reviewed had information regarding patients diagnosed in the previous 12 months. The charts reviewed determined that clients diagnosed in the previous 12 months were given an initial Medical History within 30 days of client contact with provider (n=16/16), the (Initial) Physical Examination was documented within 30 days of client contact with the provider (n=16/16), the medication history which includes: drug allergies; current medications; drug/substance abuse was present in the charts (n=16/16), the initial laboratory results or orders were documented as a component of the initial assessment (n=16/16), and a nutritional assessment was completed (n=16/16).

The sites reviewed were commended for reaching 100% overall for the following measures in OAHS when ten or more charts were reviewed: CD4 and CBC documentation within a 12-month period or as necessary; documentation of all current medications; medication history which includes drug allergies and side effects. All clients were noted in the chart as currently on highly active antiretroviral therapy (HAART). Chest x-ray at baseline for patients with positive Tuberculosis (TB) testing or as needed (PRN) for underlying lung disease - dates and results were in the patient record. Progress notes were present, current, legible, signed and dated in the client's record. The charts determined an appropriate out-come based medical plan of treatment developed with the client and present in the client's record.

Challenges

The agencies reviewed with any total standard not met at \leq 70% with a minimum of 10 charts were deemed as challenges. Having a current (in last 12 months) ophthalmology exam or referral if CD4 < 100 or history of diabetes (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 27 eligible charts reviewed met this standard (n=11/27). Therefore, the documentation of follow up from referrals in the clients' records was met on 54% of the 25 charts reviewed (n=25/46).

Thirty percent of the 23 charts reviewed had documentation present for the current breast exam of applicable clients in the patient record (n=7/23) and annual mammograms for female patients over the age of 50 was present in 37% of the reviewed charts (n=7/19).

It was not documented in some of the charts reviewed if Tetanus/Diphtheria (or Tdap x 1) was administered every ten years (69% n= 56/81). Fifty eight of the eighty-three charts reviewed revealed that 68% had documentation of urinalysis (baseline and annually /or if on Tenofovir Disoproxil Fumarate (TDF). Documentation was present in 67% of the reviewed charts (n=56/83) about whether the patient was asked about Sexually Transmitted Disease (STD) symptoms at each visit. Documentation that the client reviewed their health plan and/or was offered a copy of the plan was present in 17% of the 83 charts reviewed (n=14/83).

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.

Peer Reviewers noted the difficulty of accessing follow-up documentation for referrals such as ophthalmology and mammograms and suggested creating a follow up system in the patient chart. As well as document urinalysis as part of routine baseline labs and yearly for those on tenofovir/TDF.

Documentation needs to be present within each progress note stating the medical provider discussed STD symptoms at each visit and if the after-visit summary was offered to the patient, and/or declined by the patient.

MCM - Peer Reviewed Sites

Key Findings

Peer Reviewers analyzed 180 MCM files from all three MCM levels. See Attachment D for raw data. It was reported by Peer Reviewers, when properly documented and recorded in the client's files, the agencies had detailed case notes, indicated a high level of client contact which resulted the setting of and progress toward goals for the clients. The Peer Reviewers for MCM reported

that when the documentation was available for review, most forms were completed and included the Individualized Service Plan (ISP), Assessments, and Acuities as needed.

MCM records shown during PR that 90% (n=35/39) of charts reviewed at every case management level had a completed initial assessment signed and dated by the client and MCM for new clients enrolled in services within the previous 12 months. Additionally, the records revealed clients over all levels of MCM had at the minimum amount of contact as required at 87% (n=71/82). For example, Level 3 MCM reported initial contact at 81% (n=17/21), Level 2 MCM reported 90% of minimal contact (45/50). Progress notes were completed within 48 hours of the client encounter overall at 84% (n=69/82).

An Acuity Scale in the chart reflecting the client's current Acuity Level (n=123/157) reported that 75% (n=117/157) of the reviewed charts indicated the acuity scale was signed and dated by both the Medical Case Manager and the client on the date of completion. In 26 charts treatment adherence was identified as a need and included in the Individualized Service Plan (ISP) for 33 clients (83%).

Challenges

The case management data for all agencies reviewed at every level showed the following standards not met at $\leq 70\%$ with a minimum of 10 charts. The 51 out of 81 reviewed ISP's and/or progress notes contained ongoing documentation of activities toward the completion of goals (63%). Fifty-one of the charts reviewed showed 31 (61%) did not have the timeline for goals set within the appropriate time frame for the client's Case Management level (n=46/75). The ISP's were updated according to the appropriate Case Management Level at 45% (n=30/67). The client Acuity Scale was updated within the appropriate time frame for the client's Acuity Level in 59% of the charts reviewed (n=77/133). The records reviewed by the PR team indicated that overall 68% of the charts had documentation the clients were offered a copy of their ISP (n=51/75).

All of the sites reviewed for MCM revealed they are working to improve the documentation and organization of the client files. The overall theme reported from the sites Peer Reviewed in 2019/2020 is the challenge of implementing organizational systems to ensure all required documentation has been obtained and filled out consistently such as signatures, assessments and summaries. The Peer Reviewers recommended consistent charting for all MCM staff at their agency to address some gaps in documentation of the timeline of goals and action steps in the progress notes or on the ISP.

Medical Case Management Recommendations

All sites reviewed had recommendations to develop a system to ensure the MCM intake, eligibility, and assessments were updated and scored according to the VDH RW Case Management Standards. Agencies reviewed were cited because their summaries and progress notes were incomplete, and ISP's were not updated or missing in the client files.

MCM: Level 3

Key Findings

Eight sites reported providing level 3 MCM services for the 2019 PR. Of those sites, 32 Level 3 MCM charts were selected at random for review. The data below is based on the aggregate data collected. See Attachment D for raw data.

Strengths

MCM Level 3 client files revealed during PR that $\geq 90\%$ of charts with ten or more files reviewed, all had the initial assessment completed within 30 days of intake (95% n=19/20. Documentation the goals and progress on attaining goals was in 91% of the progress notes (n=29/32).

Challenges

The following standards were identified as challenges and were not completed $\leq 70\%$: The Acuity Scale was not signed and dated by the Medical Case Manager and the client on the date of completion for 69% of the reviewed charts (22/32). The acuity was updated at least every three months for 35% of the reviewed charts (n=8/23) and ISP's were not updated at least every three months (26% n= 21/31). The timeline for goals was in 65% (n=20/31) of the reviewed charts and the ISP or progress notes contained ongoing documentation of activities toward the completion of goals for 68% of charts (n=21/31).

MCM: Level 2

Key Findings

All of the eight sites providing MCM reported providing Level 2 MCM services. The data below is based on the aggregate data collected from 50 randomly selected client files. See Attachment F for raw data.

Strengths

Initial assessments were completed within 30 days for newly enrolled clients in all 11 out 13 charts reviewed (85%) and documentation was present in 92% of the reviewed charts that at least two face-to-face interviews were completed in the past 12 months (n=12/13). Documentation of minimum contact (face-to-f-ace or by phone) every six months was met for 90% of the reviewed charts (n=45/50).

Challenges

The following standards were identified as challenges and were not completed $\leq 70\%$: The Acuity Scale was updated every six months in 62% of the reviewed charts (n=26/42). Clients were not offered copies of their services as documented in 66% of the reviewed charts (n=29/44). The timeline set for goals was at 53% of the PR charts (n=26/49) and the ISP was updated every six months in 55% of the charts (n=24/44).

MCM: Level 1

Key Findings

All of the eight sites Peer Reviewed reported providing MCM Level 1, 75 client charts were pulled at random for review. The data below is based on the aggregate data collected. See Attachment G for raw data.

Strengths

The charts reviewed had a completed Acuity Scale reflecting the client's current acuity level for 76% of the charts (n=57/75) and 72% of the charts indicated the Acuity Scale was signed by MCM and the Client (n=54/75).

Challenges

The Acuity Sale was updated at least annually for 63% of the reviewed charts (n=43/68).

MCM – TA Sites

Key Findings

The sites in 2019/2020 that received PR TA were CSS Danville and MWHC. Twenty-two charts were reviewed for MCM. The sites were found non-compliant to the 2014 Case Management Standards, and some case managers were unaware of the standards. The Peer Reviewers gave onsite TA to address any misunderstanding of the standards at the time of the PR and followed up after the PR.

Strengths

The initial assessment was present in 81% of the charts reviewed for clients enrolled in care in the past 12 months (n=9/11).

Challenges

The primary challenges noted by the Peer Reviewers were the Acuity Scales not updated within the correct time frame for all levels of MCM (45% n=10/22). The charts reviewed had 19% meeting the measure for the ISP or progress notes containing ongoing documentation of activities toward the completion of goals (n= 3/16), the ISP were not updated as required for the level of MCM (0% n=0/16), and there was no documentation the client was offered a copy of the ISP in almost half of the charts reviewed (52% n=11/21).

Medical Transportation

Key Findings

The following standards from Medical Transportation were found to be consistently adhered to by the eight sites reviewed for Medical Transportation. Ninety-five charts were reviewed for Medical Transportation. See Attachment H for raw data.

Strengths

Documentation of a RW need for transportation in the client charts was present in 98% of the sampled charts (n=93/95). Clients charts were documented as having a need for transportation in 97% of the charts (n=74/76). Documentation of referrals was recorded in 98% (n=93/96) the client records reviewed. Bus tickets and passes are issued by RW case manager or designated staff and documented in 94% of the reviewed charts (n=65/66). No client waited more than two hours for transportation.

Challenges

Documentation that cab or van transportation was arranged for those with acute medical needs was present in 53% of the reviewed charts (n=8/15).

Oral Health

Key Findings

Three Peer Reviewed sites reported providing Oral Health Care. See Attachment I for raw data.

Strengths

Documentation of referrals were located in all of the client records and noted in the charts for all (n=29/29) sites. Documentation was in the client record of encouragement to seek routine dental care as a preventive measure for 100% of sites (n=23/23). Appropriate dental education materials were located in waiting rooms or offered to clients at 100% (n=23/23). Documentation that overseeing RW agency has given approval for dental services was reported by the sites at 100% (n=28/28). 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% (n=28/28). Documentation in treatment plan addressing cavities, missing teeth, and extractions was present in the client charts for 100% of the sites reviewed (n=27/27). Signed and dated documentation that the treatment plan was reviewed and updated as needed and identified or at least every six months was clearly documented in 100% of the client charts reviewed (n=23/23). 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=21/21). 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.

Client Interviews

Key Findings

Fifty-two VA RWHAP B clients were interviewed during the PR review year. Clients for both Peer Reviewed sites and TA 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 RWB clients interviewed, 31 received OAHS, 17 received Oral Health Care, 47 received MCM, and 21 received Medical Transportation.

Fifteen out of the 52 clients interviewed reported they do not know much or anything about RWHAP B services (29% n=15/52). Eighty-five percent of the clients reported that a grievance procedure has been explained to them (85% n=44/52) and 77% (n=40/52) know how to write a grievance/complaint procedure. Of the 52 clients interviewed, 52% (n=27/52) had been asked to participate in a patient/consumer advisory board and 67% percent have participated in a satisfaction survey (n=35/52).

Thirty-one RWHAP B clients were interviewed about their experiences in OAHS. 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 of the Time' at 84% (n=26/31) and 'Most of the Time' 10% (n=3/31). The clients interviewed stated the providers explained the side effects of HIV medications in a way the client could understand answered 'Yes' 94% (n=29/31), 'No' 3% (n=1/31), and 'Not Sure' 3% (n=1/31). When asked if clients could schedule an appointment soon enough for their needs, 22 (71% n=22/31) responded 'all the time' and 8 responded 'Most of the Time' (26% n=8/31). Twenty-three clients reported it was never hard for to get HIV medication prescriptions filled when needed (74% n=23/31).

Ten percent of the clients reported it was difficult to understand the providers when questions were asked (n=3/31). When clients were asked if they had questions they wanted to ask providers about HIV care but did not ask, 10% responded 'All of the Time' (n=3/31), 13% 'Most of the Time' (n=4/31), 6% 'Sometimes' (n=2/31), 3% 'Rarely' (n=1/31), and 68% responded 'Never' (n=21/31). Most clients interviewed agreed their providers tell them on a consistent basis how important it is to keep their appointment and responded, 'All of the Time' (84% n=26/31) and 'Most of the Time' (16% n=5/31). All clients interviewed reported they were informed by the medical provider about how to prevent the spread of HIV (100% n=31/31), and 94% were informed on prevention and the spread of Hepatitis C (Hep C) if they were diagnosed (n=29/31).

Thirty of the clients reported they feel they were never treated poorly at clinic (97% n=30/31) and 90% felt the staff kept their HIV status confidential (n=28/31). Twenty-five of the interviewed clients found their medical providers to be accepting and non-judgmental of their life and health care choices (81% n=25/31).

Forty-seven clients were interviewed about MCM services. Of the 47 clients, 21% 'Agreed Strongly' (n=10/47) or 'Agreed' (49% n=23/47) that they were aware of the different levels of case management. All of the clients interviewed (100%) agree they work with their case manager to determine their needs and agreed they do not find it hard to talk to their Medical Case Manager (100% n=47/47). Forty-four (94%) of the respondents could get an appointment when they needed, and 96% (n=45/47) reported their provider works with their case manager to help them. Forty-one respondents (87% n=41/47) 'Agreed or Agreed Strongly' they want to be more involved in making decisions about their ISP and goals. All of clients reported they felt comfortable sharing their feelings and problems with their Medical Case Manager.

Seventeen clients were interviewed about the Oral Health services they receive. Fourteen of the clients (76%) reported they have received oral health services in the past one to two years. Eight of the clients 'Agreed' (47%) and six 'Agreed Strongly' (35%) they are satisfied with the Oral Health services they receive at their agency. All clients interviewed 'Agreed' (59% n=10/17) or 'Agreed Strongly' (41% n=7/17) they receive information on how to care for their teeth and gums. Two of the 17 clients see their dentist at least once a year (12%) with 7 respondents (41%) saying they see the dentist "when they feel the need."

Two questions were asked about satisfaction with transportation. Sixteen of the clients interviewed stated 'All of Time' (76% n=16/21) when asked if they were satisfied with the transportation services provided at the agencies and three stated 'Most of the Time' (14% n=3/21). When asked how frequently transportation services arrive at the scheduled appointment time clients responded, 'All the Time' at 72% (n=15/21), 14% 'Most of the Time' (n=3/21), and 14% 'Sometimes' (n=3/21).

When asked to think about the care at their clinic or agency, clients were asked to select from a list of words. Figure 13 shows the responses with the majority of clients using positive words to describe their experiences as a RWHAP B client.

Figure 13: Client Words

When I think about my care at this clinic/agency, these words come to mind:									
WORD	NUMBER	RESPONSE							
Caring	47	90%							
Excellent	45	87%							
Friendly	45	87%							
Safe	39	75%							
Understanding	37	71%							
Personal	33	63%							
Warm	28	54%							
Adequate	22	42%							
Dignified	19	37%							
OK	14	27%							
Busy	6	12%							
Scary	2	4%							
Humiliating	1	2%							
Other (please write in)	1	2%							
Terrible	0	0%							
Poor	0	0%							
Rushed	0	0%							
Impersonal	0	0%							
Cold	0	0%							

Recommendations

Each site had positive responses to open ended questions about the client's care at the agency. The recommendations from clients included suggestions such as being mindful of the time the clients spend waiting for medical care and having a system in place to have labs coordinated in advance. Additionally, most sites were recommended to develop a brochure with information clients can review at each visit discreetly or have them sign a document that the services have been thoroughly explained to them at each RW recertification. Clients interviewed suggested having support groups and developing a Consumer Advisory Board in agencies where one had not been developed.

Action Plans

Of the eight sites Peer Reviewed in 2019/2020, five sites were identified with challenges that required action plans. Challenges across these sites were focused on documentation in medical and MCM charts. Corrective Action Plans are submitted within 90 days of receiving the final report and the PR teamwork with the sites to coordinate with MidAtlantic AIDS Education and Training Center (MAAETC) and their VDH HIV Services Coordinator when necessary.

Corrective Action Plans were required for sites that did not meet Case Managements Standards and follow-up TA was provided for needed sites. MCM sites that required Corrective Action Plans were cited for needing to correct the Acuity Level for their clients and update according to level; update the ISP according to the RWHAP B MCM Service Standards; ISP needed to have the signature and date by MCM and the Client; and documentation of minimum contact according to appropriate time frame.

The OAHS corrective actions included recording information in the patient's medical chart for addressing viral load suppression among patients who are not virally suppressed; documentation of vaccines; assessment of STD symptoms; assessment of TB risk factors (prison/jail, travel, homelessness, exposure to persons with chronic cough, etc); documentation of referrals and follow-up of referrals especially in regards to ophthalmology, pap smears, and mammograms as appropriate; urinalysis as part of routine baseline labs and yearly for those on tenofovir/TDF; documentation of referrals for dental as part of the care plan; and note that the after visit summary was offered to the patient, and/or declined by the patient

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 contract year to sites that did not respond to the survey. Five of the eight sites reviewed responded to the survey at a 63% response rate. The sites were sent an evaluation survey using online data collection tool REDCap. Figure 14 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. However, the following information was shared and will be addressed with the PR team in 2020/2021, it was noted that client interviews at one site ran late and two clients had to wait over an hour for their scheduled interview. Other feedback included the following statements,

"The 2019 Peer Review was, without question, a pleasant, learning experience. Peer reviewers were very professional and very knowledgeable and made all Care Management staff feel comfortable with the process."

"We feel the Peer Review Team was easy to work with and provided valid feedback. They were insightful, encouraging, gave credit where due and the process was one that provided useful information to improve our program."

"The feedback from the staff was very supportive to assist our agency in strengthening the program and assisting the clients."

Figure 14: 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?	5/5	
Did the VCU Peer Review Team arrive on time?	5/5	
Was the VCU Peer Review Team polite and professional?	5/5	
Was an introductory meeting held at the beginning of the day?	5/5	
Did the VCU Peer Review team work quietly and ask for assistance with little disruption to the daily routine of the agency?	5/5	
At midday, did the Chair inform the provider of a time for the exit interview?	5/5	
Did the VCU Peer Review team meet for an internal meeting to discuss findings, as a team?	5/5	
Was exit meeting provided?	5/5	
Was appropriate provider staff present as selected by the provider?	5/5	
Were you satisfied with the discussion of the findings?	5/5	
Did you discuss the new standards and/or modules?	5/5	
Were you pleased with the answers to your questions?	5/5	
Was the time period for the return of the final report explained to the provider?	5/5	
Do you feel the reviewers were knowledgeable in their areas of review?	5/5	

Summary and Key Findings

The 2019/2020 Peer Reviewers reported consistent themes throughout the on-site reviews. These themes included the overall documentation was good when available for both MCM and OAHS which illustrated a close and well-developed relationship between the Medical Case Managers, Medical Providers, and the clients. When documented, it was evident the Medical Case Managers were committed to client care, are compliant, and working towards improving processes.

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 MCM is a consistent problem that results in poor performance measure outcomes as the care markers are not present in the client charts. Sites frequently experience difficulty obtaining copies of patient information from medical providers providing OAHS outside of the RWHAP B agency. Two sites in 2019 showed improved PM from their previous PR because they increased their quality efforts to include shared access to the offsite Electronic Health Records of their clients where OAHS services were provided at other agencies. These agreements between the RWHAP B service providers and the offsite medical providers not only increase the access to necessary care markers but also revealed the RWHAP B had a better understanding and communication with clients regarding their adherence to care and any necessary services such as transportation to access necessary medical services.

All sites reviewed had recommendations to develop a system to ensure the MCM acuities 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. The PR team learned from the sites reviewed in 2019/2020 that some of the Medical Case Managers were new to the RWHAP B services as Case Managers and had not completed their training for RWHAP B HIV Case Management (Medical and Non-Medical) Standards of Service prior to their PR. Therefore, TA was provided to new Medical Case Managers by the MCM PR team members.

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, site need to update progress notes for clients at each visit 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. It was also recommended that sites providing OAHS consider utilizing the VDH vaccine registry to obtain historic vaccine data for newly enrolled patients as well as to document influenza vaccines administered at other locations including pharmacies.

A consistent challenge as in previous years, is determining the best process to reach agencies who also treat patients for HIV care for shared documentation. Sites need assistance to document their referral processes and obtain documentation of necessary care markers.

In conclusion, Peer Reviewers stated they were impressed with all of the sites and the level of care provided to clients. Clients reported they are grateful for the care and assistance they receive and their connection with the MCM and medical providers. One Peer Reviewer stated they are impressed with the care for clients in VA when there are so many diverse places providing RWHAP B services. All of the sites were commended for the care provided to clients regardless of the size of the case load, geographic area, and access to wrap around services. 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 RWHAP B clients interviewed had an overwhelming positive feedback regarding their care, as one client stated "I have never worked with a group of people that were so loving and supporting. I feel that getting services here has saved my life. I get everything here I need to sustain my life."

Attachment A: PR Outpatient and MCM Performance Measures Raw Data

Performance	ES	HD	нс	нс	UV	/A	Leno	wisco	CCS M	arion	CCS R	oanoke	Health	Brigade	CA	AN	EV	MS	Raw	Total
Measures	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Total	%
OAHS Linkage	0/1	0%*	N/A	N/A	8/9	89%	N/A	N/A	N/A	N/A	N/A	N/A	2/2	100%	12/13	92%	N/A	N/A	22/25	88%
OAHS Retention	37/42	88%	N/A	N/A	108/108	100%	9/12	75%	N/A	N/A	N/A	N/A	2/2	100%	78/80	98%	30/30	100%	264/274	96%
OAHS ART	41/42	98%	N/A	N/A	108/108	100%	12/12	100%	N/A	N/A	N/A	N/A	2/2	100%	78/81	96%	30/30	100%	271/275	99%
OAHS Viral Load Suppression	35/42	83%	N/A	N/A	94/107	88%	10/12	83%	N/A	N/A	N/A	N/A	2/2	100%	71/81	88%	26/30	87%	238/274	87%
MCM Linkage	0/1	0%*	2/2	100%	7/8	88%	N/A	N/A	1/2	50%	3/4	75%	4/4	100%	12/13	92%	N/A	N/A	29/34	85%
MCM Retention	37/42	88%	53/54	98%	104/104	100%	14/20	70%	32/34	94%	46/52	88%	30/53	57%	78/80	98%	N/A	N/A	396/439	90%
MCM ART	41/42	98%	54/54	100%	104/104	100%	19/20	95%	35/36	97%	50/50	100%	48/53	91%	78/81	96%	N/A	N/A	429/440	98%
MCM Viral Load Suppression	35/42	83%	51/54	94%	91/103	88%	16/20	80%	27/36	75%	39/53	74%	29/53	55%	71/81	88%	N/A	N/A	359/442	81%

Attachment A: TA Outpatient and MCM Performance Measures Raw Data

Performance Measures	MW	ΉС	CCS Da	anville	Raw	Total
	Raw	%	Raw	%	Total	%
OAHS Linkage	N/A	N/A	N/A	N/A	N/A	N/A
OAHS Retention	N/A	N/A	N/A	N/A	N/A	N/A
OAHS ART	N/A	N/A	N/A	N/A	N/A	N/A
OAHS Viral Load Suppression	N/A	N/A	N/A	N/A	N/A	N/A
MCM Linkage	6/7	86%	3/4	75%	9/11	82%
MCM Retention	51/54	94%	59/61	97%	110/115	96%
MCM ART	54/54	100%	61/61	100%	115/115	100%
MCM Viral Load Suppression	38/53	72%	45/61	74%	83/115	72%

Attachment B: Universal Administrative Raw Data

Universal Administrative Review	Total Raw	Total %
Is there a current policy to protect client's 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%
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 RWHAP 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?	8/8	100%
Does the Provider have an Orientation Manual?	8/8	100%
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%
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?	8/8	100%

Are there policies and procedures that specify client involvement in the development of services offered by RWHAP B?	8/8	100%
Are there policies that outline that a client satisfaction survey will be administered every 12 months?	8/8	100%
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?	8/8	100%
If site has third party payers, is there a signed agreement for services provided?	6/7	86%
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%
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?	8/8	100%
Are minutes of the QM committee meetings taken and kept on file?	8/8	100%
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

OAHS: Peer Reviewed Sites	ESHD		Lenowisco		UVA		CAN		EVMS		TOTAL	
(only applicable to patients newly enrolled into care within the past year)	Raw Value	%e	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
Question												
A.1. Initial Medical History is documented within 30	N/A	N/A	N/A	N/A	8/8	100%	8/8	100%	N/A	N/A	16/16	100%

days of client contact with provider?												
A.2. (Initial) Physical Examination is documented within 30 days of client contact with the provider?	N/A	N/A	N/A	N/A	8/8	100%	8/8	100%	N/A	N/A	16/16	100%
A.3. Medication history which includes: a. drug allergies b. current medications c. drug/substance abuse	N/A	N/A	N/A	N/A	8/8	100%	8/8	100%	N/A	N/A	16/16	100%
A.4. Initial laboratory results or orders are documented as a component of the initial assessment	N/A	N/A	N/A	N/A	8/8	100%	8/8	100%	N/A	N/A	16/16	100%
A.5. Oral Health assessment/referral is documented as a component of the initial assessment.	N/A	N/A	N/A	N/A	8/8	100%	7/8	88%	N/A	N/A	15/16	94%

A.6. Psychosocial/Mental Health assessment and/or referral documented as a component of the initial assessment	N/A	N/A	N/A	N/A	8/8	100%	7/8	88%	N/A	N/A	15/16	94%
A.7. Nutritional assessment is documented as a component of the initial assessment	N/A	N/A	N/A	N/A	8/8	100%	8/8	100%	N/A	N/A	16/16	100%
A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment	N/A	N/A	N/A	N/A	8/8	100%	7/8	88%	N/A	N/A	15/16	94%
Follow up Visits												
Question	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
B.1. History, q. 6 months, or p.r.n.	8/10	80%	8/8	100%	36/36	100%	17/18	94%	10/10	100%	79/82	96%
B.2. Physical Exam, q. 6 months, or p.r.n.	8/10	80%	9/9	100%	36/36	100%	16/17	94%	10/10	100%	79/82	96%
B.3. Has client been seen at least twice in the past 12 months?	8/10	80%	8/9	89%	35/35	100%	16/17	94%	10/10	100%	77/81	95%

B.4. Laboratory Testing, q. 6 months, or p.r.n	9/10	90%	9/9	100%	36/36	100%	17/17	100%	10/10	100%	81/82	99%
B.5. Medication history which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance use 4. Treatment adherence	9/10	90%	9/9	100%	36/36	100%	17/17	100%	10/10	100%	81/82	99%
B.6. Oral health assessment, referral, and annual/routine dental care	6/10	60%	9/9	100%	36/36	100%	17/17	100%	8/10	80%	76/82	93%
B.7. Nutritional assessment or referral?	8/10	80%	9/9	100%	36/36	100%	17/17	100%	10/10	100%	80/82	98%
B.8. Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN	0/5	0%	N/A	N/A	7/8	88%	4/10	40%	0/4	0%	11/27	41%
B.9. Documentation of current breast exam, where applicable in the client's record? (females)	1/4	25%	0/3	0%	6/8	75%	0/4	0%	0/4	0%	7/23	30%

B.10. Is there documentation of follow up from referrals in the client's record?	0/6	0%	0/5	0%	23/26	88%	2/6	33%	0/3	0%	25/46	54%
C.1. CD4, q. 12 months, or p.r.n.	10/10	100%	9/9	100%	36/36	100%	19/19	100%	10/10	100%	84/84	100%
C.2. Viral Load (HIV/RNA), q. 6 months, or p.r.n.	9/10	90%	9/9	100%	36/36	100%	19/19	100%	9/10	90%	82/84	98%
C.3. CBC, q. 12 months, or p.r.n.	10/10	100%	9/9	100%	36/36	100%	18/18	100%	10/10	100%	83/83	100%
C.4. Chemistry Panel, q. 6 months, or p.r.n.	9/10	90%	9/9	100%	36/36	100%	19/19	100%	8/9	89%	81/83	98%
C.5. Toxoplasmosis Antibody Titer at baseline if CD4< 100.	5/9	56%	N/A	N/A	23/26	88%	9/11	82%	3/4	75%	40/50	80%
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)	6/10	60%	1/1	100%	32/35	91%	13/15	87%	5/9	56%	57/70	81%

C.7. Lipid Panel (annually)	4/10	40%	2/9	22%	31/35	89%	16/19	84%	5/10	50%	58/83	70%
C.8. Urinalysis (baseline & annually or if on TDF- tenofovir)	5/10	50%	7/9	78%	28/36	78%	8/14	57%	6/10	60%	54/79	68%
C.9. Liver/Hepatic Panel (baseline; q. 6 months, annually)	10/10	100%	7/9	78%	36/36	100%	19/19	100%	10/10	100%	82/84	98%
C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C q 6 months or p.r.n.	10/10	100%	7/9	78%	36/36	100%	19/19	100%	10/10	100%	82/84	98%
C.11. Hepatitis A serology at baseline	4/10	40%	7/9	78%	31/36	86%	18/19	95%	8/10	80%	68/84	81%
C.11a. If negative, patient referred for Immunization	1/3	33%	N/A	N/A	17/20	85%	3/6	50%	5/6	83%	26/35	74%
C.12. Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior	8/10	80%	8/9	89%	35/36	97%	18/19	95%	9/10	90%	78/84	93%
C.12a If negative patient referred for Immunization	2/5	40%	0/1	0%	22/24	92%	2/4	50%	5/5	100%	31/39	79%

C.13. Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior	7/10	70%	8/9	89%	35/36	97%	17/19	89%	9/10	90%	76/84	90%
C.13a. If positive, patient evaluated and /or referred	0/2	0%	N/A	N/A	5/5	100%	0/1	0%	1/1	100%	6/9	67%
C.14. STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)	8/10	80%	9/9	100%	32/36	89%	18/19	95%	10/10	100%	77/84	92%
C.14a. Asked about STD symptoms at each visit	0/10	0%	9/9	100%	21/35	60%	17/19	89%	9/10	90%	56/83	67%
C.15. VDRL/ RPR initially and q12 months with reports on the record where applicable?	10/10	100%	7/9	78%	33/35	94%	18/19	95%	9/10	90%	77/83	93%
C.16 TB risk factors reviewed annually and p.r.n,	0/10	0%	9/9	100%	36/36	100%	19/19	100%	9/10	90%	73/84	87%
C16a. TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but	4/10	40%	9/9	100%	30/31	97%	16/16	100%	9/10	90%	68/76	89%

has risen to > 200, and p.r.n based on risk factor review?												
C.17. Pap Smear, twice in first year and then annually thereafter -Are dates and results in the record?	3/5	60%	1/3	33%	7/9	78%	2/5	40%	1/4	25%	14/26	54%
C.18. Mammogram annually > 50 years with dates and results in the record?	0/5	0%	1/3	33%	5/7	71%	1/3	33%	0/1	0%	7/19	37%
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	1/1	100%	19/19	100%	3/3	100%	N/A	N/A	23/23	100%
C.20. Special Studies- other testing based on individual needs. Dates and results in the record (as applicable)	0/1	0%	N/A	N/A	7/7	100%	1/3	33%	N/A	N/A	8/11	73%
C.21. Pre-Conceptual Discussion and Counseling for all	4/4	100%	N/A	N/A	2/2	100%	3/3	100%	2/3	67%	11/12	92%

women of childbearing age at baseline and routinely thereafter.												
D.1. Are all current medications documented in the client's record?	10/10	100%	9/9	100%	36/36	100%	18/18	100%	10/10	100%	83/83	100%
D.2. Is medication adherence assessment with documentation done at each visit?	9/10	90%	9/9	100%	36/36	100%	17/17	100%	9/9	100%	80/81	99%
D.3. Are medication side effects assessed and documented?	8/10	80%	9/9	100%	36/36	100%	18/18	100%	9/9	100%	82/82	100%
D.5. Has HAART been offered to the client, when applicable?	10/10	100%	9/9	100%	36/36	100%	18/18	100%	10/10	100%	80/83	98%
D.6. Is the client currently on HAART?	10/10	100%	9/9	100%	36/36	100%	18/19	95%	9/10	90%	83/83	100%
D.7. Is HAART consistent with current PHS Guidelines?	9/10	90%	9/9	100%	36/36	100%	18/18	100%	9/9	100%	82/84	98%

D.8. Is the client on PCP prophylaxis if CD4<200?	N/A	N/A	N/A	N/A	5/5	100%	5/5	100%	N/A	N/A	10/10	100%
D.9. Is the client on Toxoplasmosis prophylaxis if CD4<100?	N/A	N/A	N/A	N/A	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	1/1	100%	N/A	N/A	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?	10/10	100%	9/9	100%	36/36	100%	19/19	100%	10/10	100%	84/84	100%
E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?	0/10	0%	6/9	67%	6/36	17%	2/18	11%	0/10	0%	14/83	17%
E.2. Is Client Education documented in the client's record?	5/10	50%	9/9	100%	30/36	83%	19/19	100%	10/10	100%	73/84	87%

E.3. Are progress notes present, current, legible, signed and dated in the client's record?	10/10	100%	9/9	100%	36/36	100%	19/19	100%	10/10	100%	84/84	100%
E.4. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?	8/9	89%	4/9	44%	30/36	83%	15/18	83%	7/10	70%	64/82	78%
F.1. Influenza (annually)	6/10	60%	6/9	67%	30/34	88%	12/17	71%	6/9	67%	60/79	76%
F.2. Pneumovax	10/10	100%	7/9	78%	32/34	94%	11/19	58%	9/10	90%	69/82	84%
F.3. Prevnar 13	9/10	90%	7/9	78%	30/33	91%	13/19	68%	8/10	80%	67/81	83%
F.4. Hepatitis B series- if serology is negative- is series completed?	8/9	89%	6/8	75%	21/26	81%	4/8	50%	6/7	86%	45/58	78%
F. 5. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)	8/10	80%	0/9	0%	30/34	88%	11/18	61%	7/10	70%	56/81	69%
F. 6. Others	0/10	0%	4/6	67%	26/32	81%	2/7	29%	2/2	100%	34/57	60%
G.0. Is the agency a third party payer?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
G.1. Is there adequate documentation of care provision in the client's record?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%

G.2. Are there an initial history, physical, and laboratory reports in the client's record?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
G.3. Do all progress notes reflect health status, response to treatment and services provided to client?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
G.4. Are there current laboratory reports in the client's record?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
G.5. Are there current medication records, VAMAP and non-VAMAP (name of drug, dosage, time) in the client's record?	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
G.6. Is appropriate referral and follow-up documented in the client's record?	N/A	N/A	6/6	100%	N/A	N/A	N/A	N/A	N/A	N/A	6/6	100%

G.7. Is there documentation in the client's record that current standards of care for the HIV/AIDS client are practiced? If not,	N/A	N/A	9/9	100%	N/A	N/A	N/A	N/A	N/A	N/A	9/9	100%
comment.												

Attachment D: All Levels of Case Management Raw Data

Peer Reviewed Sites								
Question	Leve	l 1	Lev	el 2	Lev	rel 3	Total	Total
	Raw	%	Raw	%	Raw	%	Raw	%
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	4/8	50%	11/13	85%	17/21	81%	32/42	76%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	7/8	88%	9/11	82%	19/20	95%	35/39	90%
3. Were at least two face-to-face interview completed within the past 12 months?	7/8	88%	12/13	92%	28/32	88%	47/53	89%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	7/8	88%	10/13	77%	25/32	78%	42/53	79%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	N/A	N/A	40/50	80%	28/32	88%	68/82	83%
5a. If Treatment Adherence was identified as a need, is it included on the ISP?	N/A	N/A	16/20	80%	10/13	77%	26/33	79%

6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	57/75	76%	41/50	82%	25/32	78%	123/157	78%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	54/75	72%	41/50	82%	22/32	69%	117/157	75%
8. Was the Acuity Scale updated at within appropriate time frame for acuity level?	43/68	63%	26/42	62%	8/23	35%	77/133	59%
9. After completion of MCM Assessment, was the ISP developed within 45 calendar days?	N/A	N/A	37/50	74%	23/31	74%	60/81	74%
10. Is there documentation that the client participated in the development of the ISP (indicated by client signatures)?	N/A	N/A	29/44	66%	24/32	75%	53/76	70%
11. Is there documentation that the client was offered a copy of the ISP?	N/A	N/A	29/44	66%	22/31	71%	51/75	68%
12. Are the goals and progress on attaining goals documented in the progress notes?	N/A	N/A	39/50	78%	29/32	91%	68/82	83%
13. Is the timeline for goals set within appropriate time frame for level?	N/A	N/A	26/44	53%	20/31	65%	46/75	61%
14. Is the ISP updated within appropriate time frame for level?	N/A	N/A	24/44	55%	6/23	26%	30/67	45%
15. Does the ISP or progress notes contain ongoing documentation of activities toward the completion of goals?	N/A	N/A	30/50	60%	21/31	68%	51/81	63%
16. Is there documentation of minimum contact (telephone or face-to-face) within appropriate time frame for level?	N/A	N/A	45/50	90%	26/32	81%	71/82	87%
17. Are progress notes completed within 48 hours?	N/A	N/A	42/50	84%	27/32	84%	69/82	84%
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	1/3	33%	2/2	100%	N/A	N/A	3/5	60%
19. Is documentation in the progress notes of client file?	2/3	66%	1/2	50%	N/A	N/A	3/5	60%
20. If client has transferred to another agency, were case management services transferred within 5 business days of request?	0/1	0%	0/1	0%	N/A	N/A	0/2	0%

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	0/1	0%	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.	N/A							
22a. Is a copy of the certified letter in the file?	N/A							
23. Is documentation in the progress notes of all attempts made?	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 the reason for discharge and possible alternative resources?	N/A	N/A	0/1	0%	N/A	N/A	0/1	0%
25. Is a copy of the certified letter in the file?	N/A							

Attachment E: Level 3 MCM Raw Data

Case Management: Level 3 Peer Reviewed Sites	ES	HD	нс	нс	Co Roan	CS noke	Lenov	wisco	UV	/A	C(Mar		Hea Brig		C	AN	Raw Total	Total %
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	0/1	0%	2/2	100%	1/1	100%	N/A	N/A	6/6	100%	1/1	100%	2/2	100%	5/8	63%	17/21	81%

2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	0/1	0%	2/2	100%	N/A	N/A	N/A	N/A	6/6	100%	1/1	100%	2/2	100%	8/8	100%	19/20	95%
3. Were at least two face-to- face interviews completed within the past 12 months?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	11/12	92%	2/2	100%	1/2	50%	6/8	75%	28/32	88%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	1/2	50%	3/3	100%	0/2	0%	1/1	100%	9/12	75%	2/2	100%	2/2	100%	7/8	88%	25/32	78%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	1/2	50%	3/3	100%	2/2	100%	1/1	100%	9/12	75%	2/2	100%	2/2	100%	8/8	100%	28/32	88%
5a. If Treatment Adherence was identified as a need, is it included on the ISP?	1/1	100%	N/A	N/A	N/A	N/A	N/A	N/A	3/4	75%	2/2	100%	N/A	N/A	4/6	67%	10/13	77%

6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	8/12	67%	2/2	100%	2/2	100%	5/8	63%	25/32	78%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	8/12	67%	2/2	100%	1/2	50%	3/8	38%	22/32	69%
8. Was the Acuity Scale updated at least every 3 months?	0/2	0%	0/1	0%	1/2	50%	1/1	100%	3/9	33%	1/1	100%	0/1	0%	2/6	33%	8/23	35%
9. After completion of MCM Assessment, was the ISP developed within 45 calendar days?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	7/11	64%	2/2	100%	1/2	50%	5/8	63%	23/31	74%
9a. If not, is there documentation why?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/4	0%	N/A	N/A	0/1	0%	0/3	0%	0/8	0%

10. Is there documentation that the client participated in the development of the ISP (indicated by client signatures)?	2/2	100%	3/3	100%	1/2	50%	1/1	100%	8/12	67%	2/2	100%	1/2	50%	6/8	75%	24/32	75%
11. Is there documentation that the client was offered a copy of the ISP?	0/2	0%	3/3	100%	0/1	0%	1/1	100%	8/12	67%	2/2	100%	1/2	50%	7/8	88%	22/31	71%
12. Are the goals and progress on attaining goals documented in the progress notes?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	9/12	75%	2/2	100%	2/2	100%	8/8	100%	29/32	91%
13. Is the timeline for goals set for at least 3 months?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	7/12	58%	2/2	100%	0/2	0%	3/7	43%	20/31	65%
14. Is the ISP updated at least every 3 months?	1/2	50%	N/A	N/A	0/2	0%	1/1	100%	2/10	20%	2/2	100%	0/1	0%	0/5	0%	6/23	26%

15. Does the ISP or progress notes contain ongoing documentation of activities toward the completion of goals?	2/2	100%	3/3	100%	1/2	50%	1/1	100%	5/11	45%	2/2	100%	0/2	0%	7/8	88%	21/31	68%
16. Is there documentation of minimum contact (telephone or face-to-face) every 30 days?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	7/12	58%	2/2	100%	1/2	50%	8/8	100%	26/32	81%
17. Are progress notes completed within 48 hours?	2/2	100%	3/3	100%	2/2	100%	1/1	100%	10/12	83%	2/2	100%	2/2	100%	5/8	63%	27/32	84%
17 a. Was client discharged or has started the discharge process?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/12	17%	1/2	50%	1/2	50%	N/A	N/A	N/A	N/A
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2	100%	1/1	100%	1/1	100%	N/A	N/A	N/A	N/A
19. Is documentation in the progress notes of client file?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2	100%	1/1	100%	0/1	0%	N/A	N/A	N/A	N/A

| 20. If client has transferred to another agency, were case management services transferred within 5 business days of request? | N/A | 0/1 | 0% | 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? | N/A | 1/1 | 100% | 0/1 | 0% | N/A | N/A | N/A | N/A |
| 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 | 0/1 | 0% | 0/1 | 0% | N/A | N/A | N/A | N/A |
| 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 |

| 23. Is documentation in the progress notes of all attempts made? | N/A | 1/1 | 100% | 0/1 | 0% | 0/1 | 0% | 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 the reason for discharge and possible alternative resources? | N/A | 0/1 | 0% | 1/1 | 100% | 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 | 0/1 | 0% | N/A | N/A | N/A | N/A | N/A | N/A |

Case Management: Level 3 TA Sites	MW	VHC	CCS D	anville	Raw Total	Total %
	Raw	%	Raw	%		
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	3/3	100%	3/3	100%	6/6	100%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	1/3	33%	N/A	N/A	1/3	33%
3. Were at least two face-to-face interviews completed within the past 12 months?	2/4	50%	3/3	100%	5/7	71%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	0/4	0%	2/3	67%	2/7	29%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	0/4	0%	1/1	100%	1/5	20%
5a. If Treatment Adherence was identified as a need, is it included on the ISP?	N/A	N/A	N/A	N/A	N/A	N/A

6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	1/4	25%	3/3	100%	4/7	57%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	0/4	0%	3/3	100%	3/7	43%
8. Was the Acuity Scale updated at least every 3 months?	0/4	0%	0/2	0%	0/6	0%
9. After completion of MCM Assessment, was the ISP developed within 45 calendar days?	0/4	0%	3/3	100%	3/7	43%
9a. If not, is there documentation why?	0/4	0%	N/A	N/A	0/4	0%
10. Is there documentation that the client participated in the development of the ISP (indicated by client signatures)?	0/4	0%	3/3	100%	3/7	43%
11. Is there documentation that the client was offered a copy of the ISP?	0/4	0%	N/A	N/A	0/4	0%
12. Are the goals and progress on attaining goals documented in the progress notes?	0/4	0%	1/3	33%	1/7	14%

13. Is the timeline for goals set for at least 3 months?	0/4	0%	1/3	33%	1/7	14%
14. Is the ISP updated at least every 3 months?	0/4	0%	0/2	0%	0/6	0%
15. Does the ISP or progress notes contain ongoing documentation of activities toward the completion of goals?	0/4	0%	0/3	0%	0/7	0%
16. Is there documentation of minimum contact (telephone or face-to-face) every 30 days?	0/4	0%	1/3	33%	1/7	14%
17. Are progress notes completed within 48 hours?	0/4	0%	3/3	100%	3/7	43%
17 a. Was client discharged or has started the discharge process?	N/A	N/A	N/A	N/A	N/A	N/A
18. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	N/A	N/A	N/A	N/A
19. Is documentation in the progress notes of client file?	N/A	N/A	N/A	N/A	N/A	N/A

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
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	N/A	N/A
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
22a. Is a copy of the certified letter in the file?	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

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
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A

Attachment F: Level 2 MCM Raw Data

Case Management: Level 2 Peer Reviewed Sites	ES	HD	нс	СНС	Co Roa	CS noke	Leno	wisco	U	VA		CS rion		alth gade	CA	AN	Raw Total	Total %
Sites	Raw	%	Raw	%	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	1/1	100%	2/2	100%	1/1	100%	1/3	33%	2/2	100%	3/3	100%	1/1	100%	11/13	85%
2. Was initial assessment dated and signed by both	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%	1/3	33%	2/2	100%	3/3	100%	1/1	100%	9/11	82%

the client and MCM? (clients enrolled newly within the last 12 months)																		
3. Were at least 2 face-to-face interviews completed within the past 12 months?	N/A	N/A	1/1	100%	2/2	100%	1/1	100%	2/3	67%	2/2	100%	3/3	100%	1/1	100%	12/13	92%
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	N/A	N/A	1/1	100%	1/2	50%	1/1	100%	1/3	33%	2/2	100%	3/3	100%	1/1	100%	10/13	77%
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	3/4	75%	5/5	100%	8/8	100%	4/4	100%	6/13	46%	7/7	100%	5/5	100%	2/4	50%	40/50	80%
5a. If Treatment Adherence was identified as a need, is it included on the ISP?	3/3	100%	N/A	N/A	N/A	N/A	4/4	100%	1/4	25%	7/7	100%	N/A	N/A	1/2	50%	16/20	80%
6. Is a completed Acuity Scale found in the chart reflecting	4/4	100%	5/5	100%	8/8	100%	4/4	100%	6/13	46%	7/7	100%	4/5	80%	3/4	75%	41/50	82%

client's current Acuity Level?																		
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	4/4	100%	5/5	100%	8/8	100%	4/4	100%	6/13	46%	7/7	100%	4/5	80%	3/4	75%	41/50	82%
8. Was the Acuity Scaled updated at least every 6 months?	4/4	100%	4/5	80%	4/7	57%	4/4	100%	1/9	11%	7/7	100%	0/3	0%	2/3	67%	26/42	62%
9. After completion of MCM Assessment, was the ISP developed within 45 calendar days after the completion of the assessment?	4/4	100%	5/5	100%	8/8	100%	4/4	100%	3/13	23%	7/7	100%	3/5	60%	3/4	75%	37/50	74%
9a. If not, is there documentation why?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/10	0%	N/A	N/A	0/2	0%	0/1	0%	0/13	0%
10. Is there documentation that the client was offered a copy of the ISP?	3/4	75%	5/5	100%	0/2	0%	4/4	100%	5/13	38%	7/7	100%	3/5	60%	2/4	50%	29/44	66%
11. Are the goals and progress on attaining goals	4/4	100%	5/5	100%	8/8	100%	3/4	75%	5/13	38%	7/7	100%	5/5	100%	2/4	50%	39/50	78%

documented in the progress notes?																		
12. Is the timeline for goals set for at least 6 months?	4/4	100%	5/5	100%	3/8	38%	4/4	100%	3/13	23%	6/6	100%	0/5	0%	1/4	25%	26/49	53%
13. Is the ISP updated at least every 6 months?	4/4	100%	4/5	80%	4/7	57%	2/4	50%	3/12	25%	7/7	100%	0/3	0%	0/2	0%	24/44	55%
14. Does the ISP or progress notes contain ongoing documentation of activities toward the completion of goals?	4/4	100%	5/5	100%	5/8	63%	2/4	50%	5/13	38%	7/7	100%	0/5	0%	2/4	50%	30/50	60%
15. Is there documentation of minimum contact (telephone or face-to-face) every 6 months in addition to the 6-month update?	4/4	100%	5/5	100%	8/8	100%	4/4	100%	8/13	62%	7/7	100%	5/5	100%	4/4	100%	45/50	90%
16. Are progress notes completed within 48 hours?	4/4	100%	5/5	100%	8/8	100%	4/4	100%	7/13	54%	7/7	100%	3/5	60%	4/4	100%	42/50	84%
16 a. Was client discharged or has started the discharge process?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/13	15%	N/A	N/A	N/A	N/A	N/A	N/A	2/50	4%

| 17. Was a discharge summary placed in the client's chart within 30 days of discharge date? | N/A | 2/2 | 100% | N/A | N/A | N/A | N/A | N/A | N/A | 2/2 | 100% |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|------|
| 18. Is documentation in the progress notes of the client's chart? | N/A | 1/2 | 50% | N/A | N/A | N/A | N/A | N/A | N/A | 1/2 | 50% |
| 19. If client has transferred to another agency, were case management services transferred within 5 business days of request? | N/A | 0/1 | 0% | N/A | N/A | N/A | N/A | N/A | N/A | 0/1 | 0% |
| 20. If client could not be located, were a minimum of 3 follow up attempts made over a 3-month period? | N/A | 0/1 | 0% | N/A | N/A | N/A | N/A | N/A | N/A | 0/1 | 0% |
| 21. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

client of discharge if no contact is made within 30 days of date on letter.																		
22. Is a copy of the certified letter in the file?	N/A																	
23. Is documentation in the progress notes of all attempts made?	N/A																	
24. If client was administrativel y 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	0/1	0%	N/A	N/A	N/A	N/A	N/A	N/A	0/1	0%							
25. Is a copy of the certified letter in the file?	N/A																	

Case Management: Level 2 Peer TA	MV	VHC	CCS-D	anville	Raw	T-4-10/
Sites	Raw	%	Raw	%	Total	Total %
1. Was the initial assessment completed within 30 days of intake? (clients newly enrolled within the last 12 months)	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 newly within the last 12 months)	N/A	N/A	N/A	N/A	N/A	N/A
3. Were at least 2 face-to-face interviews completed within the past 12 months?	N/A	N/A	N/A	N/A	N/A	N/A
4. Is a brief summary of the MCM's findings noted on the last page of the MCM Assessment Form?	N/A	N/A	N/A	N/A	N/A	N/A
5. Is there documentation of Treatment Adherence addressed on the MCM Assessment Form?	2/5	40%	3/4	75%	5/9	56%
5a. If Treatment Adherence was identified as a need, is it included on the ISP?	0/2	0%	N/A	N/A	0/2	0%
6. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	0/5	0%	2/4	50%	2/9	22%
7. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	0/5	0%	4/4	100%	4/9	44%
8. Was the Acuity Scaled updated at least every 6 months?	0/4	0%	0/4	0%	0/8	0%
9. After completion of MCM Assessment, was the ISP developed within 45 calendar days after the completion of the assessment?	0/5	0%	1/4	25%	1/9	11%

9a. If not, is there documentation why?	0/5	0%	0/3	0%	0/8	0%
10. Is there documentation that the client was offered a copy of the Service Plan?	0/5	0%	1/1	100%	1/6	17%
11. Are the goals and progress on attaining goals documented in the progress notes?	0/5	0%	2/4	50%	2/9	22%
12. Is the timeline for goals set for at least 6 months?	0/5	0%	0/4	0%	0/9	0%
13. Is the Service Plan updated at least every 6 months?	0/5	0%	0/4	0%	0/9	0%
14. Does the ISP or progress notes contain ongoing documentation of activities toward the completion of goals?	0/5	0%	0/4	0%	0/9	0%
15. Is there documentation of minimum contact (telephone or face-to-face) every 6 months in addition to the 6-month update?	0/5	0%	4/4	100%	4/9	44%
16. Are progress notes completed within 48 hours?	0/5	0%	4/4	100%	4/9	44%
16 a. Was client discharged or has started the discharge process?	N/A	N/A	0/4	0%	0/9	0%
17. Was a discharge summary placed in the client's chart within 30 days of discharge date?	N/A	N/A	N/A	N/A	N/A	N/A
18. Is documentation in the progress notes of the client's chart?	N/A	N/A	N/A	N/A	N/A	N/A
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

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
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
22. Is a copy of the certified letter in the file?	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
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
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A

Attachment G: Level 1 MCM Raw Data

Case Management: TA	ES	HD	НС	НС		CS noke	Leno	wisco	U	VA		CS rion		alth gade	C	AN	Raw Total	Total
Level 1	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Total	/6
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%	1/4	25%	N/A	N/A	2/2	100%	0/1	0%	4/8	50%

the last 12 months)																		
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	1/1	100%	3/4	75%	N/A	N/A	2/2	100%	1/1	100%	7/8	88%
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	1/1	100%	3/4	75%	N/A	N/A	2/2	100%	1/1	100%	7/8	88%
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	1/1	100%	3/4	75%	N/A	N/A	2/2	100%	1/1	100%	7/8	88%
5. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	4/4	100%	3/3	100%	3/3	100%	18/18	100%	11/22	50%	5/5	100 %	6/6	100%	7/15	47%	57/75	76%
6. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	4/4	100%	3/3	100%	3/3	100%	18/18	100%	12/21	57%	5/5	100 %	6/6	100%	3/15	20%	54/75	72%
7. Was the Acuity Scaled	4/4	100%	3/3	100%	3/3	100%	18/18	100%	3/18	17%	5/5	100%	4/4	100%	3/13	23%	43/68	63%

updated at least annually?																		
Was client discharged or has started the discharge process?	0/4	0%	0/3	0%	0/3	0%	1/18	6%	2/22	9%	0/5	0%	0/6	0%	0/15	0%	3/76	4%
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	N/A	N/A	0/1	0%	1/2	50%	N/A	N/A	N/A	N/A	N/A	N/A	1/3	33%
9. Is documentation in the progress notes of the client's chart?	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100%	1/2	50%	N/A	N/A	N/A	N/A	N/A	N/A	2/3	66%
10. If client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	0/1	0%	N/A	N/A	N/A	N/A	N/A	N/A	0/1	0%						
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						

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										
13. Is a copy of the certified letter in the file?	N/A										
14. Is documentation in the progress notes of all attempts made?	N/A	0/1	0%	N/A	N/A	N/A	N/A	N/A	N/A	0/1	0%
15. If client was administrativel y 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 N/A N	N/A N/A N/A	N/A N/A	N/A N/A	N/A
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Case Management: TA	MV	ИНС	CCS D	anville	Raw	Total %
Level 1	Raw	%	Raw	%	Total	10tai %
1. Was the initial assessment completed within 30 days of intake? (clients enrolled within the last 12 months)	0/1	0%	3/4	75%	3/5	60%
2. Was initial assessment dated and signed by both the client and MCM? (clients enrolled within the last 12 months)	0/1	0%	1/4	25%	1/5	20%
3. Was at least 1 face-to-face interview completed within the past 12 months?	0/1	0%	4/4	100%	4/5	80%
4. Is a brief summary of the findings noted on the last page of the Assessment Form?	0/1	0%	2/4	50%	2/5	40%
5. Is a completed Acuity Scale found in the chart reflecting client's current Acuity Level?	0/2	0%	4/4	100%	4/6	67%
6. Is the Acuity Scale signed and dated by MCM and the Client on the date of completion?	0/1	0%	4/4	100%	4/5	80%
7. Was the Acuity Scaled updated at least annually?	0/1	0%	4/4	100%	4/5	80%

Was client discharged or has started the discharge process?	0/2	0%	0/4	0%	0/6	0%
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	N/A	N/A
9. Is documentation in the progress notes of the client's chart?	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A
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
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
13. Is a copy of the certified letter in the file?	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

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
16. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A

Attachment H: Medical Transportation Raw Data

	ESI	HD	HC Harris	HC- onburg	CC Roan		Lenov	wisco	UV	V A	CCS-M	Iarion	Hea Brig		CA	N	TOT	ΓAL
Medical Transportat ion: Peer Reviewed	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%	Raw Values	%
Is there documentati on of referral in the client record?	10/10	100%	10/10	100%	10/10	100%	6/8	75%	20/20	100%	7/7	100%	14/14	100%	16/16	100%	93/95	98%
Is there documentati on of any instance where the client waited more than 2 hours for transportatio n?	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	N/A	N/A	N/A	N/A
Is there documentati on that clients are aware of cancellations , inclement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2	100%	N/A	N/A	N/A	N/A	2/2	100%

weather, breakdowns?																		
Is there documentati on in the agency log that the client and/or RWHAP B manager notified the transportation agency if cancellation or change of scheduled occurred?	0/2	N/A	2/2	100%	N/A	N/A	N/A	N/A	2/4	50%								
If a client is removed from transportatio n services due to falsifying the existence of a medical appointment in order to access service, is there documentati on of the client being removed from transportatio n services?	N/A	N/A	N/A	N/A	N/A	N/A	N/A											
Is there documentati on that the client was notified of their removal to receive transportatio	N/A	N/A	N/A	N/A	N/A	N/A	N/A											

n services in writing?																		
Is there documentati on that cab or van transportatio n is arranged for those with acute medical needs?	0/5	0%	N/A	N/A	N/A	N/A	0/2	0%	2/2	100%	N/A	N/A	N/A	N/A	6/9	67%	8/15	53%
Is there documentati on of a RW need for transportatio n?	10/10	100%	10/10	100%	10/10	100%	7/8	88%	7/8	88%	N/A	N/A	14/14	100%	16/16	100%	74/76	97%
Is there documentati on of referrals?	10/10	100%	10/10	100%	N/A	N/A	2/5	40%	3/3	100%	N/A	N/A	N/A	N/A	N/A	N/A	25/28	89%
Is there documentati on that bus tickets/bus passes or gas vouchers are issued by the RWHAP B case manager or by designated staff?	10/10	100%	N/A	N/A	10/10	100%	0/1	0%	17/17	100%	N/A	N/A	14/14	100%	14/14	100%	65/66	94%

Medical Transportation: TA	M	WHC	CCS-D	anville	TO	ΓAL
Question	Raw Values	Percentage	Raw Values	Percentage	Raw Values	Percentage
Is there documentation of referral in the client record?	10/11	91%	10/10	100%	20/21	95%
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
Is there documentation that clients are aware of cancellations, inclement weather, breakdowns?	N/A	N/A	N/A	N/A	N/A	N/A
Is there documentation in the agency log that the client and/or RWHAP B case manager notified the transportation agency if cancellation or change of scheduled occurred?	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Is there documentation that cab or van transportation is arranged for those with acute medical needs?	10/10	100%	10/10	100%	20/20	100%
Is there documentation of a RW need for transportation?	8/9	89%	10/10	100%	18/19	95%
Is there documentation of referrals?	9/9	100%	9/10	90%	18/19	95%
Is there documentation that bus tickets/bus passes or gas vouchers are issued by the RWHAP B case manager or by designated staff?	0/2	0%	N/A	N/A	0/2	0%

Attachment I: Oral Health Raw Data

Oral Health Care: PR	VAN		CAN		UV	7A	Total	
Question	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
1. Is there referral in the client record?	7/7	100%	10/10	100%	12/12	100%	29/29	100%
2. Is there documentation in the client's record encouraging the client to seek routine dental care as recommended by the	1/1	100%	10/10	100%	12/12	100%	23/23	100%

American Dental Association?								
3. Is there appropriate dental education material apparent in the waiting room or noted in the client's record that materials were offered?	1/1	100%	10/10	100%	12/12	100%	23/23	100%
4. Is there documentation that the RW overseeing agency has given consent for the dental services?	7/7	100%	9/9	100%	12/12	100%	28/28	100%
5. 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?	3/3	100%	7/7	100%	6/6	100%	16/16	100%
Is there documentation in the cl	ient's rec	cord signed and	d dated of	a baseline eva	luation that co	onsists of:		
6. A completed medical history	7/7	100%	9/9	100%	12/12	100%	28/28	100%
7. Existing oral conditions	7/7	100%	9/9	100%	12/12	100%	28/28	100%
8. Patient's chief complaint	7/7	100%	9/9	100%	10/10	100%	26/26	100%
9. Medical alert, if appropriate	7/7	100%	8/8	100%	12/12	100%	27/27	100%
10. Radiographs appropriate for an accurate diagnosis and treatment	7/7	100%	9/9	100%	12/12	100%	28/28	100%
11. Drug history	7/7	100%	9/9	100%	12/12	100%	28/28	100%

Is there documentation of a trea	tment pl	an in the clien	t's record s	showing concu	irrence with th	e dentist and	client and add	lressing:
12. Cavities	5/5	100%	4/4	100%	8/8	100%	17/17	100%
13. Missing teeth	4/4	100%	4/4	100%	9/9	100%	17/17	100%
14. Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client to address periodontal conditions?	2/2	100%	N/A	N/A	6/6	100%	8/8	100%
14a. Are diagnoses made for each quadrant or sextant to address periodontal conditions?	2/2	100%	N/A	N/A	6/6	100%	8/8	100%
14 b. If periodontal disease exists, has a full mouth probing been performed every six months?	2/2	100%	N/A	N/A	6/6	100%	8/8	100%
14c. Has a full mouth series of radiographs been conducted to substantiate periodontal disease?	2/2	100%	N/A	N/A	5/6	100%	7/8	88%
15. Extractions	1/7	14%	6/8	N/A	2/12	N/A	9/27	33%
15a. Need for replacement teeth	1/1	100%	1/2	100%	2/2	100%	4/5	80%
15b. Has a removable prosthesis for tooth replacement been considered?	1/1	100%	1/1	100%	1/2	50%	3/4	75%

15c. Has a fixed prosthesis for tooth replacement been considered?	N/A	N/A	N/A	N/A	1/1	100%	1/1	100%
15d. If implants are needed, has a cone beam analysis performed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
16. Is there signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months?	7/7	100%	5/5	100%	11/11	100%	23/23	100%
18. Is there documentation signed and dated that all services provided recorded?	N/A	N/A	8/8	100%	12/12	100%	20/20	100%
19. Is there signed and dated documentation in the client's record of prescriptions and drugs dispensed?	N/A	N/A	5/5	100%	6/6	100%	11/11	100%
20. Is there signed and dated documentation in the client's record that post-operative instructions were given for surgical procedures?	0/1	0%	6/6	100%	2/2	100%	9/9	100%
21. Is there documentation signed and dated in the client's record of all premedications and local anesthetic used?	6/6	100%	6/6	100%	9/9	100%	21/21	100%
22. Is this provider a third-party payer?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Is there documentation signed and dated on the client's record of:											
Medical history	7/7	100%	10/10	100%	12/12	100%	29/29	100%			
Physical examination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Laboratory reports	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Medications	4/4	100%	8/8	100%	N/A	N/A	12/12	100%			
Treatment plan of care	6/6	100%	9/9	100%	12/12	100%	27/27	100%			
Interim progress notes	7/7	100%	6/6	100%	12/12	100%	25/25	100%			
Referrals and follow-ups	N/A	N/A	2/2	100%	N/A	N/A	2/2	100%			

Attachment J: Client Interview Raw Data

Section B: Overall Experiences and Satisfaction	Raw Value	Percentage
B1. The RW Grievance/Complaint Procedure has been explained to me (yes)	44/52	85%
B2. I know when and why I can write a grievance/complaint procedure	40/52	77%
B3. I have been asked to participate in a patient satisfaction survey at this agency	35/52	67%
B4. I have been asked to participate in a Patient/Consumer Advisory Board	27/52	52%

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	22/31 (71%)	8/31 (26%)	1/31 (3%)	0/31 (0%)	0/31 (0%)
C2. My providers told me how important it was to keep my appointments	28/31 (90%)	3/31 (10%)	0/31 (0%)	0/31 (0%)	0/31 (0%)
C3. My providers made sure I understood what my lab test results (such as CD4 and viral load) meant for my health	26/31 (84%)	3/31 (10%)	0/31 (0%)	0/31 (0%)	2/31 (6%)
C4. I had questions that I wanted to ask my providers about my HIV care but did not ask	3/31 (10%)	4/31 (13%)	2/31 (6%)	1/31 (3%)	21/31 (68%)

C5. When I asked my providers questions about my HIV care, it was hard to understand their answers	3/31 (10%)	2/31 (6%)	2/31 (6%)	1/31 (3%)	23/31 (74%)
C6. I found my providers to be accepting and non-judgmental of my life and health care choices	25/31 (81%)	0/31 (0%)	5/31 (16%)	0/31 (0%)	1/31 (3%)
C7. It was hard for me to get my HIV medication prescriptions filled when I needed them	1/31 (3%)	0/31 (0%)	4/31 (13%)	3/31 (10%)	23/31 (74%)
C11. I was able to the get the services that my provider referred me to	26/31 (84%)	5/31 (16%)	0/31 (0%)	0/31 (0%)	0/31 (0%)
C13. The staff and my providers kept my HIV status confidential	28/31 (90%)	2/31 (7%)	1/31 (3%)	0/31 (0%)	0/31 (0%)

	Agree/Yes	Disagree/No	Not Sure
C8. My providers explained the side effects of my HIV medications in a way I could understand	29/31 (94%)	1/31 (3%)	1/31 (3%)
C9. My providers talked to me about how to avoid passing HIV to other people	31/31 (100%)	0/31 (0%)	0/31 (0%)
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	29/31 (94%)	1/31 (3%)	1/31 (3%)
C12. At any point, did you feel you were treated poorly at your clinic?	1/31 (3%)	30/31 (97%)	0/31 (0%)

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	8/17 (47%)	5/17 (29%)	3/17 (18%)	1/17 (6%)
D2. My last visit for oral health was	16/17 (94%)	0/17 (0%)	1/17 (6%)	0/17 (0%)

	Disagree Strongly	Disagree	Agree	Agree Strongly
D3. I am satisfied with the oral health services I receive at this agency	8/17 (47%)	6/17 (35%)	3/17 (18%)	8/17 (47%)
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	10/17 (59%)	7/17 (41%)	0/17 (0%)	10/17 (59%)
	1 time a year	2 times a year	3+ times a year	when I feel the need
D4. I see the dentist	2/17 (12%)	6/17 (35%)	2/17 (12%)	7/17 (41%)
			<u>-</u>	<u>-</u>
E. Case Management	Disagree Strongly	Disagree	Agree	Agree Strongly
E1. I am aware of the different levels of case management	6/47 (13%)	8/47 (17%)	23/47 (49%)	10/47 (21%)
E2. I work with my case manager to determine my needs	0/47 (0%)	0/47 (0%)	26/47 (55%)	21/47 (45%)
E3. I find it hard to talk to my case manager	0/47 (0%)	47/47 (100%)	0/47 (0%)	0/47 (0%)
E4. When I needed an appointment, I could see my case manager soon enough for my needs	1/47 (2%)	2/47 (4%)	24/47 (52%)	20/47 (42%)
E5. I feel comfortable sharing my feelings and problems with my case manager	0/47 (0%)	0/47 (0%)	21/47 (45%)	26/47 (55%)
E6. My case manager and HIV medical care providers worked together to help me	0/47 (0%)	2/47 (4%)	19/47 (41%)	26/47 (55%)
E7. I want to be more involved in making decisions about my service plans and goals	0/47 (0%)	6/47 (13%)	23/47 (49%)	18/47 (38%)
F. Transportation	All the Time	Most of the Time	Sometimes	Rarely
F1. I am satisfied with the transportation services I receive at this agency	16/21	3/21	2/21	0/21

	(76%)	(14%)	(10%)	(0%)
F2. The transportation services get me to my appointment on time	15/21	3/21	3/21	0/21
	(72%)	(14%)	(14%)	(0%)

Report Acronyms

Acquired Immunodeficiency Syndrome	AIDS
Antiretroviral Therapy	ART
CD4 (cluster of differentiation 4) is a	CD4
glycoprotein found on the surface of immune	
cells such as T helper cells, monocytes,	
macrophages, and dendritic cells	
Community Access Network	CAN
Eastern Shore Health District	ESHD
Eastern Virginia Medical	EVMS
Highly Active Antiretroviral Therapy	HAART
Harrisonburg Community Health Center	HCHC
Hepatitis C	Hep C
Health Insurance Portability and	HIPAA
Accountability Act	
Human Immunodeficiency Virus	HIV
Individualized Service Plan	ISP
MidAtlantic AIDS Education Training Center	MAAETC
Mycobacterium avium complex (MAC);	MAC
bacteria related to tuberculosis	
Medical Case Management	MCM
Mary Washington Health Center	MWHC
Outpatient Ambulatory Health Services	OAHS
Public Health Service	PHS

Performance Measure	PM
Peer Review	PR
"When Necessary" (from the Latin "pro re	PRN
nata")	
Quality Management	QM
Ribonucleic Acid	RNA
Rapid plasma reagin, a blood test for syphilis	RPR
Ryan White	RW
Ryan White HIV/AIDS Program Part B	RWHAP B
Sexually Transmitted Disease	STD
Technical Assistance	TA
Tuberculosis	TB
University of Virginia	UVA
Virginia	VA
Virginia Medical Assistance Program	VAMAP
Virginia Commonwealth	VCU
Virginia Department of Health	VDH
Blood test for syphilis (VDRL stands for	VDRL
Venereal Disease Research Laboratory)	