

COMPREHENSIVE VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT PLAN

Grant Year Period: April 2023 – March 2024

DIVISION OF DISEASE PREVENTION

HIV CARE SERVICES UNIT



Table of Contents

I.	Introduction.....	2
II.	Authority	3
III.	Virginia Department of Health	3
IV.	Quality Statement.....	4
V.	Definitions Of Quality Management Terminology	5
VI.	HCS Quality Management Infrastructure	6
VII.	Quality Management Expectations Of Subrecipients	11
VIII.	2022-2023 Work Plan Goals And Implementation	12
IX.	Performance Measurement	12
X.	Quality Improvement	14
XI.	Participation Of Stakeholders.....	15
XII.	Capacity Building.....	15
XIII.	Communication.....	16
XIV.	Evaluation of Quality Management Program.....	17
	References	21
	Appendix A: Glossary	22
	Appendix B: QMAC Committee Application Form	23
	Appendix C: 2022 Quality Management Program Subrecipient Requirements Summary	24
	Appendix D: QIP Reporting Template	26
	Section 1: Background	27
	Section 2: Aim & Goals	27
	Section 3: Intervention & Data Reporting	29
	Section 4: Data Interpretation & Analysis	31
	Section 5: Planning New Steps for the Next Quarter	33
	Appendix E: Implementation of HIV Services Work Plan GY 2023	34
	Appendix F: Virginia Ryan White CQM Assessment Tool.....	39
	Appendix G: Grant Year 2022 Virginia Performance Measure Goals for RWHAP B Funded Services	47
	Appendix H: HRSA HIV/AIDS Bureau Service Category.....	56
	Appendix I: QMAC Organizational Chart.....	58
	Appendix J: Virginia Quality Management Program Flow Chart.....	59

Comprehensive Virginia Ryan White Part B Quality Management Plan

Grant Year Period: April 1, 2023 – March 31, 2024

I. INTRODUCTION

The Health Resources & Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) provides grant awards to assist states and territories in developing access to continuous high quality comprehensive HIV care and treatment aimed to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV disease.

The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program legislation requires the implementation of a clinical quality management (CQM) programs as a condition of the notice of award, delineated in the revised *Policy Clarification Notice (PCN) 15-02*¹. The intention of PCN 15-02 is to provide clarity regarding existing requirements under the law or agency policies and to expound and clarify the goals and expectations of a Ryan White HIV/AIDS Program Part B (RWHAP B) CQM program, which include:

- Assisting funded subrecipients in assuring that grant-supported services adhere to established Department of Health and Human Services (HHS) clinical guidelines to the greatest extent possible;
- Ensuring that strategies for improvements to quality medical care include appropriate access and retention to HIV care, support for treatment adherence and viral load suppression; and
- Ensuring data collection to monitor the health outcomes of people with HIV (PWH), also referred to as consumers.

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for PWH through the Comprehensive Virginia RWHAP Part B Quality Management Plan (VDH QM Plan), which VDH shares with all stakeholders and involves continuous quality improvement (QI) activities, describes the infrastructure of the Virginia RWHAP B CQM program, and delineates the PM.

This document is available in print and on the following website:

<http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>

The implementation of the content will be effective April 1, 2023. If you have any questions concerning this plan, please contact Camellia Espinal, Quality Management Specialist at (804) 864-7207 or by email at C.Espinal@vdh.virginia.gov.

¹ [ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/clinical-quality-management-pcn.pdf](https://www.hrsa.gov/sites/default/files/ryanwhite/grants/clinical-quality-management-pcn.pdf)

II. AUTHORITY

Within the Health Resources and Services Administration (HRSA), the HIV/AIDS Bureau (HAB) administers the RWHAP, the largest federal program focused exclusively on HIV/AIDS care. The RWHAP serves those who do not have sufficient health care coverage or financial resources for coping with HIV disease.

III. VIRGINIA DEPARTMENT OF HEALTH

The VDH Division of Disease Prevention (DDP), HIV Care Services Unit (HCS) administers the RWHAP B. DDP has four units including Sexually Transmitted Disease (STD) Prevention & Surveillance, HIV Surveillance, HIV & Hepatitis Prevention Services, and HCS.

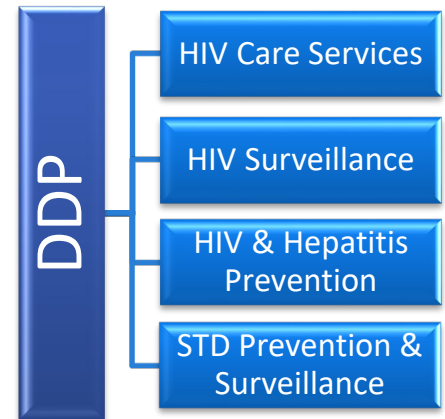
As of May 2022, VDH provided core medical and support services through funded subrecipients to over 6,000 clients, as reported within the RWHAP *HIV Continuum of Care, Virginia 2022*. Specific programs include the Minority AIDS Initiatives (MAI) and the Emerging Communities Initiatives. Funded agencies provide core and support services, collect client-level data, and implement CQM programs and QIPs to ensure provision of quality services.

HCS provides leadership and support to the funded agencies dedicated to the provision of education, information, and health care services that promote and protect the health of all Virginians.

Within HCS, the Virginia Medication Assistance Program (VA MAP) administers the RWHAP B AIDS Drugs Assistance Program (ADAP) and provides access to life-saving medications for the treatment of HIV and related illnesses for low-income clients through direct provision of medications or through financial assistance with insurance premiums and medication copayments. Federal RWHAP B grant funding is the primary support for VA MAP; additional funding includes state general funds, pharmaceutical drug rebates, Medicaid reimbursements, and rebates from pharmaceutical manufacturers.

VA MAP services consist of:

- Affordable Care Act (ACA) and other insurance: VA MAP pays premiums and medication cost shares (copayments, coinsurance, and deductibles) for plans that meet federal and state VA MAP criteria.
- VA MAP also supports medication cost shares for eligible clients who have other forms of private insurance meeting federal and state VA MAP criteria under the Insurance Continuation Assistance Program (ICAP).
- Medicare Part D Assistance Program: The Medicare Part D Assistance Program (MPAP) pays premiums and medication cost shares for VA MAP-eligible clients



enrolled in Medicare Part D, which is supported by state-appropriated State Pharmaceutical Assistance Program (SPAP) funds.

- Direct MAP: VA MAP purchases formulary medications at discounted rates by VDH's Central Pharmacy and distributed through local health districts and other medication access sites for pickup by clients. Clients who are ineligible for or unable to enroll in other insurance, such as the health marketplace, Medicaid, or Medicare Part D, may receive medications through Direct MAP.

IV. QUALITY STATEMENT

A. Mission Statement:

The RWHAP B CQM Program exists to:

- Ensure the highest quality core medical care and supportive services for PWH in Virginia, as well as to provide medication access to them.
- Continue collaboration and coordination with sub-recipient's offering HIV care and services providers, stakeholders, and consumers to enhance patients' access to high quality care and ensure consumer's satisfaction.

B. Vision:

VDH envisions optimal health and medication access for all PWH, supported by a health care system that assures ready access to comprehensive, competent, and quality care.

C. Values:

VDH believes in creating HIV services that inspire and promote quality, parity, cost effectiveness, a client-centered approach, stakeholder input, and consumer engagement.

D. Purpose:

The Virginia RWHAP B CQM Program continuously aims to improve the quality of HIV care and services delivered, and to be compliant with recognized *HHS Services Clinical Guidelines*, *HRSA Monitoring Standards*, *HRSA Service Standards*, national priorities, and research-based best practices. VDH will accomplish this by:

- Ensuring statewide implementation of the Virginia QM Plan;
- Monitoring core performance measures (PM) across RWHAP subrecipients and third-party providers;
- Providing training and technical assistance related to quality improvement; and
- Participating in cross-jurisdictional, statewide, and national quality management (QM) collaborative projects.

V. DEFINITIONS OF QUALITY MANAGEMENT TERMINOLOGY

A. Quality:

“Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations.” (*Glossary of Ryan White HIV/AIDS Program-Related Terms*, n.d.)

B. Indicator:

“A quality indicator is a tool to assess specific aspects of care and services that are linked to better health outcomes while being consistent with current professional knowledge and meeting client needs.” (*Quality Academy - Choosing Quality Measures for HIV Care and Services*, 2009)

C. Performance Measure:

“Performance measures are an indication of an organization’s performance in relation to a specified process or outcome. (*HRSA HAB HIV Performance Measures*, 2019)

D. Quality Management:

“Quality management under the Ryan White HIV/AIDS Program (RWHAP) involves activities to improve client health outcomes. These efforts focus on establishing standards and systems to measure and improve performance.” (*Clinical Quality Management*, 2022)

E. Quality Assurance:

“The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care” (*Glossary of Ryan White HIV/AIDS Program-Related Terms*, n.d.)

F. Quality Improvement:

“...is an ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. Clinical quality improvement seeks to prevent problems and to maximize the quality of care.” (*Glossary of Ryan White HIV/AIDS Program-Related Terms*, n.d.)

G. Plan, Do, Study, Act:

The Plan, Do, Study, Act (PDSA) methodology is a cyclical model for performance improvement used for all quality improvement activities:

- **PLAN** – Make predictions about what will happen and why it will happen.
- **DO** – Carry out the change or test on a small scale.
- **STUDY** – Analyze the test cycle and reflect on the findings.
- **ACT** – Decide if there are any refinements or modifications need for the changes tried.

H. Outcomes:

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

I. Outcome Indicator:

An outcome indicator is the specific information that tracks program success or failure toward meeting standards or projected outcomes. Outcome indicators describe observable, measurable characteristics or changes that represent the product of an outcome.

VI. HCS QUALITY MANAGEMENT INFRASTRUCTURE

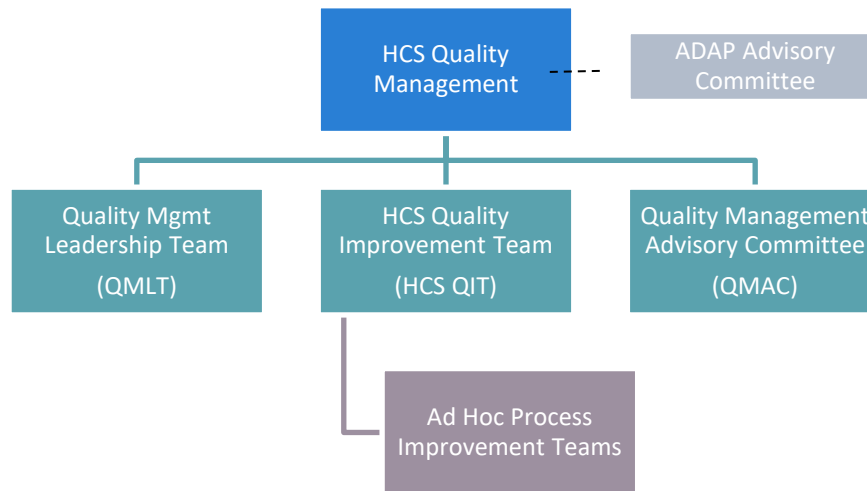
Infrastructure necessitates support by identified leadership; accountability for CQM activities; and dedicated resources. This infrastructure is the basic physical and organizational structure needed to enhance CQM program goals and RWHAP B services with quality and patient satisfied care.

A. Oversight:

Virginia RWHAP B CQM infrastructure consists of dedicated staff, a functioning CQM committee, and an operative CQM plan. In addition, infrastructure includes consumer involvement, capacity building, defining processes for communication, and program evaluation. Within DDP, the HCS unit implements the Virginia RWHAP B CQM program. The manager of clinical and data administration supervises staff activities to ensure the successful implementation of program goals and objectives, and smooth operations of the work unit; provides guidance and counseling regarding work activities and related policies and procedures; oversees performance management activities and processes necessary documentation related to employment activities; and works in collaboration with the Quality Management Advisory Committee (QMAC), the statewide RWHAP cross-parts collaborative that includes representatives from RWHAP Parts A, B, C, D, and F.

Two quality management specialists assist the manager of clinical and data administration, who convene regular meetings for the QMAC and Virginia Quality of Care Consumer Advisory Committee (VACAC), participate in development of a strong CQM infrastructure (QM plan, committees, and data-collection strategy), QI activities, and performance measures. The manager of clinical and data administration closely works with the quality management specialists (one FTE and one contractual), and other HCS staff, including the data team, to form the HCS quality improvement team (HCS QIT). The five CQM data team members coordinate the calculation of performance measures and QIP data; perform health-related data analysis utilizing statistical and data management software for the analysis of performance measures and QIP data; submit data to the clinical and data administration manager for evaluation; review and report RWHAP B CQM subrecipients performance measure submission/reporting completeness. In addition, this team oversees the data and assists with presenting results at state CQM quarterly meetings.

B. Clinical Quality Management Committees:



HCS Quality Management Leadership Team (QMLT)

The HCS QMLT oversees the overarching Virginia RWHAP B CQM activities. This team meets weekly to ensure adequate resources are available to carry out the annual VDH CQM work plan through ongoing monitoring of current CQM data trends, updates to program guidelines, and solution-oriented approaches to ensure equitable access to client services. Membership of the QMLT consists of:

- Director of HCS
- Managers of HCS
 - Clinical and data administration
 - Fiscal manager
 - Grant manager
 - Medication Access
 - Services coordination
- HCS data analysts
- Quality management specialists
- HCS HIV planner

HCS Quality Improvement Team (HCS QIT)

This team is comprised of HCS personnel who meet on a routine or ad hoc basis. The team monitors implementation of QIPs, reviews relevant PM, interfaces with QMAC, coordinates quality trainings, and the VCU Peer Review process. The team discusses improvement ideas and addresses constructive feedback on improvement initiatives. The HCS QIT consists of:

- Manager of clinical and data administration
- Quality management specialists
- HCS planner

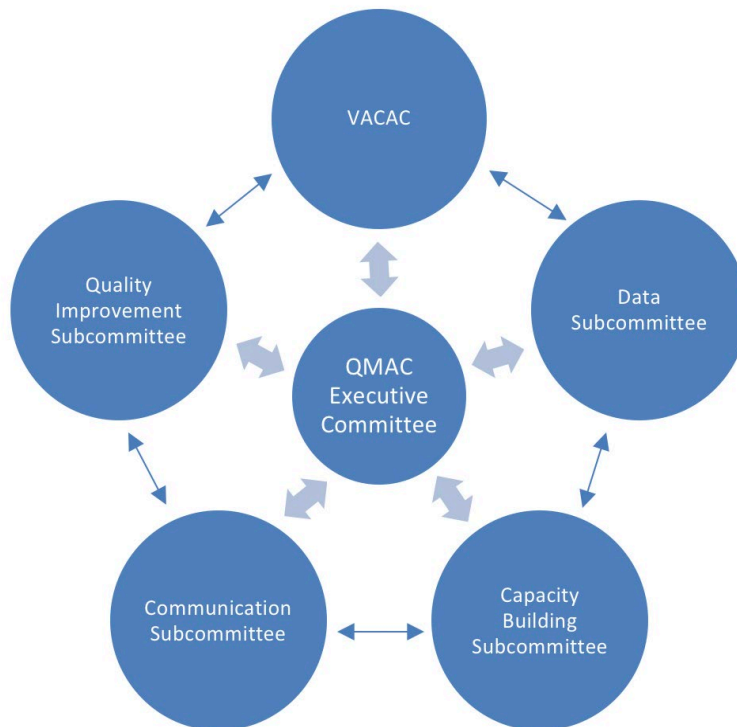
- HCS grant manager
- HCS services coordinators
- VA MAP assigned staff

QMAC

Implementing quality management across the state requires input and support from key stakeholders. The QMAC provides a forum to solicit such input. Membership is comprised of members across the five health regions including all RWHAP Parts (A, B, C, D, and F), data managers, physicians, AIDS Education and Training Centers (AETCs), program administrators, and PWH. The QMAC is responsible for reviewing quality data to identify trends, developing priorities, and setting quality improvement goals and measures. Additional responsibilities include reviewing and implementing elements of the VDH QM Plan and service standards. Many members of QMAC are also members of the Virginia Community HIV Planning Group (CHPG). The QMAC meets quarterly to review system-wide quality management successes, challenges, and to develop strategies to improve care.

The QMAC comprises of an executive committee and five subcommittees:

- Executive Committee: Provides support to the QMAC and works with members to set goals, determine priorities, and provide technical support necessary to implement identified quality initiatives.
- Virginia Quality of Care Consumer Advisory Committee: Known as the VACAC, ensures consumers have input into the creation, development, and implementation of VDH services, policies, and quality activities.
- Data Subcommittee: Provides guidance on applying data to QIPs and QM initiatives.
- Capacity Building Subcommittee: Supports the development of RWHAP cross-parts quality management activities by identifying training and technical assistance needs and effective strategies.
- Communication Subcommittee: Serves as the official communication channel for the QMAC and makes recommendations regarding quality improvement activities.
- Quality Improvement Subcommittee: Guides the implementation of QIPs and assists with promoting QI best practices.



QMAC reviews membership annually and is open to all RWHAP providers and PWH. Participating members who wish to serve on the QMAC must complete the application form (Appendix B). The QMAC co-chairs review all new applications and recommend selections to the manager of clinical and data administration.

Additional information regarding the QMAC, subcommittee structure and key roles and responsibilities is available through the companion document *Virginia QMAC Orientation Manual*, located at <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>.

ADAP Advisory Committee

The ADAP Advisory Committee is comprised of HIV/AIDS medical providers, a pharmacist, consumers, and representatives from local health districts. The committee advises VDH on VA MAP programmatic changes, clinical updates, educational issues, and formulary changes, with particular emphasis on the following:

1. Ensuring availability of necessary therapeutics and establishing mechanisms to support treatment adherence.
2. Clearly defining how the VA MAP formulary is determined and how it changes over time as new pharmacological knowledge emerges.

The overall Virginia RWHAP Part B QM plan includes all ADAP services. The ADAP staff are members of the HCS QIT and oversee the AAC to plan ADAP improvement

activities. Also, they participate in the QMAC meetings, present ADAP performance data, and assist the QM team in determining quality initiatives for ADAP.

C. Peer Review Team:

VDH has a formal peer review process to assess the quality of services rendered by RWHAP B service providers. The Virginia Commonwealth University (VCU) Peer Review team, comprised of medical providers, case managers, and consumers, which collects performance measure data, reviews client charts, and provides technical assistance. Consumer team members conduct peer-to-peer interviews designed to explore quality of care and satisfaction from the client perspective.

The VCU Peer Review team reviews subrecipients receiving RWHAP B funding on a biennial schedule. Select service standards reviewed by Peer Review include Outpatient Ambulatory Health Services, Oral Health, Mental Health, Substance Use – Outpatient, Medical Case Management, and Non-medical Case Management services. Providers from each service category apply to participate in the review process and are trained using modules based on the current Virginia services standards. Time for participating providers and consumers is compensated through an honorarium.

D. Dedicated Resources:

Key resources include the following:

- HRSA/HAB Quality Management Manual:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>
- The Center for Quality Improvement and Innovation of the New York State Department of Health: [Center for Quality Improvement and Innovation | TargetHIV](#)
- RWHAP TARGET Center training:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>
- The Local Performance Sites of the AIDS Education and Training Center (AETC): www.maaetc.org
- Northern, Eastern and Central/Southwest Virginia HIV/AIDS Resource Consultation Centers (VHARCC): www.vharcc.com
- VA MAP: <https://www.vdh.virginia.gov/disease-prevention/vamap/>
- Quality management information can be found at:
<https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>

VII. QUALITY MANAGEMENT EXPECTATIONS OF SUBRECIPIENTS

The primary role of RWHAP B subrecipients, also referred to as funded agencies, is to provide medical and support services to all eligible PWH who reside in Virginia. To facilitate early intervention for individuals newly diagnosed with HIV/AIDS, funded agencies are responsible for maintaining appropriate relationships with partners that constitute key points of access to health care systems in their respective regions, including HIV testing centers, emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, and others. They must meet all service standards set forth by the state and must align with HRSA's RWHAP Universal and Part B Programmatic and Fiscal National Monitoring Standards.

VDH developed and refined its monitoring system to track subrecipients' participation in the CQM program activities. This system utilizes the following required subrecipient contractual agreement documents listed below (Appendix C):

1. Each subrecipient must develop, update, and submit an annual RWHAP QM plan, as indicated in the subrecipient's contract deliverables. The plan must include:
 - a. **Quality Statement-** brief purpose describing the end goal of the HIV quality program.
 - b. **Quality Infrastructure-** a description of leadership, quality committees, roles and responsibilities, and resources.
 - c. **Performance Measurement-** identifies indicators, who is accountable, how to report and disseminate; identifies a process in place to use data to develop quality improvement activities.
 - d. **Annual Quality Goals-** select up to four specific, measurable, achievable, realistic, and timely (SMART) goals annually and establish thresholds at the beginning of the year for each goal.
 - e. **Participation of Stakeholders-** lists internal and external stakeholders, including community representatives and partners, and specifies their engagement in the Virginia RWHAP B CQM Program and how feedback is gathered.
 - f. **Evaluation-** evaluates the effectiveness of the QM/QI infrastructure to decide whether to adjust QI work and review PM and QIPs.

The HCS QM team, in collaboration with the HCS services coordinators, reviews the progress on subrecipients' QM plans and QIPs. Additionally, they provide feedback on the subrecipients' quarterly reports and quarterly QIP reports.

2. Subrecipients shall complete a program-specific QIP annually based on the selected QIP topic. Subrecipients report progress of their QIPs on a quarterly basis by using a VDH QIP summary template (Appendix D). Additionally, all

sites are encouraged to undertake supplemental QIPs that focus on issues specific to their program as needed.

3. Subrecipients shall participate in statewide QM activities (meetings, trainings, improvement projects, and data/report submission requests), to include at least three QMAC meetings and three annual summits (Quality Management Summit, Case Management Summit, and VACAC Summit).

VIII. 2023-2024 WORK PLAN GOALS AND IMPLEMENTATION

The HCS staff monitors the QM work plan activities at least quarterly and reviews findings with the QMAC executive committee. VDH shares updates and progress at the QMAC quarterly meetings to facilitate discussions and suggestions for improvement. Appendix E includes the full implementation work plan. The CQM goals include:

- Goal A Developing and implementing the Grant Year 2023 *Comprehensive Virginia Ryan White Part B Quality Management Plan*;
- Goal B Strengthening the existing Virginia RWHAP cross-parts infrastructure to support quality improvement activities;
- Goal C Ensuring that health-related core and support services, including medication access, provided by funded agencies improve client health outcomes;
- Goal D Providing continual technical assistance and quality trainings; and
- Goal E Strengthening RWHAP B recipient QI initiatives.

IX. PERFORMANCE MEASUREMENT

Performance Measurements (PM) require the use of data and measurable outcomes to determine the level of progress regarding health outcomes. HRSA PCN 15-02 defines a performance measurement as “the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction”. The VDH CQM measurement system consists of several data collection systems. Collected data is used to assess outcomes of the measures the QM team selected. VDH and the QMAC approve core PM goals annually and collaborate on steps to measure them.

VDH collects and analyzes RWHAP B PM data to identify and prioritize QIPs, routinely monitor the quality of care provided to clients, and evaluate possible improvements to the quality and/or systems of HIV care. Subrecipients are encouraged to assess the outcomes of their programs along the HIV continuum of care (HCC), so that linkage to, and engagement in, care begins as early as possible for individuals diagnosed with HIV. The HCC includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and ultimately HIV viral load suppression.

A. Selected Measures for Ryan White Part B:

Annual clinical and prevention indicators selected for all RWHAP B funded services include linkage to HIV care, retention in HIV care, ART among persons in HIV care, and viral load suppression among persons in HIV care.

The services utilization report indicates that the following guidance must be used for RWHAP B PM service categories (funded by direct RWHAP funds, rebates, and/or program income):

- Two performance measures where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service;
- At least one performance measure where greater than 15% and fewer than 50% of the eligible clients receive at least one unit of service; and
- No performance measure required where fewer than or equal to 15% of the RWHAP eligible clients receive at least one unit of service.

The service utilization report is presented quarterly to the QMAC for review. The QMAC, in collaboration with VDH, select the performance measures portfolio by deciding the measure for, and calculating the number of performance measures per, each funded service category (see attachment PMs by funded services).

B. Data Collection:

VDH developed a plan for data collection processes, reporting of timeframes, and determining completeness of data reported for performance measures. Data will be collected in a systematic method that has secure access based on roles and work-related responsibilities. Subrecipients utilize client interviews, chart reviews, electronic health information systems (EMR and CAREWare), and the VDH statewide data system, Provide Enterprise®, to collect the following data:

- Client eligibility and recertifications
- Utilization patterns
- HCC
- Client satisfaction
- Needs assessments
- Other data as required

C. Data Sources:

The Virginia RWHAP B CQM program is responsible for regular analysis and reporting of CQM data that include:

- Client interviews/satisfaction surveys
- HCC data
- VA MAP data
- Integrated HIV Prevention and Care Statewide Plan
- Unmet needs data
- Enhanced HIV/AIDS reporting system data

VDH collaborates with all RWHAP Parts (A, B, C, D, and F) providers in the Commonwealth to provide client-level data monthly. Providers who utilize CAREWare directly export data into Provide Enterprise®.

D. Frequency of Data Collection:

The QM team analyzes and shares select RW PM data for each funded service quarterly, in accordance with PCN 15-02. Data is reviewed for relevance, need, as well as any existing health disparities. Following the review of the selected PM data, VDH shares findings with subrecipients and other stakeholders through the QMAC quarterly meetings.

E. Reporting Mechanisms of Quality Management Activity Data:

VDH shares compiled data findings from several sources in an aggregated format with HIV providers, VDH leadership, and other stakeholders, including consumers.

VDH collects and analyzes quality related data to inform on the monitoring of HIV care; identifies trends in HIV-related health outcomes over time and across jurisdictions, clinics, and programs; and determines programmatic needs by analyzing gaps and health disparities. VDH solicits feedback through the QMAC, VACAC, and subrecipients for planning, implementing, and evaluating quality of care program activities. Recommendations for action steps address identified needs, service gaps, as well as visions for longer-term strategies.

F. Data Used:

Both qualitative and quantitative data inform VDH and stakeholders on the selected PM to help shape improvement goals and projects. For example, the Data-to-Care strategy helps to identify and follow up with clients out-of-care, as well as identifying service delivery gaps and disparities. VDH will report findings, with deidentified data, quarterly. The generated outcome reports data will be used to identify gaps in care and service delivery for the QMAC and VDH.

X. QUALITY IMPROVEMENT

Quality improvement (QI) activities aim to identify specific changes that positively impact patient health outcomes. Virginia RWHAP B QIPs are selected based on PM data results, focusing on mechanisms for integrating change into routine activities. The key principle for improving HIV care is the application of the PDSA Model, which includes measuring, testing change, re-measuring, and the implementation of the change.

Viral Load Suppression:

VDH, in collaboration with QMAC, selects a statewide QIP to identify effective QI strategies to improve systems and processes of care. The QIP topic for grant year 2023 is “Viral Load Suppression among Clients Aged 13-34 and Expediting ART Initiation for Clients Newly Diagnosed”. This QIP focuses on increasing viral load suppression (VLS) in those whose viral load remains detectable due to barriers, as well as decreasing the time

between initial HIV diagnosis to VLS. Increasing VLS rates for people with HIV (PWH) improves health outcomes, while reducing forward and vertical transmission. An additional QIP PM includes monitoring cohort time from HIV diagnosis to ART initiation, same day through day 30, each quarter.

At the local level, each subrecipient is responsible for implementing the statewide selected QIP. The QIP report template summarizes progress, which is submitted on a quarterly basis (see Appendix D). VDH will provide quarterly data and any technical assistance needed to ensure proper monitoring, data exchange and reconciliation. The QM team reviews reports and submits subrecipient feedback regarding strengths and areas for improvement. Ongoing technical assistance is available to all subrecipients, by request or as identified by the QM team, through a demonstrated need.

XI. PARTICIPATION OF STAKEHOLDERS

Stakeholders participate in the planning and implementation process of quality improvement activities, including QMAC meetings and QIP teams, as needed. Expected roles include:

- Advance buy-in from stakeholders through role clarification;
- Replicate established infrastructures and QM models within areas of the state where similar conditions exist;
- Foster relationships across the Virginia RWHAP Cross-parts Collaborative; and
- Provide technical resources to collect and submit QI related data.

Stakeholders, including subrecipients, funded third party providers, and PWH, are involved in the Virginia RWHAP B QI activities through:

- QMAC;
- Community HIV Planning Group (CHPG);
- The Virginia local performance sites of the AETC; and
- Virginia HIV AIDS Resources and Consultation Centers (VHARCC).

XII. CAPACITY BUILDING

Building capacity in CQM involves a deep understanding of, and commitment to, continuously enhancing QI RWHAP Part B services. This includes incorporating the capabilities of PMs alongside integrated systems to identify improvement areas in Virginia's RWHAP Part B activities. Provisions for CQM technical assistance include training and capacity building for VDH staff and subrecipients on CQM-related certification, recertification, and continuing education.

- Virginia RWHAP B CQM staff participate in HRSA-supported Center for Quality Improvement and Innovation (CQII) trainings and webinars for ongoing QM skills development. This support enables staff to coordinate technical assistance/training for RWHAP B funded agencies.

- Subrecipient QM plans and QIP reports, local CQM program monitoring, quarterly reports, and training evaluations are tools for assessing CQM technical assistance and training needs.
- To highlight QI best practices, VDH selects funded agencies with demonstrated success with improvement projects.
- In partnership with stakeholders, VDH develops and conducts comprehensive trainings for providers, PWH, and advocacy committees regarding each element of the CQM program.
- The CQM staff participates in federal HRSA and statewide RWHAP quality trainings offered to subrecipients.
- Virginia established the annual **Quality Management Summit, Case Management Summit, and VACAC Summit**. The purpose of these summits is to build capacity among all RWHAP clinical providers (A, B, C, D, and F) and consumer representatives to conduct QI activities and increase QI trainees statewide. Summit participants have access to peer-learning opportunities that share best practices and feature national experts, without traveling outside the state.
- QMAC new member orientation sessions are available quarterly, which aids new members in achieving personal growth and a high-level understanding of QMAC, without feeling overwhelmed. Orientation covers the basic structure of the QMAC; guidance on conducting meetings; effective QMAC participation; subcommittee descriptions; as well as what is required and expected from members.
- VA MAP also builds QI capacity through trainings and technical assistance to HCS staff and stakeholders. Staff works on QIPs to improve the VA MAP eligibility assessment rate, and quarterly calls ensure continued communication with stakeholders regarding program changes, updates, and relevant training.

XIII. COMMUNICATION

Communication to and between stakeholders is an important part of the QM process. The purpose, method, and frequency of communication depends on the audience. VDH uses various communication tools to communicate QI activities and results, including virtual meetings; electronic communication through the VDH HCS website (<https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>), email listservs, and the VDH DDP E-Bulletin; as well as posters, fliers, and brochures. Structured meetings, such as that of QMAC and the two RWHAP cross-parts summits, are open to all RWHAP B providers and PWH.

The QMAC quarterly meetings review and discuss PMs, CQM activities addressed during the previous quarter, best practices, personnel changes, and RWHAP B subrecipients QI initiatives. Distribution methods for QI initiatives include contractual documents, VDH trainings, VA MAP virtual meetings, subrecipient meetings, and communication via VHARCC, AETCs, and QMAC. Through periodic emails, VDH informs VA MAP and RWHAP stakeholders regarding ACA enrollment. The VA MAP call center, DDP Hotline, and VDH website offer information to respond to questions from stakeholders and clients. In addition, HCS staff participate in VACAC quarterly consumer trainings and Ryan RWHAP White Part A Planning Council meetings to provide RWHAP B updates to

consumers and subrecipients. All quarterly meetings and any additional meetings will have advance notification regarding date, time, attendance instructions, and mode of communication (i.e., in-person, a virtual platform, conference call, etc.).

XIV. EVALUATION OF QUALITY MANAGEMENT PROGRAM

The CQM evaluation process assists in determining whether the program is making significant improvements, and the QM plan clearly states the goals and objectives. The Virginia RWHAP B CQM program assesses the following components:

- 1) Infrastructure;
- 2) Performance measurement; and
- 3) Quality improvement activities.

Continuous QI process feedback is critical for sustaining improvements over time. VDH communicates findings and solicits feedback from key stakeholders, offering data presentations for selected meetings and trainings. Based on the QM findings, VDH shares technical assistance, provides site visit report results, and refines strategies for the following year with stakeholders.

A. Infrastructure:

- a. **Quality Management Plan:** VDH evaluates the QM plan quarterly and analyzes key activities toward goal completion. Results are used to:
 1. Determine the effectiveness of the VDH QM plan selected activities (see indicators Appendix F); and
 2. Review annual goals; identify those that not met, as well as the reasoning, and assess possible strategies to meet annual goals before the next review.
- b. **QMAC:** Review of structure, purpose, and membership occur quarterly, with adjustments as needed.

Evaluation includes assessing:

1. The quarterly occurrence of QMAC meetings, and minutes for all meetings; and
2. The completion status of projected action steps planned to improve or correct identified problems.

B. Performance Measurement:

- a. **Quality Indicators:** Quality indicators for funded services are reviewed quarterly for appropriateness and continued relevance. Upon completion of the annual review, a new set of quality indicators are identified, quality goals for the upcoming year are established, and specified quality initiatives are updated in the VDH QM plan.

- b. **Peer Review:** Site visits (including individual client chart reviews, PM data extraction and analysis, and client interviews) are conducted biennially for selected subrecipient services. Findings from reviews assist in the development of subrecipient QM plans and guide corrective action plans, when needed. The Peer Review annual report uses aggregate data to identify thematic crosscutting training needs. Subrecipients review their site visit report results and assess areas in need of improvement.
- c. **VA MAP:** VA MAP site visits (including chart review) are conducted biennially for medication access sites where at least five or more clients access medications. Select VA MAP charts are reviewed to ensure that all eligibility assessments and client assessment reviews (CARs) are in place and current. Additionally, other issues discovered in the review process of the selected charts may expand the scope of the review.
- d. **Goals:** Grant Year 2023 Selected Outcome Measures Goals for RWHAP B for each funded services also evaluated and shared with stakeholders on a quarterly basis and annually shared with HRSA (Appendix F).

C. Quality Improvement:

- a. **Quality Management Plan:** Routine monitoring of the VDH QM plan goals, objectives, and health outcomes; to gauge client satisfaction and strengthen program improvement. Data from varied sources assist to plan, design, measure, and improve quality of services. Quality improvement activities examine and modify existing processes, if needed, to address quality challenges.
- b. **QIPs:** An evaluation of each QIP assesses the effectiveness of project implementation. Areas of exploration could include:
 - 1. Use of appropriate measures to document progress;
 - 2. Ability of sites to implement and sustain change;
 - 3. Degree to which sites shared lessons learned and apply those learnings to different settings; and
 - 4. Active engagement from all team members.
- c. **Client Interviews:** Client interviews provide insight as to how well subrecipients meet client expectations, as well as feedback regarding QI efforts. In addition to the Peer Review activities, each RWHAP B funded provider is contractually required to measure client satisfaction. Furthermore, clients participate in various needs assessments, focus groups, and surveys to supplement Peer Review client interviews.
- d. **Trainings:** Each training and workshop utilizes an evaluation to solicit feedback on training content, allowing facilitators to learn from their experiences.

The overarching evaluation strategy strengthens organizational performance and links subrecipients to operational decision-making within the state system. Finally, results enhance the VDH QM plan, before submission to VDH leadership for annual review and approval.

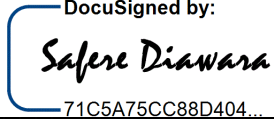
D. Overall Clinical Quality Management Evaluation:

VDH uses an annual CQM Organizational Assessment Tool (See Appendix F) to identify essential elements associated with a sustainable Virginia RWHAP Part B CQM program. Findings from the assessment identify gaps in the CQM program to set improvement priorities and to evaluate the program conformance to HAB guidelines. The tool, implemented by the QMAC Quality Improvement Subcommittee, uses results to focus VDH and subrecipient work plans on priorities, setting direction, and assuring the allocation of resources for the Virginia RWHAP B CQM program. VDH, stakeholders, and consumers all provide important input during the assessment process.

Approval of the 2023 Comprehensive Virginia RWHAP B Quality Management Plan

Plan review and approval designated by the RWHAP B Grantee as listed below. This plan will expire March 31, 2024.

Ryan White Part B – Virginia Department of Health

Signature:  **Date:** 6/2/2023 | 10:00:21 AM EDT

Safere Diawara, MPH
Manager, Clinical and Data Administration

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APPENDIX A: GLOSSARY

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education Training Center
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHPG	Community HIV Planning Group
CQII	Center for Quality Improvement and Innovation
CQM	Clinical Quality Management
DDP	Division of Disease Prevention
EIS	Early Intervention Services
HAB	HIV/AIDS Bureau
HCC	HIV Continuum of Care
HIV	Human Immunodeficiency Virus
HCS	HIV Care Services
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
MAI	Minority AIDS Initiative
MAP	Medication Assistance Program
MSM	Men who have Sex with Men
PDSA	Plan, Do, Study, Act
PM	Performance Measure
PWH	People with HIV
QIP	Quality Improvement Project
QIT	Quality Improvement Team
QMAC	Quality Management Advisory Committee
QMLT	Quality Management Leadership Team
RWHAP	Ryan White HIV/AIDS Program
STD	Sexually Transmitted Disease
VA MAP	Virginia Medication Assistance Program
VDH	Virginia Department of Health
VHARCC	Virginia HIV AIDS Resource Consultation Centers
VLS	Viral Load Suppression

APPENDIX B: QMAC COMMITTEE APPLICATION FORM

Quality Management Advisory Committee Application

Date:		Source/Referral:	
Representation:		Ryan White Part:	
Name:			
Mailing Address:			
City/State/Zip:			
Work Phone:		Cell Phone:	
E-mail:			
Conflict of Interest:			
Present Employment:			
<p><i>To participate in the Quality Management Advisory Committee (QMAC), you must receive prior approval from your respective agency/direct manager.</i></p> <p>Are you new to the Quality Management Advisory Committee? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you interested in becoming a mentor in the future? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did you receive approval from your agency to participate and join QMAC? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
Please state your qualifications, interest, or reasons for wanting to be a member of the QMAC:			
Review Team Comments:			
APPROVAL:			
QMAC Chair		Date:	
VDH QM Coordinator:		Date:	

APPENDIX C: 2023 QUALITY MANAGEMENT PROGRAM SUBRECIPIENT REQUIREMENTS SUMMARY

<i>Quality Area</i>	<i>Quality Activity</i>	<i>Responsible Person</i>	<i>Timeline</i>
<i>Quality Management Plan and QIP</i>	QM plan development and submission to VDH.	Subrecipients	May 31, 2023
	QIP proposal development and submission to VDH; should include site baseline data on the selected PM.	Subrecipients	May 31, 2023
	QIP reports; required quarterly.	Subrecipients	Quarterly reports are due: July 17, 2023 October 16, 2023 January 15, 2024 April 15, 2024
	QM plan reports; required monthly	Subrecipients	Monthly By March 2024
	Participate in the statewide Peer Review biennial site visits activities.	Subrecipients	By March 2024
<i>Quality Monitoring</i>	PM Monitoring & Feedback (Via monthly calls, quality meetings, and quarterly HCC data reports)	Subrecipients HIV Services Coordinators HIV Surveillance team Manager of clinical and data administration QM Specialists	Monthly and quarterly feedback
<i>Planning and Evaluation</i>	QMAC Meetings	QMAC Members	May 24, 2023 August 23, 2023 February 21, 2024
<i>Training</i>	Quality Management Summit	Planning Committee QMAC AETC VHARCC QM Staff	November 1-2, 2023
	Quarterly Consumer Trainings (Zoom Conference)	QM Staff VACAC QMAC	May 16, 2023 August 15, 2023 October 17, 2023

			January 23, 2024
	Case Management Summit	Planning Committee AETC QM Staff	February 28-29, 2024
	Training and technical assistance as needed	QM Staff AETC VHARCC Peer Review	Ongoing

APPENDIX D: GY23 QIP REPORTING TEMPLATE

Agency:		
Report Completed by:	Name:	
	Title:	
	Contact Info:	
Date Submitted:		
Report Period:	Data to Agency	Report Due Date
QIP Proposal	May 1, 2023	May 31, 2023
Quarter 1	June 15, 2023	July 15, 2023
Quarter 2	September 15, 2023	October 15, 2023
Quarter 3	December 15, 2023	January 15, 2024
Quarter 4	March 15, 2023	April 15, 2024
QIP Title:	Viral Load Suppression Among Clients Aged 13-34 and Expediting ART Initiation for Clients Newly Diagnosed	

cc: Safere Diawara, Camellia Espinal, and your Services Coordinator on reports

GUIDANCE ON USING THE REPORTING TEMPLATE

This template serves as a written method of improvement Plan, Do, Study, Act (PDSA) cycle. Use this template for each quarter to help capture your interventions for improvement using the PDSA cycle. The report is setup in a model of the PDSA cycle that allows a written and visual impact of your change steps to help improve and meet your goals. PDSA method is outlined by:

- **Plan** (Sections 1 & 2) – identifying problems and setting goals.
- **Do** (Section 3) – recording actions chosen to improve the data.
- **Study** (Section 4) – during the analysis of your data you collected.
- **Act** (Section 5) – where capture of data and analysis to determine what action steps can be taken next quarter. These actions will lead you back to the plan phase.

Section 1: BACKGROUND

Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression (VLS). In addition, it allows the opportunity to examine factors associated with virologic suppression for people with HIV (PWH) on ART receiving Ryan White services.

Problem Statement: What specific issues do you have with cohort viral load suppression for this reporting quarter?

- Quarter 1:
- Quarter 2:
- Quarter 3:
- Quarter 4:

Section 2: AIM & GOALS

A. **Agency Goals Statement:** (Update the projected Goals for the upcoming quarter.)

Indicate your agency's projected Specific, Measurable, Achievable, Realistic, and Timely (SMART) goal, based on this reporting quarter's data analysis. (e.g., *Our agency **will have** 2 clients from our cohort achieve VLS by April 30th*) ***This should reflect a future date.***

- Quarter 1:
- Quarter 2:
- Quarter 3:
- Quarter 4:

B. QIP Team Members: Update the QIP Team Members quarterly.

- List names, titles, and roles for the current quarter QIP only
- Include at least one consumer; *omit client name* and indicate “Consumer”

Name	Role at Agency (Title)	Role with this QIP

Section 3: Intervention & Data Reporting

A. Actions/Change Steps Completed in Previous Quarter:

Describe each intervention/change step identified **last quarter** to improve the performance measures of your cohort data for this reporting quarter.

- This table should list action steps from the previous quarter's Section 5A report*.
- Column II should include a **date of completion** or "Incomplete", not "Ongoing".

**Skip this table for the QIP proposal*

List action steps taken to improve your data		
<i>List the four main action steps you took to improve data and services this quarter</i>	<i>When did you complete this step?</i>	<i>Will you keep or stop this action step for the coming quarter?</i>
1.		
2.		
3.		
4.		

Performance Reporting Timeline

Baseline: January 1, 2022 – December 31, 2022

Quarter 1: June 1, 2022 – May 30, 2023

Quarter 2: September 1, 2022 – August 30, 2023

Quarter 3: December 1, 2022 – November 30, 2023

Quarter 4: March 1, 2023 – February 29, 2024

Performance Measurement Definitions:

Health Resources and Services Administration (HRSA) defines VLS as the percentage of patients, regardless of age, with a diagnosis of HIV and an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.

B. Overall Cohort

Performance Measure

Numerator: Number of patients aged 13-34 who have an HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed)

Denominator: Number of patients aged 13–34 years with a diagnosis of HIV who had at least one care marker during the performance period (Not virally suppressed at baseline)

Data: Indicate your performance measure rate/percentage data for each reporting quarter using the VDH data provided with your agency's HIV Continuum of Care (HCC) data.

COHORT VLS DATA ONLY				
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Total Cohort Clients Remaining Non- suppressed (d – n)
Baseline:				
Quarter 1 rate:				
Quarter 2 rate:				
Quarter 3 rate:				
Quarter 4 rate:				

C. Time from Diagnosis to ART Initiation

Performance Measure

Numerator: Number of newly diagnosed HIV clients who have initiated antiretroviral medication (ART) within 30 days of their HIV diagnosis.

Denominator: Number of newly diagnosed HIV clients during the reporting period.

ART Initiation for Clients Newly Diagnosed												
	Same Day			1 - 7 Days			8 - 14 Days			15-30 Days		
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)
Baseline												
Quarter 1:												
Quarter 2:												
Quarter 3:												
Quarter 4:												

Section 4: Data Interpretation & Analysis

- A. **Analysis:** Explain the data by using the following prompts to analyze the data specific to this reporting quarter.
- What is this quarter's data telling you?
 - Provide insight on what action steps went well for this quarter.
 - Provide any barriers/challenges for implementing planned action steps.
 - What noticeable trends are you finding from cohort VLS data?
 - How is this affecting your agency overall VLS data? Regional data?
 - For this quarter, was there a delay in lab data being entered and/or sent to VDH?
 - Is the VDH-provided data consistent with your agency data?
 - Provide discrepancies between your agency VLS data and VDH VLS data: *Please do not include any Private Health Information (PHI)*

Cause and Effect: Provide root causes that display cause and effect reasoning for cohort VLS data for this reporting quarter. Please complete in the section below or attach as an additional page. This will be **updated each quarter** to help identify change steps/interventions.

The use of updated Driver Diagram or a Fishbone model is requested quarterly to show root causes and their effects on the cohort. Root causes and graphs help support analysis listed in section 4A (above).

- B. Graph:** Provide a cumulative (*all quarters reported to date*) visual progression for the cohort VLS data below or attach an additional page. *Graphs are visual storytelling and should be able to show your efforts through a graphic depiction. Be sure to use titles, legends, and other detail on your graph. Graph data should match the cohort data table listed in section 3B.*

Section 5: Planning New Steps for the Next Quarter

Using the table below describe each new action step (interventions/changes) you will do to improve your current quarterly data reported above. ***Do not list more than four action steps.*** Your chosen action steps below should address issues identified in:

- the problem statement,
- data analysis, and
- the root cause-effect assessment from this reporting period.

A. Interventions/Change Description for the next quarter: Based on your data analysis of this quarter's report, what are the four action steps you plan to do for the next 3-month period? *Key quality improvement ideas to remember: the principle of 1 to 1, and small change steps. The target date should reflect a future start and end date.*

Four Main Action Steps for Next Quarter	Person(s) Responsible	Target Date
<i>What are you going to do?</i>	<i>Who is going to take the lead?</i>	<i>What is the time period for this action step? (Include start date and end date)</i>
1.		
2.		
3.		
4.		

B. Summary Report: Overall, analyze the cumulative data and progress toward projected goals. If applicable, include any technical assistance needed for this quality improvement project with the summary report.

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN GY 2023

The CQM workplan will be reviewed and revised quarterly, at a minimum, by the QMAC.

	Goal A: Develop and implement the 2023 Comprehensive Virginia RWHAP Part B Quality Management Plan and Work Plan.					
Areas	Objectives	Key action steps	Person/Agency Responsible for Collection	Supporting Elements	Evaluation Metrics	Timeline
Quality Management Plan	Plan and Update VDH 2023 QM Plan by April 1, 2023	Develop 2023 VDH QM Plan based on feedback from QM committees	VDH Quality Management Team	Write and incorporate submitted feedback	Percentage of QMAC Subcommittees that provide feedback out of 5 QMAC Subcommittees	March 2023
		Approval process of the VDH QM plan and posted to the VDH website	Director HCS	Approval notice		April 2023
	Implement the VDH QM plan during grant year 2023	RWHAP Part B funded subrecipients must have an annual QM plan, selected QIP, and incorporate VDH PM goals with agency QI activities	All subrecipients	Percentage of RWHAP Part B subrecipients with a QM plan and QIP in place	Percentage of RWHAP Part B funded subrecipients that have a QM plan out of total RWHAP Part B funded agencies	May 2023
	Evaluate subrecipient QM plan progress monthly, and QIP reports quarterly	Monitor implementation of subrecipient QM plans and QIPs through site visits, RWHAP data analysis, and report submissions	HCS staff	Site visit reports, PM data analysis, and quarterly report submissions	Percentage of RWHAP Part B subrecipients that have submitted a QIP report quarterly out of total RW funded agencies	Monthly and quarterly review by March 2024

	Goal B: Strengthen the existing Virginia QMAC RWHAP Cross-Parts Infrastructure that supports QM activities in Virginia					
Areas	Objectives	Key action steps	Person/Agency Responsible for Collection	Supporting Elements	Evaluation Method	Timeline
Virginia RWHAP Cross-parts Collaborative	Implement and monitor comprehensive HCC-related PMs and QIP by at least 90% of all subrecipients	Provide relevant technical assistance, as needed	All RWHAP subrecipients	Selected PM data entered in Provide Enterprise® or imported from other data sources	Percentage of RWHAP subrecipients participating in QI activities out of total RWHAP subrecipients	By March 31, 2024
	Provide subrecipients opportunities to exchange ideas at quarterly meetings	Hold (3) consistent QMAC quarterly meetings	QMAC RWHAP Cross-Parts Collaborative members and invited guests	Meeting agendas, minutes, evaluations, and action plans	Number of quarterly QMAC meetings held in GY23	May 24, 2023 August 23, 2023 February 21, 2024
Collaboration with Training and Education Centers	Use AETC performance sites and VHARCC to provide identified QM trainings and technical assistance	Plan the Quality Management Summit, Case Management Summit, VACAC Summit, QMAC meetings, and CQM capacity building trainings	QM team and AETC performance sites	Meeting agendas, minutes, evaluations, and action plans	Number of QM and CM Summits held	November 1-2, 2023 February 28-29, 2024
					Number of CM trainings held	10 trainings
					Number of QMAC meetings held	May 24, 2023 August 23, 2023 February 21, 2024

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN GY 2023

	Goal C: Ensure that HIV Core Medical and Support Services provided by funded agencies improve the HCC outcomes.					
Area	Objectives	Key action steps	Person/Agency Responsible for Collection	Supporting Elements	Evaluation Metric	Timeline
Quality Improvement Activities	100% timely submission rate of subrecipient QIP quarterly reports to VDH.	Implementation of subrecipient selected QI activities to meet annual goals	All providers	QIP reports submitted quarterly to VDH	Percentage of RWHAP Part B subrecipients that have submitted a QIP quarterly report out of total RWHAP Part B funded agencies.	July 17, 2023 October 16, 2023 January 15, 2024 April 15, 2024
	Develop strategies to achieve Grant Year 2023 Selected RWHAP Part B Outcome Measures Goals for each funded service (See Appendix G)	Collect and monitor PM outcome data and implement needed improvement activities by RWHAP Part B agencies	All providers and VDH staff	Reports on selected PMs shared with stakeholders quarterly Follow up on QI action steps	Number of quarters that VDH shared PM data with stakeholders out of 4 quarters	By March 2024
Peer Review	Peer Review to have 100% completion rate of the scheduled site visits	Peer Review to contact at least 10 RWHAP Part B funded subrecipients, selected by VDH, for biennial site visit.	VCU Peer Review Team and HCS QM Team	Peer Review reports, collected PM outcomes, and client satisfaction results	Percentage of Peer Review site visits completed out of total site visits projected	By March 2024

	Goal D: Providing Technical Assistance and Capacity Building Trainings on an Ongoing Basis					
Area	Objectives	Key action steps	Person/Agency Responsible for Collection	Supporting Elements	Evaluation Metric	Timeline
Technical assistance and Training Activities	Provide 100% of formal QM requests for technical assistance to providers.	Respond to QM technical assistance requests by providers on QM topics	QM Team and QMAC	Number of technical assistance sessions provided	Percentage of technical assistance activities provided; of all subrecipients requests	March 2024
	Provide four statewide educational consumer trainings, via virtual platform, to promote participation by PWH. Projected at least 25 participants per training.	Identify topics, dates, and locations of the trainings. Train the trainers (all consumers) Develop and provide training event to acquire knowledge and develop skills integral to carrying out ongoing QI initiatives	QM committees, VCU ARC, and VACAC	Completed training agendas and minutes.	Number of consumers trained per region and statewide	May 16, 2023 August 15, 2023 October 17, 2023 January 23, 2024
	Provide (4) VA MAP technical assistance calls to consumers, providers, local health departments, and medication access site staff	Provides technical assistance on RWHAP Part B service options and VA MAP	HCS Staff	VA MAP meeting agenda and minutes	Number of quarterly calls from VA MAP completed	April 28, 2023 July 28, 2023 October 20, 2023 December 15, 2023

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN GY 2023

Goal E: Strengthening RWHAP Part B Grantee Quality Improvement Initiatives						
Area	Objectives	Key Action Steps	Person/Agency Responsible for Collection	Supporting Elements	Evaluation Metric	Timeline
Increase HCS staff engagement in QI activities	Provide training on various quality concepts and updates.	Incorporate quality management into staff's respective roles	HCS staff and the QM Team	Number of trainings provided Training evaluations	Number of internal trainings provided to HCS Staff	By March 31, 2024
	Cross-train staff on QM program tasks as it relates to their role in HCS.	All new employees will complete fundamental QM training through HCS Training module	HCS staff and the QM Team	Number of staff that completed QM trainings	Number of new staff that completed QM trainings in HCS Training Module	By March 31, 2024

APPENDIX F: VIRGINIA RYAN WHITE CQM ASSESSMENT TOOL
(Modified tool from the HEALTHQUAL National Organizational Quality Assessment Tool)

Name: _____

Date of Completion: _____

Quality Infrastructure	
A.1. Is a Ryan White CQM plan in place to engage all Ryan White partners (providers and consumers) within the state?	
Score 0	Score 1
Score 2	Score 3
Score 4	Score 5
Score 0	No quality structure is in place to oversee Quality management activities planning, assessment, and implementation statewide.
Score 1	Only a loose quality structure is in place; few subrecipients involved; knowledge of quality structure among subrecipients is limited.
Score 2	Consumers and community members/groups solicited, as part of a targeted strategy, to provide feedback to VDH through a formal process for ongoing and systematic participation in the CQM program.
Score 3	Strong representation of subrecipients in the Virginia quality program; subrecipients across all parts are represented in the HIV quality structure; findings and performance data results shared.
Score 4	Consumers and community members/groups, through a formal quality management and consumer advisory committees are involved in the review of QM performance data and discussing quality during formal QMAC meetings and training in quality management principles and methods.
Score 5	Senior leaders of all subrecipients across parts statewide actively support the quality infrastructure and planned activities; key roles and responsibilities clearly identified, and individuals assigned; adequate resources available to initiate and sustain quality improvement activities statewide; members of the quality structure routinely trained on quality improvement tools and methodologies; the infrastructure reviewed and updated periodically.
Comment:	

A.2. Are cross-part communication strategies in place to solicit feedback from all Ryan White Program Subrecipients and to promote Quality improvement activities across the state?											
Score 0		Score 1		Score 2		Score 3		Score 4		Score 5	
Score 0		No communication strategies are in place to solicit feedback from all Ryan White program subrecipients and to promote quality improvement activities across the state.									
Score 1		Recipients and subrecipients only informed about cross-part Quality Management Advisory Committee (QMAC) activities on an as-needed basis.									
Score 2		Communication and knowledge managements characterized by specific activities and use of standard modes of communication, e.g., print, electronic, face-to-face, virtual, phone, emails etc.									
Score 3		Communication strategies in place routinely informing subrecipients about quality improvement activities in the state; regular QMAC updates sent out to subrecipients; subrecipients of all Parts are included; subrecipients asked to provide feedback about upcoming Cross-part activities.									
Score 4		Communication and knowledge managements formally integrated into the Virginia RW part B QM program. The CQM team implements communication at various levels by audience (internal VDH, providers, patients, key stakeholders). All stakeholder partners utilize communication resources to share successful implementation strategies for QIP and QM activities.									
Score 5		All subrecipients in the state across all RW parts regularly informed about quality activities, including Quality Management Summit and Case Management Summit; a written communication plan is in place and updated routinely (Minutes and Newsletters); QIP successes routinely shared with all subrecipients in the state; multiple communication channels (email, mail, internet, etc.) identified to communicate with subrecipients; feedback of subrecipients used to strengthen the cross-part quality program; quality improvement successes of subrecipients openly shared for peer learning.									
Comment:											

A.3. Is a comprehensive VDH CQM plan written to guide the statewide quality management activities?					
Score 0		Score 1		Score 2	
Score 3		Score 4		Score 5	
Score 0	VDH has no or minimal written quality plan in place to envision and guide Virginia CQM activities, if any in existence, written plan does not reflect current day-to-day operations.				
Score 1	The VDH QM plan loosely outlined a written subrecipient quality management plan to envision and guide CQM activities.				
Score 2	The work plan includes a timetable for implementation.				
Score 3	The VDH QM plan describes the quality infrastructure, performance measurement, indication of leadership and goals; the VDH QM plan shared with subrecipients across the state through VDH website; the VDH QM plan reviewed and revised.				
Score 4	The work plan implemented and regularly used to manage the Virginia RW part B QM program including a process for performance measurement data review, which is routinely used to track improvement, and is modified as needed to achieve annual goals/targets.				
Score 5	A comprehensive and detailed VDH QM plan is developed, with a clear indication of responsibilities and accountability across all Ryan White subrecipients within a state, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of key stakeholders is described; the quality plan is reviewed and revised at least annually; quality plan fits within the framework of other statewide quality improvement and quality assurance activities; subrecipients within the state are aware of the plan and are involved in reviewing and updating the plan; a work plan is in place to detail the implementation of the written plan.				
Comment:					

Performance Measurement					
B.1. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?					
Score 0		Score 1		Score 2	
Score 3		Score 4		Score 5	
Score 0	No appropriate performance or outcome measures selected to collect and analyze statewide performance data; methods to collect and analyze the data not outlined.				
Score 1	Only indicators selected minimally required by external parties; no process took place to annually review and update performance measure indicators and its definitions; methods to collect data not described.				
Score 2	Performance measurement captures data from all subrecipients across the commonwealth based on identified VDH measures including core or supportive service indicators. Performance measures specifically defined by numerator/denominator and expected data sources.				
Score 3	Selection of indicators based on input from subrecipients; indicators include appropriate clinical or system measures to measure performance across all Parts; indicators reflect accepted standards of care; indicator information shared with subrecipients statewide; processes outlined to measure and analyze statewide performance data.				
Score 4	Performance measurement captures data on all selected performance indicators and directly linked to a defined set of RW part B goals and priorities. Performance measurement conducted to routinely evaluate and analyze data for the purposes of improvement prioritization at the local and state levels. It is assessed and refined on a quarterly basis.				
Score 5	Portfolio includes clinical and system indicators with written indicator descriptions; measures annually reviewed, prioritized and aligned with statewide quality goals; all indicators operationally defined, and augmented with specific targets or target ranges, including desired health outcome; statewide data collection plans clearly outlined and strategies to analyze data detailed and routinely updated; stratification by race/ethnicity included in the analyses to detect health care disparities.				

Comment:					
B.2. Are performance data collected to assess the quality of HIV care and services statewide across all Parts?					
Score 0		Score 1		Score 2	
Score 3		Score 4		Score 5	
Score 0	No cross-part performance data collected across subrecipients to assess the quality of HIV care and services statewide.				
Score 1	Basic cross-part performance measurement systems in place; some data collected but not fully utilized; no process established to share data or only used for punitive purposes.				
Score 2	Performance data formally documented into VDH approved databases and routinely reviewed by VDH and the QMAC.				
Score 3	A system to measure key quality aspects among subrecipients of all parts established; data collected, analyzed, and routinely disseminated to providers; data collected from most subrecipients around the state; steps taken to coordinate the data collection efforts across Parts.				
Score 4	Performance measure data monitored and tracked. Performance measure data used for QM program planning, QM program decision making supported by leadership, and presented at conferences, regional group meetings, in written reports, online, etc.				
Score 5	Quality measured by clinical and system measures; data included from all RW subrecipients in the state; results and findings routinely shared with subrecipients to inform and foster quality improvement activities; data collection activities streamlined to avoid duplicative efforts across parts; a detailed data collection plan across subrecipients is developed and updated periodically; stratification by race/ethnicity included in the analyses to detect health care disparities.				
Comment:					

Quality Improvement Activities						
C.1. Are statewide QIP goals developed in collaboration with Ryan White Subrecipients?						
Score 0		Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No annual QIP goals established for the HIV quality improvement program.					
Score 1	Goals for the quality program do not reflect current priorities; subrecipients unaware of these goals; goals selected without participation of subrecipients of all parts; goals only based on external requirements.					
Score 2	The VDH and subrecipients' QM plans documents describing the organizational quality structure, which includes program leadership and accountability, frequency of quality committee meetings, roles and responsibilities of members, and goals and objectives of the QM program.					
Score 3	Annual QIP goals developed and prioritized based on the input of subrecipients statewide; goals based on past performance and external requirements; some subrecipients aware of quality goals; no process in place to routinely review and update goals.					
Score 4	The VDH and subrecipients' quality management plans clearly define responsibilities and accountability across the state. They describe the quality committee infrastructure, and outline performance measurement strategies including the process for routine review and revision. The QM plans include the process for setting improvement priorities and identifying stakeholders.					
Score 5	Annual QIP goals selected with the collaboration of all subrecipients statewide; goals set for quality projects and PM and actively communicated statewide across parts; goals relevant to HIV care and include system's measures; at minimum, annual review, and update of goals; goals incorporate consumer feedback.					
Comment:						

C.2. Are joint QIP(s) conducted with the engagement of Ryan White subrecipients?											
Score 0		Score 1		Score 2		Score 3		Score 4		Score 5	
Score 0		QIPs not conducted across subrecipients to improve key systems and/or quality of care issues.									
Score 1		Quality improvement activities focus on individual subrecipients; projects across subrecipients used for inspection; selection of quality activities only done across a few subrecipients.									
Score 2		Selected RW part B statewide quality improvement activities responsive to program goals linked to patient health outcomes as defined by performance measures and determined based on statewide and regional performance data results. Quality improvement activities include provision of necessary resources to implement QIP and follow QI methods, principles, and tools to understand causes and make effective changes in the Virginia RW part B systems of care delivery.									
Score 3		Several subrecipients have input in the selection of statewide quality projects; quality improvement activities focus on subrecipients across parts; at least one quality project across parts conducted in the last 12 months; quality improvement activities tracked.									
Score 4		Selected Virginia RW part B quality improvement activities ongoing based on analysis of performance data and other relevant program information, including program reviews and assessments; supported with appropriate resources, including dedicated personnel directly responsible for QM program management and implementation to achieve effective and sustainable results; involve support of performance data collection, with results routinely reported to senior leaders, key stakeholders, providers and patients/community members.									
Score 5		Structured process of selection and prioritization of quality projects is in place; all subrecipients of all parts involved in the statewide QIP; findings routinely shared with all subrecipients and presented to the cross-part quality infrastructure; the goals for projects routinely reviewed to ensure relevancy.									
Comment:											

Capacity Building for Quality Improvement	
D.1. Are quality improvement training and technical assistance on quality improvement offered to HIV providers statewide?	
Score 0	Score 1
Score 2	Score 3
Score 4	Score 5
Score 0	No quality improvement training and/or technical assistance on quality improvement offered to subrecipients across subrecipients.
Score 1	No structured process in place to train subrecipients on quality improvement across parts; limited technical assistance resources available to build capacity for quality improvement.
Score 2	Training for improvement conducted for VDH staff, providers, and/or health care facilities. Training is a part of a formal process based on requests from individual providers and/or health care facilities instead of a planned expansion.
Score 3	Capacity to train subrecipients available; training opportunities routinely exist to train subrecipients across parts; invitations to quality improvement trainings shared across subrecipients; peer learning network opportunities exist.
Score 4	Training for improvement includes plans to expand training capability to groups of local, regional, and statewide staff to strengthen sustainability. Training is one of several components to building capacity, including coaching, peer exchange, collaborative sharing opportunities, and online/distance learning wherever possible and it includes routine tracking of trainer competencies.
Score 5	A formal, statewide capacity-training program in place to train subrecipients of all parts; an annual training schedule developed based on needs assessments including input by subrecipients; process in place to triage TA requests from individual subrecipients; technical assistance on quality improvement provided by quality improvement experts; routine sharing of best practices across subrecipients.
Comment:	

APPENDIX G: GRANT YEAR 2023 VIRGINIA PERFORMANCE MEASURE GOALS FOR RWHAP B FUNDED SERVICES

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>AIDS Drug Assistance Program</u>	Numerator: Number of Virginia MAP clients who received medications or medication copayments and Medical Case Management services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	93%
	Denominator: Number of Virginia MAP clients who received medications or medication copayments and Medical Case Management services, regardless of age during the 12-month measurement period.	
	Numerator: Number of uninsured Virginia MAP clients who received direct medications or regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	85%
	Denominator: Number of uninsured Virginia MAP clients who received direct medications, regardless of age during the 12-month measurement period.	
<u>Outpatient Ambulatory Health Services</u>	Numerator: Number of PWH who received Outpatient Ambulatory Health Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Outpatient Ambulatory Health Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Outpatient Ambulatory Health Services</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded Program who received Outpatient Ambulatory Health Services, regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	99%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received an Outpatient/Ambulatory Medical care and lab services, regardless of age, during the 12-month measurement period.	
<u>Health Insurance Premium and Cost Sharing Assistance for Low-income</u>	Numerator: Number of PWH who received Health Insurance Premium and Cost Sharing Assistance Services for Low-income, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	96%
	Denominator: Number of PWH who received Health Insurance Premium and Cost Sharing Assistance Services for Low-income, regardless of age, during the 12-month measurement period.	
<u>Oral Health Care</u>	Numerator: Number of PWH who received Oral Health Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	94%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Oral Health Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Mental Health Services</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded Program who received a Mental Health Service, regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received Mental Health Services, regardless of age, during the 12-month measurement period.	
<u>Medical Nutrition Therapy</u>	Numerator: Number of PWH who received Medical Nutrition Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	87%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Nutrition Services, regardless of age, during the 12-month measurement period.	
<u>Medical Case Management Services (Including Treatment Adherence)</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded Program who received Medical Case Management Services, regardless of age, with an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	90%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Case Management Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Medical Case Management Services (Including Treatment Adherence)</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded Program who received a Medical Case Management Services (Including Treatment Adherence), regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Case Management Services, regardless of age, during the 12-month measurement period.	
<u>Early Intervention Services</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded program who received Early Intervention Services, regardless of age, with an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	87%
	Denominator: Number of PWH who received Early Intervention Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	
<u>Substance Abuse Services – Outpatient</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Outpatient Substance Abuse Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.*	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Outpatient Substance Abuse Services.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Non-Medical Case Management Services</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Outpatient Substance Abuse Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program regardless of age who received non-Medical Case Management Services during the 12-month measurement period.	
	Numerator: Number of PWH enrolled in RWHAP Part B-funded program who received Non-Medical Case Management Services, regardless of age, with an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Non-Medical Case Management Services, regardless of age, during the 12-month measurement period.	
<u>Emergency Financial Assistance</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded Program who received Emergency Financial Assistance with two or more care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received Emergency Financial Assistance.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Food Bank/Home-Delivered Meals</u>	Numerator: Number of PWH who received Food Bank/Home-delivered Meals with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.*	97%
	Denominator: Number of PWH who received Food Bank/Home-delivered Meals during the 12-month measurement period.	
<u>Health Education/Risk Reduction</u>	Numerator: Number of PWH who received Health Education/Risk Reduction services with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH who received Health Education/Risk Reduction services during the 12-month measurement period.	
<u>Housing</u>	Numerator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age who received Housing services, with at least two care markers in a 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	98%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Housing services.	
<u>Linguistics</u>	Numerator: Number of PWH who received Linguistic services, regardless of age, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	97%

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
	Denominator: Number of PWH who received Linguistics services, regardless of age during the 12-month measurement period.	
<u>Medical Transportation Services</u>	Numerator: Number of PWH regardless of age who received Medical Transportation Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH regardless of age who received Medical Transportation Services during the 12-month measurement period.	
<u>Outreach Services</u>	Numerator: Number of PWH who received Outreach services, regardless of age, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	90%
	Denominator: Number of PWH who received Outreach services, regardless of age, during the 12-month measurement period.	
<u>Substance Abuse Services – Residential</u>	Numerator: Number of PWH who received Residential Substance Abuse services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Residential Substance Abuse services during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>Psychosocial Support Services</u>	Numerator: Number of PWH who received Psychosocial Support Services, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Psychosocial Support Services during the 12-month measurement period.	
<u>Psychosocial Support Services</u>	Numerator: Number of PWH who received Psychosocial Support Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	97%
	Denominator: Number of PWH who received Psychosocial Support Services during the 12-month measurement period.	
<u>MAI (Education)</u>	Numerator: Number of MAI clients who receive HIV Education Services will be verified as enrolled in ADAP or another prescription medication program.	65%
	Denominator: MAI Education Services clients, during the 12-month measurement period.	
	Numerator: Number of MAI clients who receive HIV Education Services with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	85%
	Denominator: MAI Education Services clients.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
<u>MAI Outreach Services (Outreach)</u>	Numerator: MAI Outreach Services clients verified as enrolled in ADAP or another prescription medication program.	60%
	Denominator: Number of MAI Outreach Services clients during the 12-month measurement period.	
<u>MAI Outreach Services (Outreach)</u>	Numerator: Number of MAI Outreach Services clients with an HIV viral load less than 200 copies/mL at last viral load test in the last the 12-month measurement period.	90%
	Denominator: MAI Outreach Services clients during the 12-month measurement period.	

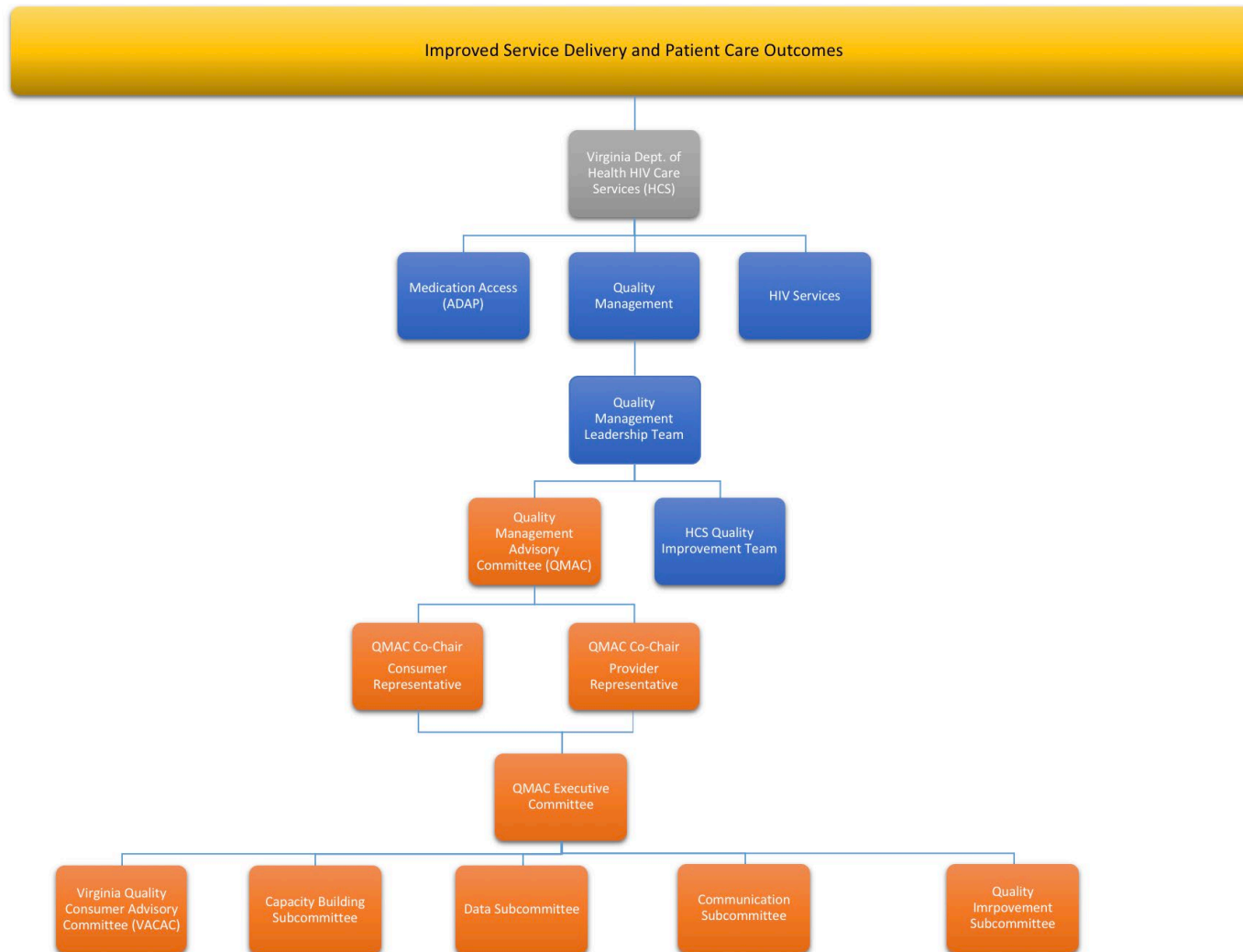
APPENDIX H: HRSA HIV/AIDS BUREAU SERVICE CATEGORY

Allowable Program Services	
CORE MEDICAL SERVICES	
1.	ADAP Treatments
2.	AIDS Pharmaceutical Assistance
3.	Early Intervention Services
4.	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5.	Home and Community-Based Health Services
6.	Home Health Care
7.	Hospice
8.	Medical Case Management, including Treatment Adherence Services
9.	Medical Nutrition Therapy
10.	Mental Health Services
11.	Oral Health Care
12.	Outpatient/Ambulatory Health Services
13.	Substance Abuse Outpatient Care

SUPPORT SERVICE	
14.	Child Care Services
15.	Emergency Financial Assistance
16.	Food Bank/Home Delivered Meals
17.	Health Education/Risk Reduction
18.	Housing
19.	Legal Services
20.	Linguistic Services
21.	Medical Transportation
22.	Non-Medical Case Management Services
23.	Other Professional Services
24.	Outreach Services
25.	Permanency Planning
26.	Psychosocial Support Services
27.	Referral for Health Care and Support Service
28.	Rehabilitation Services
29.	Respite Care
30.	Substance Abuse Services (residential)

The RWHAP Program Service Definitions revised by HRSA/HAB in 2016 with an effective date of October 1, 2016. The revised service definitions are included in [*Policy Clarification Notice #16-02, RWHAP Services: Eligibility Individuals & Allowable Uses of Funds.*](#)

APPENDIX I: QMAC ORGANIZATIONAL CHART



APPENDIX J: VIRGINIA QUALITY MANAGEMENT PROGRAM FLOW CHART

