COMPREHENSIVE VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT PLAN

Grant Year Period: April 2022 – March 2023

DIVISION OF DISEASE PREVENTION

HIV CARE SERVICES UNIT

VDH VIRGINIA DEPARTMENT OF HEALTH

Table of Contents

I. INTRODUCTION

Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program legislation requires the implementation of 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 CQM expectations for Ryan White HIV/AIDS Program Part B (RWHAP B) recipients 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).

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for PWH through a comprehensive CQM program that involves continuous monitoring, quality improvement projects (QIPs), capacity-building opportunities, and based on performance measures (PM). The Comprehensive Virginia Ryan White Part B CQM Plan also referred to as the VDH QM plan, which VDH shares with all stakeholders, frames the HIV Care Services (HCS) Unit continuous quality improvement activities, describes the infrastructure of the Virginia RWHAP B CQM program, and delineates the PM.

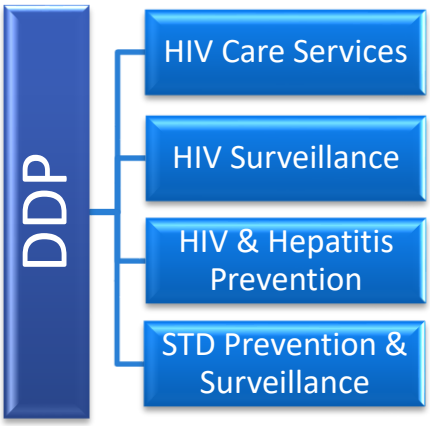
This document is available in print and on the following website: http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ The implementation of the content will be effective April 1, 2022. If you have any questions concerning this plan, please contact Safere Diawara, MPH, CQM Coordinator, at (804) 864-8021 or by email at Safere.Diawara@vdh.virginia.gov.

[1] ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/clinical-quality-management-pcn.pdf

II. AUTHORITY

The Health Resources and Services Administration (HRSA) is an agency of the U.S. HHS that serves the uninsured, isolated or medically vulnerable. Within 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



VDH's Division of Disease Prevention (DDP) 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 2021, VDH provides core medical and support services through funded subrecipients to over 8,000 clients, as reported within the *Ryan White HIV Continuum of Care, Virginia 2020*[2]. Specific programs such as 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 and is dedicated to the provision of education, information, and health care services that promote and protect the health of all Virginians. The HCS unit within DDP administers the Virginia RWHAP B CQM Program.

The Virginia Medication Assistance Program (VA MAP) administers the RWHAP B AIDS Drugs Assistance Program or ADAP and provides access to life-saving medications for the treatment of HIV and related illnesses for low-income clients through the provision of medications or through 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 provides insurance cost support or directly purchased medications through the following programs:

- 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

[2] https://www.vdh.virginia.gov/content/uploads/sites/10/2021/06/RW-HIV-Continuum-of-Care_Virginia_2020.pdf

eligible clients who have other forms of private insurance meeting federal and state VA MAP criteria under the Insurance Continuation Assistance Program.

- Medicare Part D Assistance Program: The Medicare Part D Assistance Program pays premiums and medication cost shares for VA MAP-eligible clients enrolled in Medicare Part D, which is supported by state-appropriated State Pharmaceutical Assistance Program 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 through statewide leadership and stakeholder collaboration.

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 PM across Ryan White subrecipients and third-party providers;
- Providing training and technical assistance related to quality improvement; and
- Participating in cross-jurisdictional, statewide, and national quality management 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.

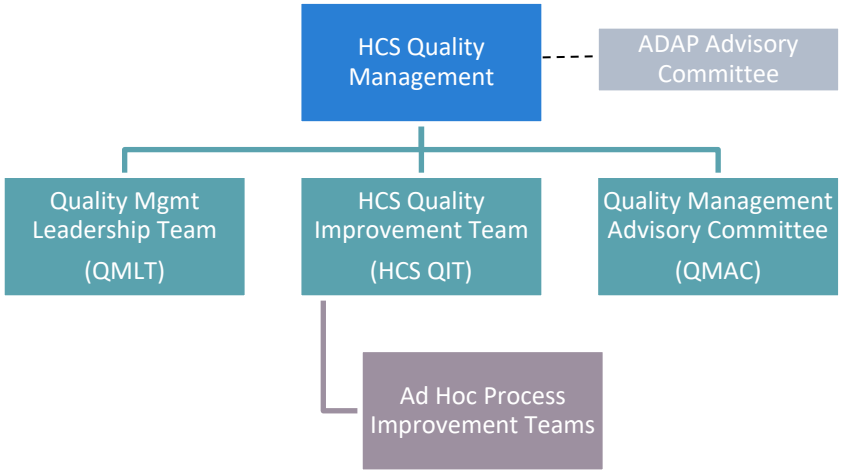
VI. HCS QUALITY MANAGEMENT INFRASTRUCTURE

A. Oversight:
Within DDP, the HCS unit implements the Virginia RWHAP B CQM program. The CQM coordinator provides general oversight of the program, coordinates program evaluation and CQM activities, oversees service standards and outcome measurement activities, analyzes outcomes data, and integrates the data into requested reports. The position is also responsible for developing and updating the VDH QM plan, coordinating training on CQM topics, managing client record reviews and providing technical assistance as appropriate. The CQM Coordinator works in collaboration with the Quality Management Advisory Committee (QMAC), the statewide cross-parts collaborative that includes representatives from RWHAP Parts A, B, C, D, and F.

Two quality management specialists assist the CQM coordinator, who plan, organize and oversee funded subrecipients' quality improvement activities and ensure that QIP initiatives focus on improving program efficiencies. The quality management specialists also participate in HCS internal quality and strategic planning activities and provide needed technical assistance to subrecipients. The CQM coordinator closely works with the quality management specialists, planner, and other HCS staff to form the HCS quality improvement team (HCS QIT).

An array of staff throughout DDP and HCS has final approval of the VDH QM plan, with varying levels of authority and responsibilities for its implementation. The VDH QM plan includes goals specific to ADAP; the VA MAP assistant director and key VA MAP staff are also members of the HCS Clinical Quality Management Leadership Team (QMLT).

B. Clinical Quality Management Committees:
Several committees support the HCS QIT, as described and depicted below. *See appendices E, H, and I for further information.*



Clinical Quality Management Leadership Team (QMLT)

The HCS QMLT oversees the overarching Virginia RWHAP B CQM activities, and provides leadership and oversight for all HCS-led quality improvement activities. The QMLT ensures 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. Additionally, discussions within the QMLT ensure the identification of needed resources and their allocation for quality improvement activities. The QMLT meets monthly. Membership of the QMLT consists of:

- Director of HCS
- Assistant directors of HCS
- Lead HIV services coordinator
- HCS analyst
- Ryan White fiscal grants manager
- CQM coordinator
- Quality management specialists
- HCS HIV planner
- HCS grant manager

HCS Quality Improvement Team (HCS QIT)

This team is comprised of HCS personnel who meet on a routine basis. The team monitors implementation of QIPs, reviews relevant PM plans for QMAC meetings, interfaces with QMAC, and coordinates other quality activities like trainings and Peer Review process. The team discusses improvement ideas and addresses constructive feedback on improvement initiatives. The HCS QIT consists of:

- HCS coordinators
- VA MAP assigned staff
- CQM coordinator
- Quality management specialists

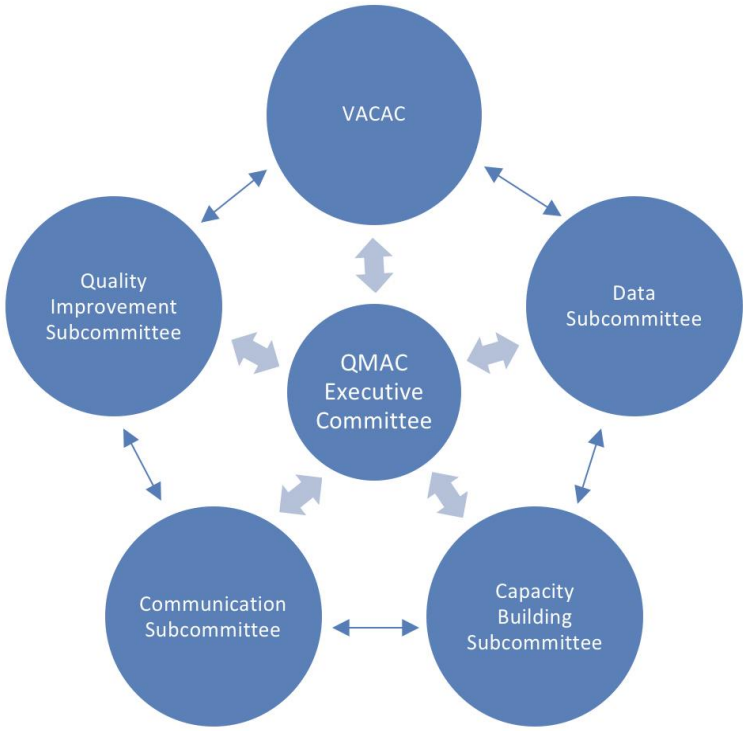
- HCS grants manager
- HCS planner

QMAC

Implementing quality management across the state requires input, buy-in, and support from key stakeholders. The QMAC provides a forum to solicit such input. Membership is comprised of over 40 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, and developing strategies to improve care processes. Many members of QMAC are also members of the Virginia Community HIV Planning Group (CHPG). The QMAC meets on a quarterly basis to review system-wide quality management issues, challenges, and developing strategies to improve care.

One Executive Committee and five standing Subcommittees are established:

- Executive Committee: Provides oversight and support to the QMAC and works with QMAC 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 PWH 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 quality management initiatives.
- Capacity Building Subcommittee: Supports the development of Ryan White Cross-parts quality management activities by identifying training and technical assistance needs and strategies to address those needs.
- 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 recommendations and best practices.



QMAC reviews membership annually and is open to all Ryan White 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 selection to the CQM coordinator.

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/content/uploads/sites/10/2019/07/QMAC-ORIENTATION-MANUAL-5-2019-FINAL-VERSION.pdf.

ADAP Advisory Committee

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

1. Ensuring necessary therapeutics are available 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, and assessing how quickly the VA MAP program adjusts its formulary as new treatment advances become available.

Ad Hoc Process Improvement Teams

As needed, HCS leaders convene topic-driven quality improvement teams on an ad hoc basis to implement process improvement. Membership is dependent on the issue or process to address. The meeting frequency is determined based on the scope of the QIP or each QIP. The HCS QIT establishes a memo that includes pertinent information, such as baseline data, intended goal, performance measure and team membership. The HCS QIT routinely shares updates on progress including performance data and changes tested.

C. Peer Review Team:

VDH establishes 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 a team of medical providers, case managers and consumers, collects performance measure data, reviews client charts, and selected QIP data and provides technical assistance. PWH team members conduct consumer 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.

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
- Ryan White TARGET Center training: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf
- The Local Performance Sites of the Mid-Atlantic AIDS Education and Training Center (MAAETC): 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/
- Glasscubes: www.cqii.glasscubes.com (*Registration required for access*)

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 in the area

they serve that constitute key points of access to the health care system including 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 Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards.

Subrecipients' contractual agreement documents the quality management requirements as listed below (Appendix C):

1. Each subrecipient must develop, update, and submit an annual Ryan White quality management 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, measureable, 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 and specifies their engagement in the Virginia RWHAP B CQM Program, includes community representatives and partners, and specifies how feedback is gathered from key stakeholders); and
    f. **Evaluation** (Evaluates the effectiveness of the quality management /quality improvement infrastructure to decide whether to adjust quality improvement work and review PM and QIPs).

The HCS QIT, in collaboration with the HIV Services coordinators, reviews the progress on subrecipients' quality management 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. Subrecipients report progress of the QIP on a quarterly basis by using a recommended VDH QIP summary template (Appendix D). All sites are encouraged to undertake additional QIPs that focus on issues specific to their program as needed.

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

VIII. 2022-2023 WORK PLAN GOALS AND IMPLEMENTATION

The HCS QIT monitors the work plan activities at least quarterly and review findings with the QMAC Executive Committee. VDH shares noted updates and progress at the QMAC quarterly meetings with discussion and suggestions elicited. Appendix E includes the full implementation work plan. The quality management goals include:

Goal A Developing and implementing the *2022-2023 Comprehensive Virginia Ryan White Part B Quality Management Plan*;
Goal B Strengthening the existing Virginia Ryan White Cross-parts infrastructure to support quality improvement activities in Virginia;
Goal C Ensuring that health-related core and support services, including the Virginia ADAP, provided by VDH, and funded agencies improve the HIV Continuum of Care (HCC) status,
Goal D Providing technical assistance and quality trainings on an ongoing basis; and
Goal E Strengthening RWHAP B recipient quality improvement initiatives.

IX. PERFORMANCE MEASUREMENT

The RWHAP B collects and analyzes performance measurement data to identify and prioritize QIPs, routinely monitor the quality of care provided to PWH, and evaluate the impact of changes made to improve the quality and systems of HIV care. Subrecipients are encouraged to assess the outcomes of their programs along the 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 specific clinical and prevention indicators selected for all RWHAP B funded services include:

Indicator to be Measured	Measurement Outcome	Data Elements used to Measure Indicator
Linkage to HIV Medical Care	Percentage of RW clients who attended HIV medical care services and had a care marker within 30 days of HIV diagnosis	**Numerator:** Number of RW clients who attended HIV medical care services and had a care marker within 30 days of HIV diagnosis **Denominator:** Number of RW clients who received an HIV diagnosis in the 12-month measurement period
Retention in HIV Medical Care	Percentage of RW clients who had two care markers in the 12-month measurement period	**Numerator:** Number of RW clients in RWHAP Part B-funded program living with HIV who had at least two care markers in 12-month measurement period that are at least 3 months apart **Denominator:** Number of RW-enrolled people enrolled in a RWHAP Part B-funded program living with HIV who had at least one care marker in the 12-month measurement period
ART Among Persons in HIV Medical Care	Percentage of RW clients who are prescribed ART in the 12-month measurement period	**Numerator:** Number of RW clients who are prescribed ART in the 12-month measurement period **Denominator:** Number of RW clients who had at least one HIV medical care service in the 12-month measurement period
Viral Load Suppression (VLS) Among Persons in HIV Medical Care	Percentage of RW clients with a viral load <200 copies/mL at last test in the 12–month measurement period	**Numerator:** Number of RW clients with a viral load <200 copies/mL at last test in the 12–month measurement period **Denominator:** Number of RW-enrolled persons with an HIV diagnosis and who had at least one HIV medical care service in the 12-month measurement period

Virginia RWHAP B selected HCC related PM for each funded service, including VA MAP. The PM include monitoring care markers such as CD4 test dates, viral load test dates, ART prescription dates, and HIV medical care visit dates. HCC PM apply to all

funded services, excluding Oral Health Care and Early Intervention Services (EIS). VDH, in compliance with HRSA PCN 15-02, identifies two PM where service utilization is greater than or equal to 50 percent of eligible clients receiving at least one unit of service. In addition, VDH identifies one performance measure where service utilization is greater than 15 percent and less than 50 percent of the eligible clients, receiving at least one unit of service.

The exception for Oral Health Care and EIS Outreach/Education funded services, which will measure as below:

Oral Health Care Indicator to be Measured	**Numerator:**	**Denominator:**
Percentage of RW clients who received education session on Oral Health and HIV in the 12-month measurement period.	Number of RW clients who received education session on Oral Health and HIV at least once during the 12-month period.	Number of RW clients enrolled in a RWHAP Part B-funded program.
EIS Health Education Indicator to be Measured	**Numerator:**	**Denominator:**
Percentage of RW clients enrolled in EIS who received education regarding HIV disease process, risk reduction, and maintenance of the immune system in the 12-month measurement period.	Number of RW clients who received EIS and have documentation of education given regarding HIV disease process, risk reduction, and maintenance of the immune system in the 12-month measurement period.	Number of RW clients receiving EIS services, regardless of age in the 12-month measurement period.

B. Data Collection:

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 recertification data
- Utilization patterns data
- HCC data
- Client satisfaction data
- Needs assessment data
- Other data as required and/or necessary

C. Data Sources:

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

- Client satisfaction surveys/interviews
- HCC data
- VA MAP data
- Integrated HIV prevention and care statewide plan
- Unmet needs data
- Enhanced HIV/AIDS reporting system data
- Unmet needs data (PWH who are out of care)

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

D. Frequency of Data Collection:

The CQM team requests RW-selected PM for each funded service quarterly, in accordance with PCN 15-02. The HCS QIT submits internal data requests of selected RWHAP B funded services measures, as listed in Section A above, to the VDH data team. The QM team reviews data for relevance, need, as well as any existing health disparities. Following the review of the selected PM and HCC 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 PWH. Subrecipient data derives from the full list of clients served by each site. This provides a more accurate picture of the subrecipient's client-based outcomes. Reports highlighting the subrecipient's client outcomes show visual comparison of outcomes compared to the outcomes of all quality management subrecipients pooled together for the preceding three years prior to the reporting period. These specific data reports also show the visual and temporal change in outcomes for the preceding three years prior to the reporting period for the specific subrecipient clients.

VDH collects and analyzes HCC data to inform on the monitoring of HIV care; identify trends in HIV-related health outcomes over time and across jurisdictions, clinics and programs; and determine programmatic needs by analyzing gaps and health disparities. VDH solicits feedback through quality management committees, the VACAC, subrecipients in planning, implementing, and evaluating quality of care program activities to be responsive to changes in clinical and scientific knowledge. Action steps recommendations address identified needs and service gaps, while others provide a vision for longer-term strategies to achieve an ideal system of care.

F. Data Used:

Several types of qualitative and quantitative data give information to VDH and its partners on the selected PM and help them shape improvement goals and projects. For example, the Data to Care strategy is a data approach used to help identify and follow

up with clients who have fallen out of care, as well as identifying gaps and disparities in care and service delivery.

X. QUALITY IMPROVEMENT

Virginia RWHAP B QIPs are selected based on performance data results and focus on a mechanism for integrating change into routine activities. Routine measurements assess the impact on care. The key principle in this project for improving HIV care is the implementation of the PDSA Model, which includes measuring, testing change, re-measuring, and the application of a change.

Viral Load Suppression:
The QMAC, in collaboration with VDH, selects a statewide QIP as a way to improve systems and processes of care. The goal of the QIP will be data-driven to understand effective strategies to assess quality improvement efforts, achievement of VLS status, and measure time from diagnosis to viral suppression for newly diagnosed. VDH will provide quarterly data and any technical assistance needed to ensure proper monitoring, data exchange and reconciliation. Additional QIP PM include monitoring cohort VLS rates at baseline, 30 days, 60 days, and 90 days and through each quarter.

At the local level, each subrecipient is responsible for implementing the QIP at its agency. The QIP report template summarizes progress made, and submitted on a quarterly basis (see Appendix D). The QM team reviews reports and submits feedback to agencies based on strengths and areas for improvement in each report section. Technical assistance is available, by request, on an ongoing basis to all subrecipients or as identified by the QM team through a demonstrated need.

Rapid Start:
Ending the HIV Epidemic, a federal plan to end the HIV epidemic in the United States within 10 years, launched in 2019. To support this initiative, the VDH DDP implemented an HIV Rapid ART Start Program (Rapid Start) in 2020. VDH will continue the Rapid Start Collaborative Initiative. The Rapid Start pilot program will run through grant year (GY) 22, with the full incorporation into the RWHAP B portfolio subrecipient contracts in GY23.

The Rapid Start program establishes access to ART and HIV care within 14 days of diagnosis for patients with HIV, with the goal to improve access to and retention in high quality, competent HIV care and services. Rapid Start has expanded to 15 sites as of 2022. Participating agencies cover all five Virginia health regions. Meetings occur monthly through a virtual call consisting of: VDH updates, subrecipient program reflections, an education moment, and peer discussions, as well as performance measure and invoice submission review. In addition to QM staff and subrecipient provider participation, HCS Service Coordinators, VA MAP staff, and other HCS staff also attend collaborative meetings.

VDH does not advocate for a one-size fits all approach to rapid ART. VDH works to adapt specific intervention models with each subrecipient to fit their needs as HIV care providers

for a rapid start program, recognizing implementation varies based on provider capacity and availability. Within each intervention, is a process map to initiate HIV treatment within 1-14 days, an accelerated insurance approval process, as well as expedited VA MAP application processing. Financial assistance is available through mixed funding streams to support rapid start programs for participating subrecipients and allow access to no-cost health care to Rapid Start patients for the first 30 days (Ryan White eligible and non-Ryan White eligible).

The quality improvement activities equip subrecipients to:

- Educate staff about quality improvement activities and provide them with the skills to participate in quality improvement processes;
- Set a routine schedule for monitoring and reviewing data;
- Allow participating institutions to align their own continuous improvement initiatives and projects with required QIP processes;
- Communicate results from improvement projects throughout the clinic and the community; and
- Provide opportunities for all staff to participate in a QI team.

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 infrastructures and quality management models that work within specific geographic areas of the state where similar conditions exist;
- Foster relationships across the Ryan White Cross-parts Collaborative; and
- Provide technical capacity to collect and submit quality improvement related data.

In addition to HRSA and VDH, the following are stakeholders currently involved in Virginia RWHAP B quality improvement activities:

- QMAC;
- Subrecipients;
- Funded third party providers;
- PWH;
- The Virginia local performance sites of the MAAETC; and
- VHARCC.

XII. CAPACITY BUILDING

- Virginia Ryan White Program Part B CQM staff participates in Center for Quality Improvement and Innovation (CQII) trainings and webinars to support their ongoing

CQM skills development. This support enables staff to provide and coordinate technical assistance/training for RWHAP B funded agencies.

- Subrecipient applications, local CQM program monitoring, quarterly reports, and training evaluations are tools for assessing CQM technical assistance and training needs.
- Quality improvement best practices: VDH selects funded agencies to highlight best practices and/or success with improvement projects.
- RWHAP B continues to build quality improvement capacity through the provision of trainings and technical assistance. In partnership with various stakeholders, VDH develops and conducts comprehensive trainings for providers, PWH, and advocacy committees regarding each element of the CQM program.
- The Quality Management staff participates in the HRSA, and other Ryan White quality trainings offered to recipients and subrecipients.
- In addition, Virginia has established two annual Ryan White Cross-parts summits, the **Quality Management Summit and Case Management Summit.** VDH designs these summits to build capacity among all Ryan White clinical providers (A, B, C, D, and F) and consumer representatives to conduct quality improvement activities and enlarge the pool of quality improvement trainees statewide. The summits are opportunities to build the quality improvement capacity needed to ensure that Virginia HIV clinical providers are able to better their quality improvement programs. Summit participants access peer-learning opportunities to share best practices and have access to national experts without traveling outside the state.
- An orientation session is available to new QMAC members on a quarterly basis. Orientation helps new members achieve not only personal growth, but also a high level of understanding of QMAC without feeling overwhelmed. It covers basic structure of the QMAC, as well as guidance on conducting meetings, how to effectively participate in the QMAC, a description on how the subcommittees are organized, and details of what is required and expected from members.
- VA MAP also continues to build quality improvement capacity through the provision of trainings and technical assistance to HCS staff and stakeholders. Staff is actively working on QIPs to improve the VA MAP eligibility assessment rate. Effectively applied, these improvements benefit the clients and can lead to improvements in overall client health outcomes. Quarterly calls ensure that VA MAP staff is in continued communication with stakeholders regarding program changes, updates, and relevant training.

XIII. COMMUNICATION

Communication to and between stakeholders is an important part of the quality management process. The purpose, method, and frequency of communication depend on the audience. VDH uses different communication tools and techniques to communicate quality improvement activities and results. They are a balanced mix of paper, conference calls and electronic communication means, such as posters, fliers and brochures, VDH HCS website (https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/), QMAC quarterly newsletters, email listservs, and the VDH DDP E-Bulletin. Structured meetings such as QMAC meetings and the two Ryan White Cross-

parts summits are open to all Ryan White providers and PWH. Other methods for distribution of the quality improvement results and requirements include contractual documents, and trainings through VDH, VHARCC, and AETCs. For example, sharing individual HCC related PM using visual management demonstrates trends toward reaching projected goals and approaches; agencies commit to change, by showing expected benefits and early results.

Through periodic emails, VDH informs VA MAP and Ryan White stakeholders regarding ACA enrollment, QMAC meetings, quarterly VA MAP conference calls, and quarterly subrecipient meetings. The VA MAP call center, DDP Hotline, and VDH website offer information to respond to questions from stakeholders and clients.

HCS staff participates in regional health meetings, quarterly subrecipient meetings, and Ryan White Part A Planning Council meetings in an effort to provide RWHAP B updates to consumers and subrecipients.

XIV. EVALUATION OF QUALITY MANAGEMENT PROGRAM

The Virginia RWHAP B CQM program assesses the following components:

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

Regular feedback regarding overall quality improvement is critical in sustaining improvements over time. VDH communicates findings and solicits feedback from key stakeholders on an ongoing basis and offers data presentations for identified meetings and trainings. Based on the quality management findings, VDH will refine strategies for the following year. In addition, VDH shares technical assistance and written site visit report responses with stakeholders, who have the opportunity to provide feedback on the responses.

A. Infrastructure:

a. **Quality Management Plan:** VDH evaluates the VDH QM plan on a quarterly basis, including analyzing goals for completion and key activities undertaken during the year. Results, challenges, and comments 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 on a quarterly basis, with completing adjustments, as needed.

Evaluation areas include assessing:

1. The occurrence of QMAC meetings, at least quarterly, and minutes for all meetings;
2. The effectiveness of quality management activities, objectives and approaches; and
3. The completion of implemented action plans to improve or correct identified problems.

B. Performance Measurement:

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

b. **Peer Review:** Peer Review site visits (including client individual chart review, PM data extraction and analysis, and client interviews) performed biennially for selected subrecipients' services. Findings from those reviews used to assist in the development of subrecipient-specific quality management plans and needed corrective action plans. The Peer Review annual aggregated report uses information to identify thematic crosscutting training needs or technical assistance based on collected data. Agencies review the results from their site visit reports and identify areas in need of improvement.

c. **VA MAP:** VA MAP site visits (including chart review) performed biennially for medication access sites where at least five or more clients are accessing medications. Selected VA MAP charts reviewed to ensure that all eligibility and recertification documents in place and current. Additionally, other issues discovered in the process of reviewing the selected charts may expand the scope of the review.

d. **Goals:** Grant Year 2022 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 and objectives achievement, health outcomes, and client satisfaction gauge 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 the following:

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
4. Active engagement from all team members

c. **Client Interviews:** Client interviews provide additional information regarding how well organizations meet PWH expectations and information pertinent to the organization's quality improvement efforts. In addition to the Peer Review activities, each RWHAP B funded provider is contractually required to measure client satisfaction. In addition, PWH participate in different needs assessment interviews, focus groups, and surveys to supplement Peer Review client interviews.

d. **Trainings:** Each training and workshop utilizes an evaluation to solicit feedback on the process and content of the training, which allows the facilitators to learn from their experiences.

The overarching evaluation strategy strengthens organizational performance and links organizations 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 Organizational Assessment Tool (See Appendix G) to identify all essential elements associated with a sustainable Virginia Ryan White Program 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 update VDH and subrecipients' work plans to focus on priorities, setting direction and assuring the allocation of resources for the Virginia RWHAP B CQM program. VDH, stakeholders, and consumers all have the opportunity to provide important input during the assessment process.

Approval of the 2022 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, 2023.

Ryan White Part B – Virginia Department of Health

Signature: __Lindsey Lockewood_____ Date: ___6/1/2022_____
Lindsey Lockewood, DHSc, MPH
Assistant director for HIV Care Services

REFERENCES

Clinical Quality Management. (2022, February 2). TargetHIV. Retrieved March 30, 2022, from https://targethiv.org/library/topics/clinical-quality-management

Glossary of Ryan White HIV/AIDS Program-Related Terms. (n.d.). TargetHIV. Retrieved March 30, 2022, from https://targethiv.org/library/glossary#Q

HRSA HAB HIV Performance Measures. (2019, December 9). TargetHIV. Retrieved March 30, 2022, from https://targethiv.org/library/hrsa-hab-hiv-performance-measures#:%7E:text=HRSA%20HIV%2FAIDS%20Bureau%20(HAB,quality%20of%20care%20they%20deliver

Quality Academy - Choosing Quality Measures for HIV Care and Services. (2009, April 1). TargetHIV. Retrieved March 30, 2022, from https://targethiv.org/sites/default/files/supporting-files/Quality-Academy-choosing-quality-measures-for-hiv-care-and-services-april-20091.pdf

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
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:	_____
Home Phone:	_____	Fax:	_____
E-mail:	_____		
Conflict of Interest:	_____		
Present Employment:	_____		

Are you new to the Quality Management Advisory Committee? Yes ☐ No ☐
Are you interested in becoming a mentor in the future? Yes ☐ No ☐

In order to participate in the Quality Management Advisory Committee (QMAC) you must first receive written permission from your respective agency/direct manager to attend.

Did you receive approval from your agency to participate and join QMAC? Yes ☐ No ☐

Please state your qualifications, interest and/or reasons for wanting to be a member of the QMAC:…….

Review Team Comments: _____	
Approval:	
QMAC Chair	Date:
VDH QM Coordinator:	Date:

APPENDIX C: 2022 QUALITY MANAGEMENT PROGRAM SUBRECIPIENT REQUIREMENTS SUMMARY

Quality Area	Quality Activity	Responsible Person	Timeline
Quality Management Plan and QIP	Ryan White subrecipient quality management plan development and submission to VDH	Subrecipients	May 31, 2022
	QIP proposal development and submission to VDH (Selected 2022 Topic is VLS) The proposal should include the site baseline data on selected PM	Subrecipients	May 31, 2022
	QIP reports required on quarterly basis	Subrecipients	Quarterly reports are due: July 15, 2022, October 15, 2022, January 15, 2023, April 15, 2023
	Subrecipient quality management plan reports required on monthly basis	Subrecipients	Monthly By March 2023
	Participation in the statewide Peer Review bi-annual site visits activities	Subrecipients	By March 2023
Quality Monitoring	PM Monitoring *(via Monthly Report and quarterly HCC data monitoring reports)* & Feedback *(via Monthly Report Responses and through quality meetings)*	Subrecipients HIV Services Coordinators HIV Surveillance team CQM Coordinator Quality Management Specialist	Monthly and quarterly feedback
Planning and Evaluation	QMAC Meetings	QMAC Members	May 26, 2022 August 18, 2022 November 17, 2022 February 16, 2023
Training	Quality Management Summit	Planning Committee QMAC AETC	November 2-3, 2022

		VHARCC Quality Management Staff	
	Consumers Quarterly Trainings[3] (Zoom Conference)	Quality Management Staff VACAC QMAC	June 24, 2022 *(E)* July 15, 2022 *(SW)* August 25, 2022 *(NW)* September 23, 2022 *(N)* October 20, 2022 *(C)*
	Case Management Summit (Virtual)	Planning Committee AETC Quality Management Staff	March 3-4, 2023
	Training and technical assistance as needed	Quality Management Staff AETC VHARCC Peer Review	Ongoing

[3] Regions listed: Southwest (SW); Eastern (E); Northwest (NW); Northern (N); Central (C)

APPENDIX D: QIP REPORTING TEMPLATE

Agency:			
Report Completed by:	**Name:**		
	Title:		
	Contact Info:		
Date Submitted:			
Report Period:	**Start Date:**	**End Date:**	**Report Due Date**
☐ Quarter 1	**April 1, 2022**	**June 30, 2022**	**July 15, 2022**
☐ Quarter 2	**July 1, 2022**	**September 30, 2022**	**October 15, 2022**
☐ Quarter 3	**October 1, 2022**	**December 31, 2022**	**January 15, 2023**
☐ Quarter 4	**January 1, 2023**	**March 31, 2023**	**April 15, 2023**
QIP Title:	**Viral Load Suppression for Existing Ryan White Clients Who Are Not Virally Suppressed and Those 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)* – Make predictions about what will happen and why it will happen.
- **DO** *(Section 3)* – Carry out the change or test on a small scale.
- **STUDY** *(Section 4)* – Analyze the test cycle and reflect on the findings.
- **ACT** *(Section 5)* – Decide if there are any refinements or modifications need for the changes tried.

Section 1: BACKGROUND

The QIP will focus on a selected cohort of people with HIV (PWH) not virally suppressed or/and newly diagnosed. Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression. In addition, it will give the opportunities to examine the factors associated with virologic suppression for PWH on ART receiving Ryan White services.

Problem Statement: What specific issues do you have with viral load suppression of the cohort data for this reporting quarter **(Specific problem statement for each quarter)?**

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

Section 2: AIM & GOALS

A. Agency Goals Statement: (If needed, update the Aim Statement and Goals quarterly.)

Indicate your agency's **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely (SMART) **goal for the coming quarter** based on current received cohort data. *(e.g., our agency will have two clients from our cohort achieve VLS by April 30th)*

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

B. QIP Team Members including at least one consumer:

(*Names, Titles, Role in this QIP only; please omit client name and indicate "Consumer"*)

If needed, update the QIP Team Members quarterly.

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 you identified last quarter** to improve the performance measures of your cohort data for this reporting quarter. *The list below should list your previous submitted action steps from the previous quarter's report.*

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

3.		
4.		

Performance Reporting Periods: Ryan White Grant Year 2021

Agency Viral Load Suppression Rate Data provided by the Virginia Department of Health.

BASELINE: March 2021 – February 2022 *(Data received in June 2022)*
Quarter 1: June 2021 – May 2022 *(Data received in July 2022)*
Quarter 2: September 2021 - August 2022 *(Data received in October 2022)*
Quarter 3: December 2021- November 2022 *(Data received in January 2023)*
Quarter 4: March 2022 – February 2023 *(Data received in April 2023)*

Performance Measurement Definitions

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

PERFORMANCE MEASURE

A. Overall Cohort Data

Numerator: Number of patients that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed)

Denominator: Number of patients with a diagnosis of HIV who had at least one care marker during the performance period.

		COHORT VLS DATA ONLY			
	Deadline to VDH	**Numerator (n)**	**Denominator (d)**	**Percentage (n/d x 100)**	**Total Cohort Clients Remaining Non-suppressed (d – n)**
Quarter 1 rate:	**July 15, 2021**				
Quarter 2 rate:	**October 15, 2021**				
Quarter 3 rate:	**January 15, 2022**				
Quarter 4 rate:	**April 15, 2022**				

B. Newly Diagnosed data

1. Table for Clients that have Achieved VLS within 30 Days

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) at 30 days

Denominator: Number of patients with a new diagnosis of HIV who had at least one care marker during the performance period at 30 days

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

		Newly Diagnosed VLS DATA ONLY		
		30 days		
	Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate:	July 15, 2022			
Quarter 2 rate:	October 15, 2022			
Quarter 3 rate:	January 15, 2023			
Quarter 4 rate:	April 15, 2023			

2. Table for Clients that have Achieved VLS within 60 Days

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) at 60 days

Denominator: Number of patients with a new diagnosis of HIV who had at least one care marker during the performance period at 60 days

		Newly Diagnosed VLS DATA ONLY		
		60 days		
	Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate:	July 15, 2022			
Quarter 2 rate:	October 15, 2022			
Quarter 3 rate:	January 15, 2023			
Quarter 4 rate:	April 15, 2023			

3. Table for clients that have achieved VLS overall

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) overall

Denominator: Number of patients with a new diagnosis of HIV who had at least one care marker during the performance period overall

		Newly Diagnosed VLS DATA ONLY		
		Overall		
	Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate:	July 15, 2022			
Quarter 2 rate:	October 15, 2022			
Quarter 3 rate:	January 15, 2023			
Quarter 4 rate:	April 15, 2023			

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 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 data.

Section 4: Data Interpretation & Analysis

A. **Analysis:** *Explain the data by using the following prompts to analyze the data from this reporting quarter including both the overall cohort and newly diagnosed related data.*

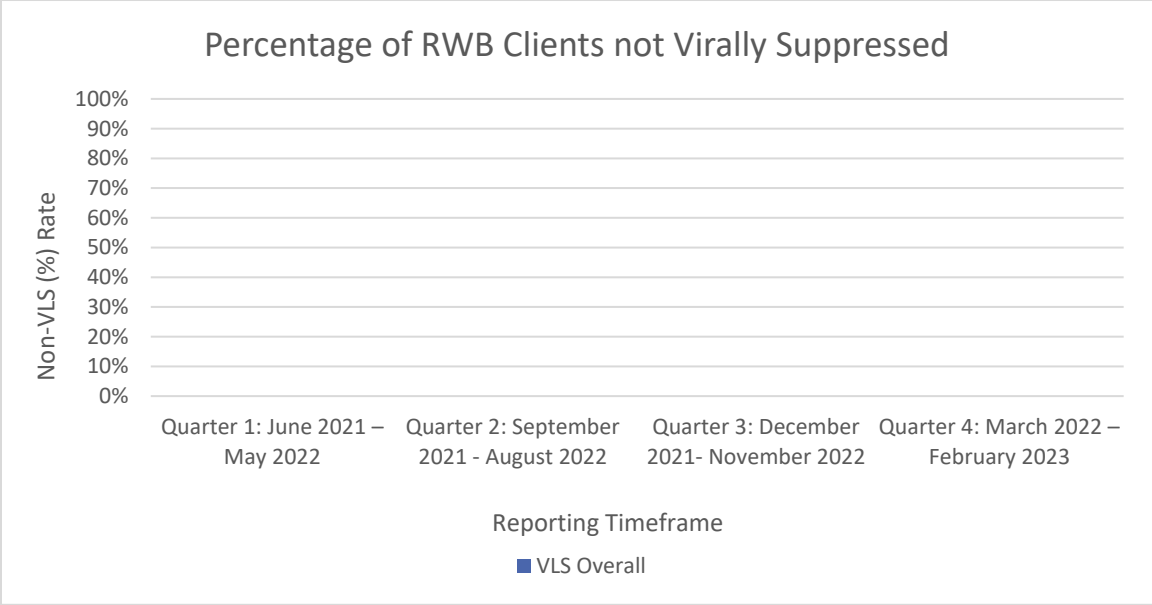
- **a. What are the data telling you between cohorts A and B?**
- **b. Provide insight on what action steps went well for this quarter.**
- **c. Provide any Barriers/Challenges for implementing planned action steps.**
- **d. What noticeable trends are you finding from cohorts A and B VLS data?**
- **e. How is this affecting your agency overall VLS data? Regional data?**
- **f. What frequency did you receive lab data this quarter? Was there a lag time?**
- **g. For this quarter, was there a delay in lab data being entered and/or sent to VDH?**
- **h. Do you see updates reflected in the VDH provided data for the quarter?**
- **i. Provide discrepancies between your agency VLS data and VDH VLS data: *Please do not include any Private Health Information (PHI)***
- **j. Has access to medication changed for clients in this quarter** *(e.g., Medicaid eligible, Private Insurance)***?**
- **k. Were any clients enrolled into Medicaid or Medicaid eligible?**

B. **Cause and Effect:** Provide the root causes for the cohort that shows cause and effect reasons for the VLS data for the reporting quarter in the space below or attach additional page if needed. **This will be updated each quarter to help identify change steps/interventions to address from both data set.**

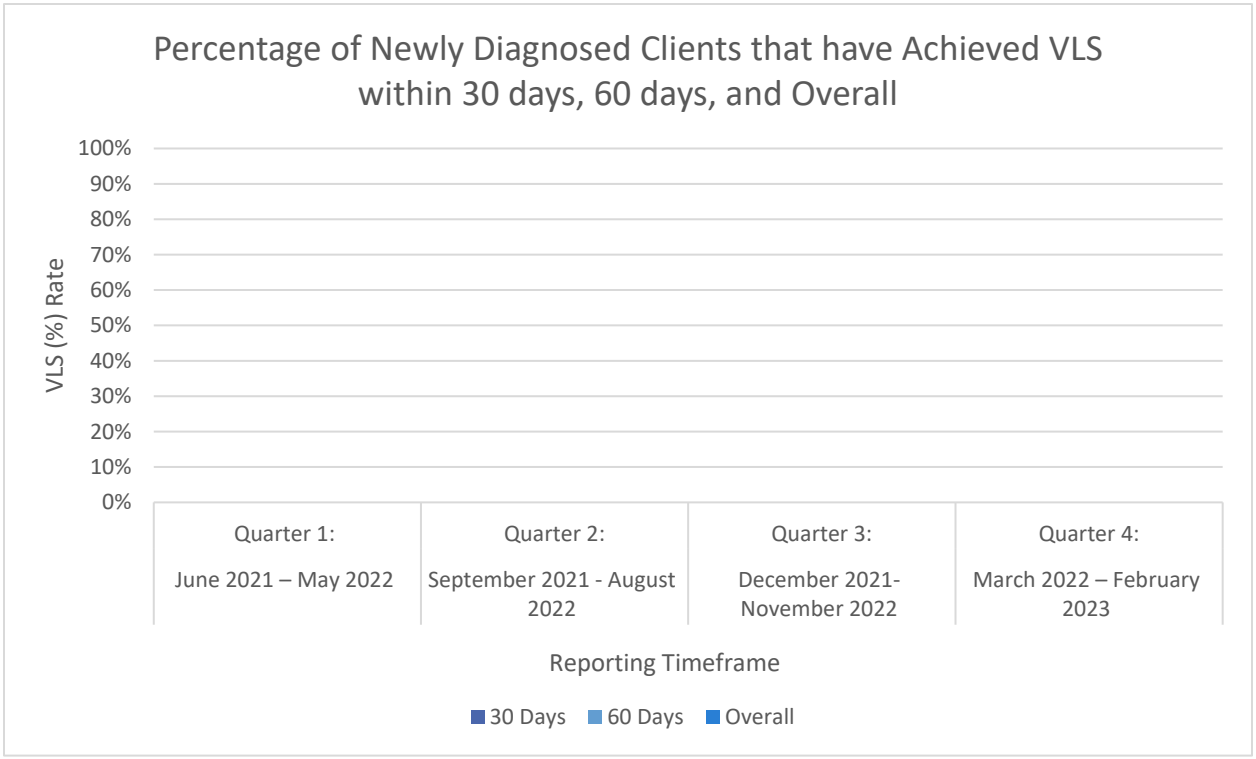
*The use of updated Driver Diagram or Fishbone models **is requested quarterly** to show root causes and their effects on the cohort. Root causes and graphs help support analysis listed in section 4A (above).*

C. **Graph:** Provide an accumulative *(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 to your graph. Graphs should match data in the cohort data table listed in section 3A. If needed, please use the Excel QIP Reporting Graph Template to update this section.*

Graph A: QIP Cohort (RWB clients not virally suppressed)



Graph B: Newly Diagnosed clients who have achieved VLS within 30 days, 60 days & Overall: To complete this graph, use the percentages from the three charts above for newly diagnosed clients achieving VLS within 30 days, 60 days, and overall. You can right-click the graph below and it will open an excel table where you can enter the percentages. *Graphs should match data in the cohort data table listed in section 3B. If needed, please use the Excel QIP Reporting Graph Template to update this section.*



Section 5: Planning New Steps for the Next Quarter

Using the table below describe each of the four action steps (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 always be informed by a data review, understanding the gaps in the care provided, and root causes identified above before they can begin to improve the process of care.

A. **Interventions/Change Description for the next coming quarter:** Based on your analysis of the received data for this quarter's report, **what are the four action steps you are planning to do for the next 3-month period** (Action plan)? *Key quality improvement ideas to remember: principle of 1 to 1 and, small change steps.*

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

B. **Summary Report:** *Overall, analyze the cumulative data and progress towards projected goals and objectives. 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 2022-2023

	Goal A: Developing and Implementing the 2022 Comprehensive Virginia Ryan White 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 2022 VDH QM Plan by April 1, 2022	Develop 2022 VDH QM Plan based on feedback from Quality Management Committees	VDH Quality Management Team	Write and incorporate submitted feedback	Percentage of QMAC Subcommittees that provide feedback out of 5 QMAC Subcommittees	March 2022
		Approval process of the VDH QM plan by VDH and posting it on the website	Director HCS	Approval notice		April 2022
	Implement the VDH QM plan during grant year 2022	Each RWHAP funded subrecipient is required to have in place an annual quality management plan, selected QIP, and incorporate statewide performance goals into their agency's quality improvement activities	All subrecipients	Percentage of RWHAP Part B subrecipients with a quality management plan and QIP in place	Percentage of RWHAP funded subrecipients that have a quality management plan out of total RWHAP funded agencies	May 2022
	Evaluate subrecipient CQM programs on a monthly basis for the quality management plan and quarterly basis for the QIP	Monitor implementation of subrecipients' quality management plan and QIP through on-site visits, Ryan White data analysis and submitted report documents	HCS staff	Site visit reports, Redcap health outcome performance measure data analysis, and Submitted reports	Percentage of RWHAP subrecipients that have submitted a QIP Quarterly Report out of total RW funded agencies	Monthly and quarterly reports by March 2023

	Goal B: Strengthening the Existing Virginia Ryan White Quality Management Cross-Parts Infrastructure that Supports Quality Improvement Activities in Virginia					
Areas	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Method**	**Timeline**
Virginia Ryan White Cross-parts Collaborative	Implement and monitor a comprehensive set of HCC related PM and a QIP by at least 90% of all RWHAP Grantees	Provide related technical assistance as needed	All RWHAP recipients	Selected PM data directly entered into Provide Enterprise® or imported from other data sources	Percentage of RWHAP subrecipients participating in QM activities out of total RWHAP subrecipients	March 2023
	Strengthen Virginia Cross-Parts Collaborative by providing consistent opportunities for subrecipients to network and exchange ideas on quarterly meetings	Hold 3 consistent quarterly meetings of the QMAC members	Ryan White Quality Management Cross-Parts Collaborative members and invited guests	Meeting agendas and minutes, action plans, and meeting evaluations	Number of quarterly QM meetings held in GY22	May 26, 2022 August 18, 2022 February 15, 2023
Collaboration with Training and Education Centers	Use Local MAAETC Performance sites and the VHARCC to provide identified quality management	Plan the Annual Quality Management Summit, QMAC meetings, and Case Management trainings/Summit	Quality Management Team, Local MAAETC and Performance sites	Meeting agendas and minutes, action plans, and meeting evaluations.	Number of Quality Management and Case Management Summits held	November 2-3, 2022 March 2-3, 2023

	trainings and technical assistance				Number of CQM trainings held	10 trainings
					Number of QMAC meetings held	May 25, 2022 August 17, 2022 February 15, 2022

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN GY 2022-2023

	Goal C: Ensuring that Primary Care and Health-Related Support Services Provided by Funded Agencies improve the HCC status					
Area	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metric**	**Timeline**
Quality Improvement Activities	Encourage incorporating RWHAP Part B quality management goals into subrecipients' QIPs and 100% of participating subrecipients will timely submit required documents to VDH.	Implementation of subrecipient selected quality improvement activities to meet annual goals	All providers	Submitted QIP reports on a quarterly basis to VDH	Percentage of RWHAP subrecipients that have submitted a QIP Quarterly Report out of total RW funded agencies	July 15, 2022 October 15, 2022 January 15, 2023 April 15, 2023
	Develop strategies to achieve Grant Year 2022 Selected RWHAP Part B Outcome Measures Goals for each funded Services (see Appendix F)	Collect and monitor health outcome measure data and implement needed improvement activities by RWHAP Part B agencies	All providers and VDH staff	Reports on selected measures shared with stakeholders on quarterly basis Follow up on improvement action steps	Number of quarters that VDH pulled PM data and shared with stakeholders out of 4 quarters	May 26, 2022 August 18, 2022 November 17, 2022 February 16, 2023
Peer Review	Peer Review to monitor the selected HCC PM and address the HRSA policy clarification notice #16-02	Peer Review to assess at least 10 RWHAP Part B funded subrecipients' achievement with selected health outcome measures and client satisfaction status	VCU Peer Review Team and HCS QIT	Revised Peer Review tools and collection health outcome PM and client satisfaction data	Percentage of Peer Review sites that had HCC pulled out of # of sites Peer Reviewed	By March 2023

	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 quality management formal requests for technical assistance to providers.	Provide 100% of quality management technical assistance to providers on quality management topics	Quality Management Team and QMAC	Number of technical assistance provided	Percentage of technical assistance activities provided; of all subrecipients requests	March 2023
	Provide four statewide consumer trainings via webinar/teleconference in quality to promote and support full and effective participation by PWH. Projected at least 25 participants per webinar/teleconference	Identify topics, dates, and locations of the trainings. Train the trainers (all consumers) Develop and provide training event. It will help them acquire the knowledge and develop the skills integral to carrying out ongoing quality improvement initiatives	Quality Management committees, VCU ARC and VACAC	Trainings developed and conducted.	Number of consumers trained per region and statewide	May 24, 2022 August 23, 2022 October 25, 2022 January 24, 2023
	Provide ongoing VA MAP technical assistance to consumers, providers and local health department and medication access site staff	Provides technical assistance on Ryan White service options and VA MAP	HCS Staff	VA MAP Call Center data; And completed technical assistance report forms	# of VA MAP Call Center Calls Processed	March 2023

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2022-2023

	Goal E: Strengthening Ryan White Part B Grantee Quality Improvement Initiatives					
Area	**Objectives**	**Key Action Steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metric**	**Timeline**
Explores opportunities for HCS staff to expand their role and increase engagement in the quality activities	Provide training on various quality concepts, starting with the fundamentals of quality management on monthly basis	Learn how to incorporate quality management into the respective roles.	HCS staff and the Quality Management Team	Training evaluations Number of trainings provided	Number of internal trainings provided to HCS Staff	March 31, 2023
	All new employees will go through QM training through HCS Training module	Cross-train staff on QM program as it relates to their role in HCS	HCS staff and the Quality Management Team	Number of staff that completed QM trainings	Number of new staff that completed QM trainings in HCS Training Module	March 31, 2023

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 partners (providers and consumers) within a 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 2022 VIRGINIA PERFORMANCE MEASURE GOALS FOR RWHAP B FUNDED SERVICES

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a percentage
Medication Assistance Program (MAP) * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of MAP clients receiving medications or medication copayments and Medical Case Management services, regardless of age, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of MAP clients receiving medications or medication copayments and Medical Case Management services, regardless of age	93%
Outpatient/Ambulatory Health Services	**Numerator:** Number of PWH and receiving Outpatient/Ambulatory Medical, care services, regardless of age, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of PWH and receiving Outpatient/Ambulatory Medical care services, regardless of age, during the 12-month measurement period	95%

Health Insurance Premium and Cost Sharing Assistance for Low-income	**Numerator:** Number of PWH and receiving Health Insurance Premium and Cost Sharing Assistance for Low-income, regardless of age, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of PWH and receiving Health Insurance Premium and Cost Sharing Assistance for Low-income, regardless of age, during the 12-month measurement period.	96%
Oral Health Care	**Numerator:** Number of people enrolled in the RWHAP B-funded program and receiving oral health services, regardless of age, will have oral health education session at least once during the 12-month measurement period. **Denominator:** Number of people enrolled in the RWHAP B-funded program and receiving oral health services, regardless of age, during the 12-month measurement period.	70%
Mental Health Services	**Numerator:** Number of people enrolled in RWHAP B-funded program who received a Mental Health service, regardless of age, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date) during the 12-month measurement period.	96%

	Denominator: Number of people enrolled in RWHAP B-funded program who received a Mental Health service, regardless of age, during the 12-month measurement period.	
Medical Nutrition Therapy	**Numerator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving medical nutrition services, will have at least two care markers in a 12-month period, that are at least 3 months apart. (Care marker defined as evidenced of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date) during 12-month measurement period. **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving medical nutrition services during 12-month measurement period.	97%
Medical Case Management Services (Including Treatment Adherence)	**Numerator:** Number of people enrolled in RWHAP B-funded program living with HIV and receiving Medical Case Management services, regardless of age, will have an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV and receiving Medical Case Management services, regardless of age, during the 12-month measurement period.	90%

Early Intervention Services	**Numerator:** Number of newly enrolled EIS clients who have documentation of education given regarding HIV disease process, risk reduction, and maintenance of the immune system. The number of people serve could potentially increase and they may a variance in the number of units each clients receive in the EIS encounter. **Denominator:** Number of newly enrolled EIS clients.	70%
Substance Abuse Services – Outpatient	**Numerator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving Outpatient Substance Abuse services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving Outpatient Substance Abuse services.	95%

Non-Medical Case Management * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving Non-Medical Case Management services, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV regardless of age and receiving non-Medical Case Management services.	95%
Non-Medical Case Management * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of people enrolled in RWHAP B-funded program living with HIV and receiving Non-Medical Case Management services, regardless of age, will have an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV and receiving Non-Medical Case Management services, regardless of age, during the 12-month measurement period.	95%

Emergency Financial Assistance	**Numerator**: Number of people enrolled in RWHAP B-funded program and receiving Emergency Financial Assistance will have two or more care markers in the 12-month measurement period that are at least 90 days apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of Number of people enrolled in RWHAP B-funded program and receiving Emergency Financial Assistance.	96%
Food Bank/Home-Delivered Meals	**Numerator:** Number of PWH and receiving Food Bank/Home-delivered Meals will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Food Bank/Home-delivered Meals.	97%

Health Education/Risk Reduction	**Numerator:** Number of PWH and receiving Health Education/Risk Reduction services will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Health Education/Risk Reduction services.	96%
Housing	**Numerator:** Number of PWH enrolled in RWHAP B-funded program, regardless of age and receiving Housing services, will have at least two care markers in a 12-month measurement period that are at least 6 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of people enrolled in RWHAP B-funded program living with HIV, regardless of age and receiving Housing services.	98%
Linguistics	**Numerator:** Number of PWH and receiving Linguistic services, regardless of age, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a	97%

	viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Linguistics services, regardless of age.	
Medical Transportation Services	**Numerator:** Number of PWH regardless of age and receiving Medical Transportation services, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH regardless of age and receiving Medical Transportation services.	96%
Outreach Services	**Numerator:** Number of PWH and receiving Outreach services, regardless of age, will have at least two care markers in a the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Outreach services, regardless of age.	90%
Referral for Health Care	**Numerator:** Number of PWH and receiving Referral for Health Care/Supportive Services, regardless of age, will have at least two care markers in the 12-month	90%

	measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Referral for Health Care/Supportive Services, regardless of age.	
Substance Abuse Services – Residential	**Numerator**: Number of PWH and receiving Residential Substance Abuse services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Residential Substance Abuse services.	95%
Psychosocial Support Services * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of PWH and receiving Psychosocial Support services, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period. **Denominator:** Number of PWH and receiving Psychosocial Support Services.	95%

Psychosocial Support Services * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of PWH and receiving Psychosocial Support services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). **Denominator:** Number of PWH and receiving Psychosocial Support Services.	97%
MAI Outreach Services (Outreach) * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** MAI Outreach Services clients will be verified as enrolled in ADAP or another prescription medication program. **Denominator:** Number of MAI Outreach Services clients.	75%
MAI Outreach Services (Outreach) * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50%	**Numerator:** Number of MAI Outreach Services clients will have an HIV viral load less than 200 copies/mL at last viral load test in the last the 12-month measurement period. **Denominator:** MAI Outreach Services clients.	90%

of the recipients' eligible clients receive at least one unit of service.		
<u>MAI Education Services (Education)</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of MAI clients who receive HIV education services will be verified as enrolled in ADAP or another prescription medication program. **Denominator:** MAI Education Services clients.	65%
<u>MAI Education Services (Education)</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two PM for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	**Numerator:** Number of MAI clients who receive HIV education services will have at least two care markers in the 12-month measurement period that are at least 3 months apart. **Denominator:** MAI Education Services clients	90%

APPENDIX H: HRSA HIV/AIDS BUREAU SERVICE CATEGORY

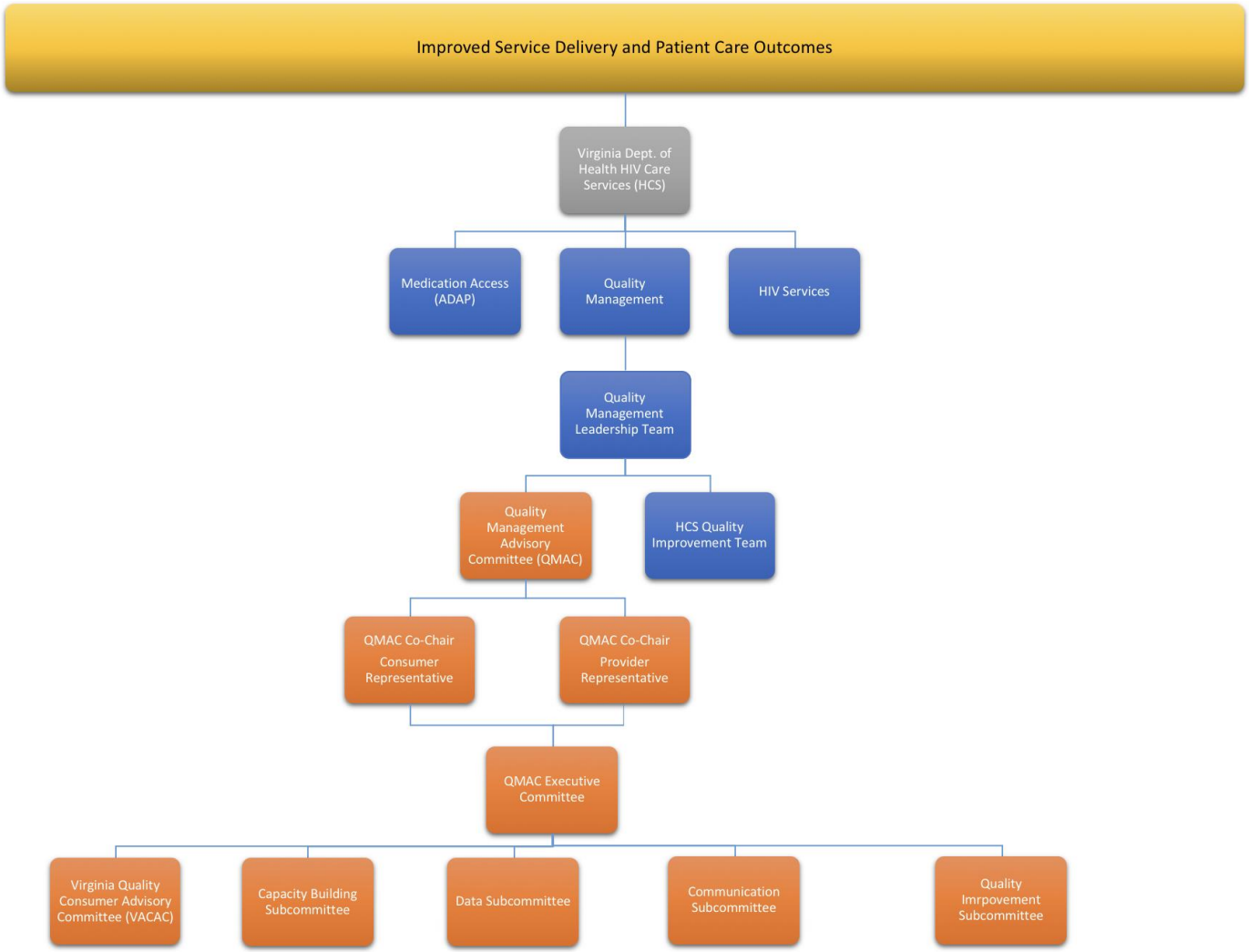
Allowable Program Services	
CORE MEDICAL SERVICES	
1.	ADAP Treatments
2.	AIDS Pharmaceutical Assistance
3.	Early Intervention Services
4.	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5.	Home and Community-Based Health Services
6.	Home Health Care
7.	Hospice
8.	Medical 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 Ryan White 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* available online at:

https://www.vdh.virginia.gov/content/uploads/sites/10/2016/12/ServiceCategoryPCN_16-02Final.pdf

APPENDIX I: QMAC ORGANIZATIONAL CHART



APPENDIX J: VIRGINIA QUALITY MANAGEMENT PROGRAM FLOW CHART