Virginia Commonwealth University
Virginia Ryan White Part B
Peer Review Program
Grant Year 2023 Final Report

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VCU Peer Review Program Final Report: Grant Year 2023

Background

In 2002, the Virginia Department of Health (VDH) Division of Disease Prevention established a statewide independent peer review (PR) team. The PR program provides quality assurance monitoring and technical assistance to VDH Ryan White HIV/AIDS Part B (RWHAP B) sub-recipients. The PR team is comprised of a group of RWHAP B peers who provide quality assurance monitoring to promote a collaborative learning process and share best practices. Virginia Commonwealth University (VCU) is contracted to conduct peer review activities. The following report summarizes the VCU PR process for grant year 2023.

Selected Agencies and Funded Service Categories

RWHAP B sub-recipients are reviewed on a biennial schedule. The following sites were selected for grant year 2023:

1. Council of Community Services – Danville
2. Council of Community Services – Marion
3. Council of Community Services- Roanoke
4. Eastern Shore Health District
5. Eastern Virginia Medical School
6. Health Brigade
7. Healthy Community Health Centers
8. Henrico County Health Department
9. Northern Virginia Family Services
10. Richmond City Health District
11. University of Virginia

Peer Reviewers

The PR Program is comprised of a group of selected peers in HIV and/or RWHAP B. The team also includes a group of client interviewers who are RWHAP B consumers and participate on the Virginia Quality of Care Consumer Advisory Board (VACAC). All five health regions in Virginia are represented on the PR team. Reviewers receive onboarding and annual training to participate in the peer review process.

Process and Methodology

The peer review process involves a review of the RWHAP B standards of care for:

- Outpatient ambulatory health services (OAHS)
- Oral health (OH)
- Medical case management (MCM)
- Non-medical case management (NMCM)
- Substance abuse – outpatient (SA)
- Mental health (MH)
- Client interviews (CI)

Reviews were conducted in person with the exception of OAHS and OH, which were conducted virtually.

A sample size of 10% of clients served for each service category was reviewed. Five client interviews were also conducted at each site review.

The site review activities are outlined as follows in Figure 1**.**

Figure 1: Site Review Outline

Schedule Site Visits, Obtain Site Information, and Pre-visit Meetings

RWHAP B sub-recipients and VDH HIV Services Coordinators are notified at the beginning of the grant year that they are up for review. Following the notification, a pre-visit meeting was scheduled via Zoom at least one month before the review date.

Pre-visit meetings were scheduled to provide an overview of the PR process and logistics, request client lists, and explain to the site how to prepare for the visit. Sites were provided a pre-visit checklist and the standards of care for each service category that would be

reviewed. When OAHS or OH was reviewed virtually, the program worked with the site to determine the best method for file sharing to ensure HIPAA compliance.

Data Collection Tools

The PR Program employs REDCap as its primary data collection tool. REDCap is a web-based application created in 2004 at Vanderbilt University to manage data online and build surveys and databases securely. VDH Part B Standards of Care are built into REDCap.

For virtual reviews, the program received charts securely to ensure HIPAA compliance. Virtual reviews were conducted on a secure laptop provided to the reviewer by the program.

Post-Visit Activities

The program drafted final site visit reports and submitted to VDH Quality staff for review and final approval. Final reports were emailed to the RWHAP sub-recipients within 45 days of the visit. The final site visit report provided a summary of the process and the review results. The report identified strengths and challenges, with some challenges requiring a corrective action plan. RWHAP B sub-recipients submitted corrective action plans within 30 days of receiving the report to the VDH Quality and Peer Review program.

Technical Assistance

Sites with challenges are provided technical assistance during the site visit. Sites are also given the option to request technical assistance post-visit or as part of their corrective action plan. Technical assistance is provided by PR and in collaboration with the VCU AIDS Education and Training Center Program (AETC).

Added Service Categories in 2023

In March 2023, VDH published updated RWHAP B standards for NMCM and MCM. RWHAP B sub-recipients were to implement these standards by April 1, 2024. To provide support to sites that are in the process of implementing the new standards, an abbreviated module was designed by the PR team. The module aimed to review the updated standards for sites that had implemented them at the time of their review.

Updated Standards Review

Eight of the 11 sites reviewed had implemented the new standards at the time of their review. Nineteen total charts were reviewed for MCM, and 41 were reviewed for NMCM.

Key Findings

The updated acuity scale outlined by the new standards was present in 89% of the MCM charts reviewed (n=17/19). Of the clients who scored a level 1 acuity and required a referral back down to NMCM, 67% received a referral (n=2/3). The updated NMCM service plan/MCM referral form was present in 98% of the charts reviewed (n=40/41). A completed NMCM service plan was present in 76% of the charts (n=28/37). See attachment G for raw data.

Standards of Care: Chart Review, Documentation Assessment & Recommendations

Outpatient/Ambulatory Health Services

Key Findings

Of the sites reviewed, four reported providing OAHS. The data below is based on the aggregate data collected. See Attachment A for raw data. The sites presented client-level data through progress notes and documentation shared through their Electronic Health Record systems and paper charts. When present in the charts, the documentation was clear and available. Progress notes were present, legible, signed, and dated in the client's record (n=66/66). The challenges noted from the charts reviewed indicated the following standards were not present: ophthalmology exam or referral, breast exams and Pap smear for females, TB risk factors, and vaccines such as influenza and tetanus.

Strengths

A total of 66 charts were reviewed for OAHS, one of the 66 charts reviewed had information regarding patients diagnosed with HIV in the previous 12 months. The charts reviewed determined that clients diagnosed in the previous 12 months were given an initial medical history within 30 days of client contact with the provider (n=1/1), and the (initial) physical examination was documented within 30 days of client contact with the provider (n=1/11), the medication history which includes: drug allergies; current medications; drug/substance abuse was present in the charts (n=1/1), the initial laboratory results or orders were documented as a component of the initial assessment (n=1/1), oral health assessment/referral was documented (n=1/1), psychosocial/mental health assessment and/or referral (n=1/1), and substance abuse assessment and/or referral was documented as a component of the initial assessment (n=1/1).

The following standards were reviewed and 100% of the charts included the following: sexually transmitted diseases (STDs) risk assessment evaluated at each visit (n=51/51); medication history which includes drug allergies and side effects was present in all of the reviewed charts (n=66/66), CD4, every 12 months or as needed (n=66/66), medication adherence assessment with documentation done at each visit (n=66/66), and medication side effects assessed and documented (n=66/66).

It was noted in the charts that 100% (n=66/66) of clients were offered Highly Active Antiretroviral Therapy (HAART), 100% (n=66/66) are currently on HAART, and

HAART is consistent with the current U.S. Public Health Service (PHS) Guidelines (100%, n=65/65).

The sites reviewed were commended for reaching over 90% for the following measures in OAHS when 10 or more charts were reviewed: laboratory testing every six months (n=64/66), viral load (HIV/RNA) every 12 months (n=65/66), chemistry panel every six months (n=65/66), liver/hepatic panel (baseline; every six months, annually) (n=63/65), glucose; hemoglobin A1C every six months or as needed (n=63/65). Documentation of an appropriate out-come based medical plan of treatment developed with the client was present in 98% of the charts (n=65/66), and a history obtained every six months was present in 91% of the charts (n=60/66). A medication history including new drug allergies, current medications, drug/substance abuse, was present in 98% of charts (n=64/65) and treatment adherence was addressed in 98% of charts (n=64/65).

Challenges

The agencies reviewed with any standard not met at ≤ 70% with a minimum of 10 charts were deemed as challenges. Documentation of a TB risk assessment and TB test performance of or referral for additional evaluation as indicated was present in 57% of charts (n=16/28). Referrals for clients not following up with OAHS for six months to case management or patient navigator services were present in 63% of charts (n=30/48). Documentation of a current (in last year) ophthalmology exam or referral if CD4 < 100 or history present need was present in 15% of charts (n=3/20). Documentation of current breast exam, where applicable in the client's record (females) was present in 36% of reviewed charts (n=5/14). Documentation of follow up from referrals was present in 53% of charts (n=17/32). Documentation of Toxoplasmosis antibody titer at baseline if CD4<100 present in 45% of charts (n=5/11). Documentation of urinalysis was present in 43% of charts (n=19/44). Of the charts reviewed, documentation of an STD risk assessment at each visit was present in 67% (n=42/63). Documentation that clients were asked about STD symptoms at each visit was present in 37% of charts (n=24/65). TB risk factors reviewed were not recorded annually and or as necessary in the charts reviewed (n=36/66). Mammogram dates and results for >50 were not recorded annually or as necessary in the charts reviewed (n=3/11). Documentation that the client reviewed the plan and/or was offered a copy was present in 26% of the charts (n=17/66*).* Charts reviewed indicated that COVID-19 vaccinations based on current CDC guidelines were present in 66% of charts (n=42/64). HPV and meningococcal vaccinations based on current CDC guidelines were present in 45% of charts (n=30/66).

Recommendations

It was recommended by the PR team that each site create a process for all providers to chart consistently or develop a template for medical notes that includes a checklist of needed labs, vaccines, assessments, and outpatient standards of care; this template should reflect the PR module for OAHS. Additionally, the team recommended including documentation that the client reviewed the plan or was offered a copy.

Oral Health

Key Findings

Of the sites reviewed, six reported providing OH services. Fifty-seven charts were reviewed across six sites. The data below is based on the aggregate data collected. See Attachment B for raw data. The sites presented client-level data through progress notes and documentation shared through their Electronic Health Record systems and paper charts.

Strengths

The sites reviewed were commended for reaching over 90% for the following measures in OH when 10 or more charts were reviewed: Treatment priority given to pain, infection, traumatic injuries, or other emergency conditions was documented in 96% of the charts reviewed (n=54/56), documentation of a treatment plan showing concurrence with the dentist and client addressing cavities was present in 93% of charts (n=41/44). Of the charts reviewed, 96% included signed and dated documentation of services provided (n= 55/57). Documentation of a treatment plan of care (95%, n=53/56), interim progress notes (96%, n=50/52), and referrals and follow-ups (94%, n=48/51) were present in the charts reviewed.

Challenges

The agencies reviewed with any total standard not met at ≤ 70% with a minimum of 10 charts were deemed as challenges. Documentation that the RW overseeing agency has given consent for the dental services was present in 68% of the charts (n=39/57). A drug history was present in 68% of baseline evaluations (n=32/47). Documentation of a treatment plan in the client's record showing concurrence with the dentist and client addressing extractions in 15% of the charts (n=8/53). Signed and dated documentation that post operative instructions were given for surgical procedures present in 64% of charts reviewed (n=16/25). Documentation of laboratory reports were present in 47% of the charts reviewed (n=9/19).

Recommendations

It was recommended by the PR team that sites work to create a template for charting each date of service for consistency. The template should always include chief complaint, medical history, and treatment rendered. Additionally, the team recommended every site include the RW referral in the chart as it is a part of the health record.

Medical Case Management

Key Findings

Peer Reviewers reviewed 102 MCM charts at eight RWHAP B sites. See Attachment C for raw data. It was reported by the reviewers that when properly documented and recorded, the agencies had detailed case notes, indicating case managers are engaging clients in setting and progressing toward goals. The reviewers for MCM reported that

when the documentation was available for review, most forms were completed and included the individualized service plan (ISP), assessments, and acuities as needed. For raw data, see Attachment C.

Strengths

The following strengths were evaluated by the MCM reviewers at over 90% for 10 or more charts reviewed.

Newly diagnosed clients enrolled in MCM had their initial assessment completed in the first 30 days in 100% of the charts (n=21/21); the initial assessment was signed and dated by MCM at 96% (n=23/24), and at least one face to face interview was conducted (100% n=24/24).

Standards that were met in over 90% of the reviewed charts included, a summary of the medical case manager's findings on the last page of the MCM assessment form (n=78/82) and progress notes were completed within 48 hours (n=94/102).

Of the charts reviewed, 12 clients were discharged. Ninety-two percent (92%) of charts included a discharge summary within 30 days of the discharge date (n=11/12) and 100% of the charts included documentation of the discharge in the progress notes (n=12/12).

Challenges

The MCM data for all agencies showed the following standards not met at ≤ 70% with a minimum of 10 charts.

The charts indicated that when treatment adherence was identified as a need, it was included in 67% of the charts (n=30/45). The acuity scale was updated within the appropriate time frame for the acuity level in 65% of the charts (n=66/102). The records reviewed by the team indicated that 65% of the charts had documentation that the clients were offered a copy of their service plan (n=55/85). Sixty-three percent (63%) had a service plan updated within the appropriate time frame (n=56/89).

Recommendations

It was recommended by the PR team that the sites work to include documentation that clients were offered a copy of the service plan within the chart and indicate if the client accepted or declined. Additionally, the team suggested including assessment, acuity, and service plan due dates within the chart to ensure they are able to re-evaluate them in accordance with the standards.

Non-Medical Case Management

Key Findings

A total of 182 charts were reviewed for NMCM at 12 sites. See attachment D for raw data. The PR team found that all clients who were either newly diagnosed, pregnant, or recently released from incarceration received expedited eligibility/intake.

Strengths

The following strengths were evaluated by the NMCM Peer Reviewers at over 90% for 10 or more charts reviewed. Documentation of eligibility/intake including signed and dated informed consent, grievance procedures, and a confidentiality statement were present in 93% of charts (n=170/182). A signed and dated release of information was present in 95% of charts (n=173/182). Documentation that the client received a copy of the client rights and responsibilities was present in 91% of the charts (n=165/182).

Challenges

The NMCM data for all agencies reviewed showed all standards were met at ≤ 70%.

There were no challenges identified for NMCM.

Mental Health

Key Findings

A total of 22 charts were reviewed for MH at two RWHAP B sites. See attachment E for raw data. All of the charts reviewed included documentation of the mental health services provided.

Strengths

The MH reviewers evaluated the following strengths at over 90%. Signed and dated service plans were present in 95% of the charts (n=20/21). All service plans included a diagnosed mental illness or condition, a service modality, and start dates for services 100% (n=22/22). Treatment goals were included in 95% of the service plans (n=20/21). Documentation of a complete psychosocial assessment and the result used to complete the service plan were present in 90% of the charts (n=19/21). Documentation of consultation with medical staff, mental health, pharmacy, and other support services was present in 91% of the charts (n=10/11).

Challenges

The MCM data for all agencies reviewed showed the following standards not met at ≤ 70%. Documentation of a screening such as PHQ-9, GAD-9, AUDIT-DAST, Rx Abuser Screener, MOCA, were present in 41% of the charts (n=9/22). Projected end date for services were present in 67% of charts (n=14/21). The number of sessions was included in 69% of charts (n=9/13). Documentation of reassessment dates of client progress every 90 days was present in 46% of the charts (n=6/13). For clients who were discharged, 50% included documentation of a discharge plan summary and summary in the client's record with clear rationale within 30 days of discharge including a certified letter (n=1/2).

Recommendations

It was recommended by the PR team that sites include a service plan in each chart. Charts should also identify within the service plan the date the reassessment is due, completed

and findings. The team recommended using a screening tool and to identify who is responsible for completing the tool. Lastly, the team recommended that documentation of a referral for services be present in the chart and include who referred the client.

Substance Abuse Outpatient

Key Findings

A total of 10 charts were reviewed for Outpatient Substance Abuse at one RWHAP B site. See attachment F for raw data.

Strengths

A referral for outpatient substance abuse services was documented in 100% of the newly enrolled client records (n=8/8). Documentation of an assessment was present in 100% of the charts (n=8/8) for clients who were newly enrolled. A complete psychosocial assessment was present in 90% of the charts (n=9/10). Documentation that the client participated in the service plan was present in 100% of the charts (n=10/10). Documentation of mental health services provided was present in 90% of the charts (n=9/10).

Challenges

For clients who were newly enrolled, 50% of the charts included documentation of a medical history and current health status (n=4/8). For clients who were newly enrolled documentation of availability of food, shelter, transportation, and financial resources was present in 50% of the charts (n=4/8). Documentation of newly enrolled client's legal issues were present in 63% of the charts (n=5/8). Documentation of referrals and the status of their outcome was present in 50% of the charts (n=5/10). For clients who were discharged, a discharge plan summary was present in 50% of the charts (n=1/12).

Recommendations

It was recommended by the PR team that the providers review the service standards for outpatient substance abuse and adjust clinic note templates to address all highlighted areas.

Client Interviews

Key Findings

Forty-one RWHAP B clients were interviewed over the grant year. Client interview questions consisted of a variety of open-ended, yes or no, and Likert scale questions developed from the New York State Department of Health AIDS Institute Patient Satisfaction Survey for HIV Ambulatory Care (https://careacttarget.org/library/patient-satisfaction-survey-hiv-ambulatory-care). See Attachment H for raw data.

Of the 41 RWB clients interviewed, 24 received OAHS, 14 received OH, and 26 received MCM.

All 41 clients had an understanding of the Ryan White Program. Ninety-five percent of the clients reported they feel comfortable filing a grievance procedure (n=39/41), 63% (n=26/41) have been asked to participate in a patient/consumer advisory board, and 78% have participated in a satisfaction survey (n=32/41).

Twenty-four RWHAP B clients were interviewed about their experiences in OAHS. When asked if clients could schedule an appointment soon enough for their needs, 20 (87% n=20/24) responded 'All the Time'. All clients interviewed agreed their providers tell them consistently how important it is to keep their appointment and responded, 'All of the Time' (100%, n=24/24). Most clients interviewed reported the medical providers made sure they understood what lab test results (such as CD4 and viral load) meant for their health 'All of the Time' at 92% (n=22/24).

When clients were asked if they had questions that they wanted to ask providers about their HIV care but did not ask, all clients interviewed stated 'Never' (100%, n=24/24), followed by 86% of the clients who reported it was 'Never' difficult to understand the providers when questions were asked (n=18/21), 88% of the interviewed clients found their medical providers to be accepting and non-judgmental of their life and health care choices (n=21/24). Nineteen clients reported it was 'Never' hard to get HIV medication prescriptions filled when needed (86%, n=19/22). The clients interviewed reported they were informed by the medical provider about how to prevent the spread of HIV (96%, n=23/24). All of the clients reported they feel they were never treated poorly at the clinic (100%, n=24/24) and felt the staff kept their HIV status confidential (100%, n=24/24).

Twenty-six clients were interviewed about MCM services. Of the 26 clients, 85% stated they were aware of the different levels of case management (n=22/26). Most of the clients interviewed agree they work with their case manager to determine their needs (92%, n=24/26) and agreed they do not find it hard to talk to their Medical Case Manager (100%, n=25/25). The clients interviewed reported they 'Agree' (44%, n=11/25) or 'Agree Strongly' (56% n=15/25) their medical provider works with their case manager to help them (100%, n=25/25).

Fourteen clients were interviewed about OH services. Thirteen reported they have received services in the past year (93%, n=13/14). Most of the interviewed clients 'Agreed' (n=1/14) and 'Agreed Strongly' (n=9/14) that they are satisfied with the OH services they receive at their agency. Eighty-six percent of the clients interviewed 'Agreed' (n=5/14) or 'Agreed Strongly' (n=7/14) they receive information on how to care for their teeth and gums.

When asked to think about the care at their clinic or agency, clients were asked to select from a list of words. Table 1 shows the responses with the majority of clients using positive words to describe their experiences as a RWHAP B client.

Table 1: Client Words

When I think about my care at this clinic/agency, these words come to mind:		
WORD	**NUMBER**	**RESPONSE**
Excellent	34/41	83%
Friendly	30/41	73%
Understanding	30/41	73%
Caring	27/41	66%
Safe	25/41	61%
Personal	19/41	46%
Warm	18/41	44%
Adequate	17/41	41%
Dignified	15/41	37%
Busy	5/41	12%
OK	4/41	10%
Humiliating	1/41	2%
Scary	1/41	2%
Terrible	0/41	0%
Poor	0/41	0%
Rushed	0/41	0%
Impersonal	0/41	0%
Cold	0/41	0%

Recommendations

Each site had positive responses to open-ended questions about the client's care at the agency. The recommendations from clients included suggestions such as better communication with the MCM team and informing them of staffing changes at the agencies.

Corrective Action Plans

Of the sites Peer Reviewed in 2023/2024, eight sites were identified with challenges that required action plans. Corrective action plans were submitted within 30 days of receiving the final report. Challenges across these sites were focused on documentation in OAHS, OH, MCM, NMCM, MH, and SA.

The sites that required corrective action plans for OAHS were cited for needing to address the following:

- Referrals for out-of-care clients to the case management team or patient navigator for reengagement in care
- Completing laboratory tests in accordance with the RWB standards of care
- Documentation that the client reviewed their treatment plan and was offered a copy of the plan

- Vaccinations offered based on current CDC guidelines
- An evaluation of STD risk factors evaluated at each visit
- Frequency of client visits, clients must be seen twice in a twelve-month period
- Nutritional assessments completed for all clients
- Documentation of current ophthalmology exam or referral to ophthalmology present in the chart

The sites that required corrective action plans for OH were cited for needing to address the following:

- The treatment plan must include documentation addressing extractions

The sites that required corrective action plans for MCM were cited for needing to address the following:

- Assessments must be completed within the timeframe based on the acuity level
- The date and medical case manager's signature must be on the assessment
- Treatment adherence should be addressed on the MCM assessment form and included in the service plan when identified as a need
- Acuity scales need to be completed and reflect the current acuity level
- Service plans must be developed within 45 calendar days
- A signature by the client included to indicate they participated in the development of their service plan
- Progress notes should include goals and progress toward goals
- A timeline for goals is set based on the acuity level
- Acuity scales must be updated accordingly

The sites that required corrective action plans for NMCM were cited for needing to address the following:

- Documentation of referrals should be noted in the chart
- Initial contact with the client must be completed within three business days and documented in the chart
- Documentation communicating the date and time of the intake and required documents
- If eligibility is delayed there must be three contact attempts documented in the chart
- Documentation that the client received a copy of the client's rights and responsibilities must be located within the chart

The sites that required corrective action plans for MH were cited for needing to address the following:

- Mental health screening is required and should be located within the chart
- Service plans must be reviewed every 90 days and updated when applicable

The sites that required corrective action plans for SA were cited for needing to address the following:

- Referrals made to other providers must be documented

Peer Review Evaluation

Evaluations were sent to sites after each review. Ten sites responded to the survey at an 83% response rate. The sites were sent an evaluation survey using REDCap. When asked to rate the peer review experience on a scale of 1 to 10 the overall score was 9.5. Table 2 shows the number of respondents that answered "Yes" and "No" to the survey.

Table 2: Peer Review Evaluation Survey

Evaluation Survey	Yes	No
Did the VCU Peer Review staff provide you with the necessary information needed to prepare for the review?	12/12	0/12
Were the steps to prepare for the Peer Review explained in preliminary meetings?	12/12	0/12
Comments: • Everything was very clearly explained and all questions were answered. • Sarah was extremely thorough and quick to respond to any questions I had in regard to the process by email and phone. • Scanning charts and emailing them was a lot, but Ms. Sarah was very understanding and kind in her efforts to assist us. It was greatly appreciated. • I have no feedback towards improvement. • The team was very thorough in what to plan for and explained everything in detail. They provided recommendations along the way and made us feel at ease about the process • Sarah gives thorough instructions for our daily plan at Peer Reviews		
Was the VCU Peer Review Team polite and professional?	12/12	0/12
Was an introductory meeting held at the beginning of the day?	12/12	0/12
Was an exit meeting provided?	12/12	0/12
Were you satisfied with the discussion of the findings?	12/12	0/12
Did the Peer Review team answer your questions?	12/12	0/12
Do you feel the reviewers were knowledgeable in their areas of review?	12/12	0/12
Please give us feedback about your Peer Review experience: • Over all it went very smoothly and was very positive. It helped us to see our strengths and weaknesses. We are looking forward to the report. • The Peer Review experience couldn't have gone better. Sarah, Mike and Ayleen were professional, friendly, informative and so helpful throughout the process. Their experience, openness and willingness to share constructive comments and best practices were invaluable. It's just so nice to meet face to face. The client interviewer Todd England literally was a no show, which I know things happen. The team with Sarah's leadership was able to calmly and		

smoothly adjust to the situation by having Mike interview and in-between get back to the MCM charts. Sarah assisted with chart review. In hindsight they could have gotten flustered or stressed out being short staffed but it went flawlessly. Thank you to all 3 for a wonderful experience and glad it's over. • Peer Review was good experience. It was a good tool to better learn how to implement the program. As a new Case Manager it was quite helpful. • The Peer Review Team was very cordial, professional, and pleasant to work with. Sarah was so polite, her team gave us great feedback and tips to help improve our way of documenting our CM forms. • The peer review team was very thorough and professional during their visit. They were able to answer any questions we had, and it was a very positive experience. • I felt that our peer review experience went well overall, no feedback regarding improvement. • This was the first peer review that has been conducted in the 5 years that I've been with the agency, so there was no insight about what to expect and we all felt very nervous but also excited for the feedback. Sarah, Michelle and Pierre were kind and very encouraging during the visit. I left feeling like we were on a good path with our process and learned some nuggets that can be implemented to enhance our services. I was thrilled to hear the feedback from the clients as well. • Sarah gave thorough instructions for our daily plan at the UVA Peer Review. Every aspect is planned and accommodations were very nice.	
How would you rate the Peer Review experience?	
Overall Score	9.5
Additional Comments: • Lately, I provide more psychosocial support than NMCM. I would encourage future peer reviews to include reviewing Provide data entry and psychosocial support entries. I have a lot more questions about entering correct Provide data than I do about following proper RW case management standards. • The peer review team made the process very easy and stress free. • Thank you so much for the feedback, very helpful • Great team. Knowledgeable, open to our process offering helpful suggestions.	

Summary and Key Findings

The 2023/2024 Peer Reviewers reported consistent themes throughout the reviews. These themes included the overall documentation was thorough when available which illustrated the cohesion between the care teams. It was evident that all providers are committed to providing care for their clients and are willing to improve their processes to meet the needs of their clients.

All sites reviewed had recommendations to develop a system to ensure case management milestones are being met for NMCM and MCM services. The PR team advised that sites work to develop a system such as an internal report that alerts them when clients eligibility, acuity, service plan, and or assessments are due.

It was recommended by the PR OAHS team that each site develop a template for medical notes that includes a checklist of needed labs, vaccines, assessments, and outpatient

standards of care. The template could also include an area to indicate whether or not the client was offered a copy of the treatment plan.

It was recommended by the PR OH team that each site work with their dental providers to ensure a copy of the RW OH referral is obtained in the client record. Additionally, the team advised in following a template for OH visits to ensure consistency across charts.

The sites reviewed for MH services were advised to implement a screening for each client at intake utilizing screening tools outlined by the standards. They were also encouraged to review and update service plans every 90 days throughout the client's treatment. Most charts included treatment goals and all service plans included a diagnosed mental illness or condition. The mental health providers did an excellent job of documenting their collaboration with the client's care team.

The PR team commended the site reviewed for SA for thorough documentation. Referrals and assessments were completed and present in all charts reviewed. Clear documentation that the client participated in the service plan was present in all charts. The team recommended that the provider review the service standards and adjust their template to include all highlighted areas.

In conclusion, the PR team was impressed with all the sites and their dedication to providing quality care to their clients. Clients who were interviewed reported overall satisfaction with the care they received. They also expressed their gratitude to their care teams and the Ryan White Program.

All of the sites were commended for the care provided to clients regardless of the size of the caseload, geographic area, and access to support services. The RWHAP B sites continue to provide care and treatment services for people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The RWHAP B clients interviewed had overwhelmingly positive feedback regarding their care.

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

	CCS Danville		ESHD		EVMS		UVA		Total	
	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
Initial Visits:										
A.1. Initial Medical History is documented within 30 days of client contact with provider	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.2. Initial Physical Examination is documented within 30 days of client contact with the provider.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.3. Medication history which includes: a. drug allergies b. current medications c. drug/substance abuse	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.4. Initial laboratory results or orders are documented as a component of the initial assessment.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.5. Oral Health assessment/referral is documented as a component of the initial assessment.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.6. Psychosocial/Mental Health assessment and/or referral documented as a	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%

component of the initial assessment.										
A.7. Nutritional assessment is documented as a component of the initial assessment.	N/A	N/A	N/A	N/A	0/1	0%	N/A	N/A	0/1	0%
A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.9. TB Risk Assessment and TB Test with performance of or referral for additional evaluation as indicated	15/16	94%	N/A	N/A	1/2	50%	0/10	0%	16/28	57%
A.10. If the TB test is positive, refer for chest x-rays or other necessary follow-up tests.	1/2	50%	N/A	N/A	1/1	100%	N/A	N/A	2/3	67%
A.11. Documentation referral to the Local Health Department for individuals with presumptive active TB.	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
A.12. Documentation of TB-related treatment and follow-up in the treatment plan	1/1	100%	N/A	N/A	1/1	100%	N/A	N/A	2/2	100%
A.13. Women with HIV Infection Aged < 30 years: WWH ages 21 to 29 years should have a Pap test at the time of initial diagnosis with HIV.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Follow up Visits:										
B.1. History, q. 6 months, or p.r.n.	16/16	100%	10/11	91%	8/10	80%	26/29	90%	60/66	91%

B.2. Physical Exam, q. 6 months, or p.r.n.	16/16	100%	10/11	91%	7/10	70%	26/29	90%	59/66	89%
B.3. Has client been seen at least twice in the past 12 months?	8/15	53%	10/11	91%	6/10	60%	26/28	93%	50/64	78%
B.4. Refer clients not following up with Outpatient Ambulatory Health Services for six (6) months to case management or patient navigator services for re-engagement in care.	1/15	7%	11/11	100%	8/10	80%	10/12	83%	30/48	63%
B.5. Laboratory Testing, q. 6 months, or p.r.n *	16/16	100%	11/11	100%	8/10	80%	27/29	93%	64/66	97%
B.6. Medication history which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance abuse 4. Treatment adherence	16/16	100%	11/11	100%	10/10	100%	29/29	100%	64/65	98%
B.7. Oral health assessment, referral, and annual/routine dental care	13/15	87%	10/11	91%	9/9	100%	28/29	97%	53/65	82%
B.8. Nutritional assessment or referral?	16/16	100%	11/11	100%	1/10	10%	29/29	100%	45/58	78%
B.9. Current (in last year) ophthalmology exam or referral if CD4 < 100 or hx of DM or HTN	0/1	0%	0/6	0%	0/7	0%	3/12	25%	3/20	15%
B.10. Documentation of current breast exam, where applicable in the client's record?	0/4	0%	N/A	N/A	3/3	100%	2/7	29%	5/14	36%
B.11. Is there documentation of follow up from referrals in the client's record?	0/15	0%	N/A	N/A	N/A	N/A	17/17	100%	17/32	53%

Laboratory Reports/ Other Tests Documentations:										
C.1. CD4, q. 12 months, or p.r.n.	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
C.2. Viral Load (HIV/RNA), q. 6 months, or p.r.n.	16/16	100%	11/11	100%	9/10	90%	29/29	100%	65/66	98%
C.3. CBC, q. 12 months, or p.r.n.	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
C.4. Chemistry Panel, q. 6 months, or p.r.n.	16/16	100%	11/11	100%	9/10	90%	29/29	100%	65/66	98%
C.5. Toxoplasmosis Antibody Titer at baseline if CD4< 100.	0/1	0%	1/2	50%	1/1	100%	3/7	43%	5/11	45%
C.6. Resistance Genotyping /Phenotyping, p.r.n. a) Genotypic resistance testing (baseline; treatment failure) b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s)	5/5	100%	0/1	0%	7/8	88%	23/27	85%	35/41	85%
C.7. Lipid Panel (annually)	9/15	60%	9/11	82%	10/10	100%	27/28	96%	55/64	86%
C.8. Urinalysis (baseline & annually or if on TDF-tenofovir)	5/12	42%	2/9	22%	N/A	N/A	12/23	52%	19/44	43%
C.9. Liver/Hepatic Panel (baseline; q. 6 months, annually)	16/16	100%	9/11	82%	10/10	100%	28/28	100%	63/65	97%
C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C q 6 months or p.r.n.	16/16	100%	11/11	100%	9/10	90%	24/28	86%	60/65	92%
C.11. Hepatitis A serology at baseline	6/16	38%	11/11	100%	8/9	89%	21/26	81%	46/62	74%

C.11a. If negative, patient referred for Immunization	10/14	71%	3/5	60%	4/6	67%	8/10	80%	25/35	71%
C.12. Hepatitis B serology at baseline and p.r.n. ongoing risk factor behavior	7/16	44%	11/11	100%	8/9	89%	27/29	93%	53/65	82%
C.12a. If negative patient referred for Immunization	10/13	77%	5/7	71%	4/5	80%	14/14	100%	33/39	85%
C.13. Hepatitis C serology at baseline and p.r.n. ongoing risk factor behavior for treatment	4/13	31%	11/11	100%	7/10	70%	28/29	97%	50/63	79%
C.13a. If positive, patient evaluated and /or referred	2/2	100%	n/a	n/a	N/A	N/A	N/A	N/A	2/2	100%
C.14. STD risk assessment evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)	6/16	38%	9/11	82%	10/10	100%	17/26	65%	42/63	67%
C.14a. Asked about STD symptoms at each visit	1/16	6%	6/11	55%	9/10	90%	8/28	29%	24/65	37%
C.15. VDRL/ RPR initially and q12 months with reports on the record where applicable?	13/16	81%	11/11	100%	10/10	100%	17/27	63%	51/64	80%
C.16. TB risk factors reviewed annually and p.r.n	16/16	100%	1/11	9%	1/10	10%	18/29	62%	36/66	55%
C16a. TB testing (PPD or interferon-based testing) at initial presentation, repeated if baseline CD4+ was < 200 but has risen to > 200, and p.r.n based on risk factor review?	11/11	100%	6/10	60%	3/8	38%	15/23	65%	35/52	67%
C.17. Women with HIV Infection Aged < 30 years: Pap test should occur within 12 months (BII) of initial dx.	N/A	N/A	N/A	N/A	1/1	100%	1/1	100%	2/2	100%

C.17a. Women with HIV Infection Aged < 30 years: If the results of three consecutive Pap tests are normal, were follow-up Pap tests conducted every 3 years (BII)?	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
C.17b. Women with HIV Aged ≥30 years: Has a cervical cancer screening in WWH; Pap testing only, or Pap testing and HPV co-testing prn?	1/2	50%	2/4	50%	1/1	100%	4/4	100%	8/11	73%
C.18. Mammogram annually > 50 years with dates and results in the record?	0/4	0%	0/2	0%	1/2	50%	2/3	67%	3/11	27%
C.19. Chest x-ray at baseline for patients with positive TB testing or prn for underlying lung disease	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%
C.20. Documentation of LTBI treatment regimen, initiation date and completion date?	N/A	N/A	0/1	0%	N/A	N/A	1/1	100%	1/2	50%
C.21. Special Studies-other testing based on individual needs. Dates and results in the record (as applicable)	1/1	100%	2/2	100%	1/1	100%	7/7	100%	11/11	100%
C.22. Pre-Conceptual Discussion and Counseling for all women of childbearing age at baseline and routinely thereafter.	N/A	N/A	0/2	0%	0/1	0	0/1	0%	0/4	0%
Medications:										

D.1. Are all current medications documented in the client's record?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
D.2. Is medication adherence assessment with documentation done at each visit?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
D.3. Are medication side effects assessed and documented?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
D.4. Has HAART been offered to the client, when applicable?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
D.5. Is the client currently on HAART?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
D.6 Is HAART consistent with current PHS Guidelines?	16/16	100%	11/11	100%	10/10	100%	28/28	100%	65/65	100%
D.7. Is the client on PCP prophylaxis if CD4<200?	2/2	100%	1/1	100%	2/2	100%	1/1	100%	6/6	100%
D.8. Is the client on Toxoplasmosis prophylaxis if CD4<100?	1/1	100%	N/A	N/A	N/A	N/A	1/1	100%	2/2	100%
D.9. Is the client on MAC prophylaxis if CD4<50?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D.10. If the pt is not receiving ART or remain viremic on ART and have no current options for a fully suppressive ART regimen, do they receive chemoprophylaxis against disseminated Mycobacteriun Avium Complex (MAC) disease if they have CD4 counts <50cells/mm3(AI)?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Documentation:										
E. 1. Is an appropriate out-come based medical plan of treatment developed with the client and present in the client's record?	16/16	100%	11/11	100%	9/10	90%	29/29	100%	65/66	98%
E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?	1/16	6%	0/11	0%	6/10	60%	10/29	34%	17/66	26%
E.2. Is Client Education documented in the client's record?	7/16	44%	11/11	100%	10/10	100%	29/29	100%	57/66	86%
E.3. Are progress notes present, current, legible, signed and dated in the client's record?	16/16	100%	11/11	100%	10/10	100%	29/29	100%	66/66	100%
E.4. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?	11/16	69%	10/11	91%	10/10	100%	27/29	93%	58/66	88%
Immunizations:										
F.1. Influenza (annually)	13/16	81%	11/11	100%	3/9	33%	25/29	86%	52/65	80%
F.2. Pneumovax 23	10/16	63%	11/11	100%	4/8	50%	28/28	100%	53/63	84%
F.3. Prevnar 13	12/16	75%	11/11	100%	7/10	70%	28/28	100%	58/65	89%
F.4. Hepatitis B series -if serology is negative –is series completed?	9/14	64%	7/9	78%	6/8	75%	20/21	95%	42/52	81%
F.5. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)	13/16	81%	11/11	100%	4/10	40%	26/29	90%	54/66	82%
F.6. COVID-19 vaccinations based on current CDC guidelines?	5/15	33%	11/11	100%	5/10	50%	21/28	75%	42/64	66%

F.7. HPV and meningococcal vaccinations based on current CDC guidelines?	3/16	19%	1/11	9%	1/10	10%	25/29	86%	30/66	45%
F.8. Others	7/16	44%	2/11	18%	N/A	N/A	7/13	54%	16/40	40%
Third-Party Payer:										
G.1. Is there adequate documentation of care provision in the client's record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.2. Are there an initial history, physical, and laboratory reports in the client's record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.3. Do all progress notes reflect health status, response to treatment and services provided to client?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.4. Are there current laboratory reports in the client's record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.5. Are there current medication records, ADAP and non-ADAP (name of drug, dosage, time) in the client's record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.6. Is appropriate referral and follow-up documented in the client's record?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G.7. Is there documentation in the client's record that current standards of care for the HIV/AIDS client are practiced? If not, comment.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attachment B: Peer Reviewed Site Oral Health Raw Data

	CCS Danville		CCS Marion		CCS Roanoke		ESHD		HCHC		UVA		Total	
	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
Is there referral in the client record?	10/10	100%	0/8	0%	9/9	100%	7/7	100%	1/8	13%	13/13	100%	40/55	73%
Is there documentation in the client's record encouraging the client to seek routine dental care as recommended by the American Dental Association?	10/10	100%	4/9	44%	9-Sep	100%	7/7	100%	7/9	78%	13/13	100%	50/57	88%
Is there appropriate dental education material apparent in the waiting room or noted in the client's record that materials were offered?	N/A	N/A	N/A	N/A	4/4	100%	N/A	N/A	N/A	N/A	N/A	N/A	4/4	100%
Is there documentation that the Ryan White overseeing agency has given consent for the dental services?	10/10	100%	0/9	0%	9/9	100%	7/7	100%	0/9	0%	13/13	100%	39/57	68%

Is treatment priority given to pain, infection, traumatic injuries, or other emergency conditions documented in the client's record signed and dated for each appropriate visit?	10/10	100%	7/9	78%	9/9	100%	7/7	100%	8/8	100%	13/13	100%	54/56	96%
Is there documentation in the client's record signed and dated of a baseline evaluation that consists of														
A completed medical history	10/10	100%	5/9	56%	9/9	100%	3/7	43%	8/8	100%	13/13	100%	48/56	86%
Existing oral conditions	10/10	100%	3/9	33%	9/9	100%	7/7	100%	8/8	100%	13/13	100%	50/56	89%
Patient's chief complaint	10/10	100%	1/9	11%	9/9	100%	7/7	100%	8/8	100%	13/13	100%	48/56	86%
Medical alert, if appropriate	10/10	100%	3/9	33%	7/7	100%	1/1	100%	8/8	100%	13/13	100%	42/48	88%
Radiographs appropriate for an accurate diagnosis and treatment	10/10	100%	1/9	11%	8/8	100%	7/7	100%	8/8	100%	13/13	100%	47/55	85%
Drug history	6/6	100%	0/9	0%	5/5	100%	2/7	29%	6/7	86%	13/13	100%	32/47	68%
Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client and addressing														
Cavities	9/9	100%	6/9	67%	7/7	100%	4/4	100%	7/7	100%	8/8	100%	41/44	93%
Missing teeth	1/1	100%	5/9	56%	3/3	100%	2/2	100%	6/7	86%	5/5	100%	22/27	81%
Periodontal conditions	2/2	100%	5/8	63%	3/3	100%	N/A	N/A	6/7	86%	5/5	100%	21/25	84%
Extractions	2/10	20%	1/8	13%	0/9	0%	1/6	17%	0/7	0%	4/13	31%	8/53	15%
Need for replacement teeth	1/1	100%	1/1	100%	N/A	N/A	0/1	0%	N/A	N/A	4/4	100%	6/7	86%

Is there signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months?	10/10	100%	3/9	33%	9/9	100%	7/7	100%	7/7	100%	13/13	100%	49/55	89%
Is there documentation signed and dated in the client's record that a referral was made for any services that cannot be provided by provider?	10/10	100%	2/9	22%	10/10	100%	7/7	100%	6/9	67%	13/13	100%	48/58	83%
Is there documentation signed and dated that all services provided recorded?	10/10	100%	7/9	78%	9/9	100%	7/7	100%	9/9	100%	13/13	100%	55/57	96%
Is there signed and dated documentation in the client's record of prescriptions and drugs dispensed?	1/1	100%	0/7	0%	3/3	100%	1/3	33%	5/5	100%	11/11	100%	21/30	70%
Is there signed and dated documentation in the client's record that post operative instructions were given for surgical procedures?	3/3	100%	0/9	0%	1/1	100%	2/2	100%	5/5	100%	5/5	100%	16/25	64%
Is there documentation signed and dated in the client's record of all pre-medications and local anesthetic used?	10/10	100%	7/9	78%	8/8	100%	0/5	0%	4/4	100%	13/13	100%	42/49	86%

Is this provider a third party payer?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Is there documentation signed and dated on the client's record of														
Medical history	10/10	100%	2/9	22%	9/9	100%	3/7	43%	8/8	100%	13/13	100%	45/56	80%
Physical examination	10/10	100%	0/9	0%	9/9	100%	7/7	100%	N/A	N/A	13/13	100%	39/48	81%
Laboratory reports	N/A	N/A	0/9	0%	5/5	100%	N/A	N/A	N/A	N/A	4/5	80%	9/19	47%
Medications	4/4	100%	6/9	67%	8/8	100%	2/7	29%	8/8	100%	13/13	100%	41/49	84%
Treatment plan of care	10/10	100%	6/9	67%	9/9	100%	7/7	100%	8/8	100%	13/13	100%	53/56	95%
Interim progress notes	10/10	100%	7/9	78%	8/8	100%	4/4	100%	8/8	100%	13/13	100%	50/52	96%
Referrals and follow-ups	10/10	100%	6/9	67%	8/8	100%	2/2	100%	9/9	100%	13/13	100%	48/51	94%

Attachment C: Peer Reviewed Medical Case Management Raw Data

	CCS Danville		CCS Marion		CCS Roanoke		ESHD		EVMS		HCHC		Health Brigade		UVA		Total	
Newly Enrolled	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**	**Raw Value**	**%**
1. Was the initial assessment completed within 30 days of intake?	2/2	100%	2/2	100%	2/2	100%	1/1	100%	4/4	100%	5/5	100%	N/A	N/A	5/5	100%	21/21	100%
2. Was the initial assessment dated and signed by the medical case manager?	2/2	100%	2/2	100%	2/2	100%	0/1	0%	7/7	100%	5/5	100%	N/A	N/A	5/5	100%	23/24	96%
3. Were at least two face-to-face interviews completed?	2/2	100%	2/2	100%	2/2	100%	1/1	100%	7/7	100%	5/5	100%	N/A	N/A	5/5	100%	24/24	100%
Established Clients																		
1. Was the full assessment completed	5/12	42%	11/12	92%	4/11	36%	4/8	50%	6/7	86%	15/15	100%	6/11	55%	20/26	77%	72/102	71%

within the acuity time frame?																		
2. Was an ongoing full assessment signed and dated by the medical case manager?	6/12	50%	12/12	100%	11/11	100%	3/8	38%	7/7	100%	15/15	100%	7/11	64%	25/26	96%	87/102	85%
3. Were the appropriate number for face-to-face interviews based on acuity level completed within the last 12 months?	3/12	25%	12/12	100%	9/11	82%	5/8	63%	7/7	100%	15/15	100%	6/11	55%	24/26	92%	82/102	80%
4. Is a summary of the medical case manager ‘s findings noted on the last page of the MCM Assessment Form?	3/3	100%	12/12	100%	7/9	78%	4/5	80%	7/7	100%	14/15	93%	6/7	86%	24/24	100%	78/82	95%
5. Is documentation of Treatment Adherence addressed on the MCM Assessment Form?	4/12	33%	12/12	100%	11/11	100%	5/8	63%	7/7	100%	14/15	93%	9/11	82%	24/26	92%	87/102	85%
5a. If treatment adherence was identified as a need, is it included in the Service Plan?	3/11	27%	9/9	100%	2/3	67%	0/3	0%	N/A	N/A	3/3	100%	1/3	33%	12/13	92%	30/45	67%
6. Is a completed Acuity Scale found in the chart reflecting the client's current Acuity Level?	4/12	33%	11/12	92%	6/11	55%	3/8	38%	6/7	86%	13/15	87%	9/11	82%	25/26	96%	78/102	76%

7. Is the Acuity Scale signed and dated by the medical case manager and the client on the date of completion?	4/12	33%	12/12	100%	10/11	91%	3/8	38%	5/7	71%	13/15	87%	9/11	82%	20/26	77%	76/102	75%
8. Was the Acuity Scale updated within the appropriate time frame for the acuity level?	3/12	25%	12/12	100%	5/11	45%	1/8	13%	6/7	86%	13/15	87%	3/11	27%	22/26	85%	66/102	65%
9. After completion of the MCM Assessment, was the Service Plan developed within 45 calendar days?	4/11	36%	12/12	100%	10/11	91%	3/7	43%	6/6	100%	7/7	100%	6/8	75%	23/23	100%	71/84	85%
9a. If not, is there documentation of why?	0/8	0%	N/A	N/A	0/1	0%	0/5	0%	N/A	N/A	1/1	100%	1/3	33%	0/1	0%	2/18	11%
10. Is there documentation that the client participated in the development of the Service Plan (indicated by client signatures)?	4/12	33%	10/10	100%	10/11	91%	3/8	38%	6/6	100%	8/9	89%	5/8	63%	19/23	83%	65/86	76%
11. Is there documentation that the client was offered a copy of the Service Plan?	4/12	33%	10/10	100%	10/11	91%	2/8	25%	2/6	33%	7/8	88%	0/8	0%	20/23	87%	55/85	65%
12. Are the goals and progress on attaining goals documented in the progress notes?	4/12	33%	12/12	100%	8/11	73%	1/8	13%	7/7	100%	12/13	92%	5/9	56%	23/24	96%	73/96	76%
13. Is the timeline for goals set within the appropriate time frame for acuity level?	4/12	33%	11/11	100%	4/11	36%	2/8	25%	6/6	100%	11/11	100%	5/8	63%	23/23	100%	67/90	74%

14. Is the service plan updated within the appropriate time frame for the acuity level?	3/12	25%	10/11	91%	5/11	45%	2/8	25%	5/6	83%	11/11	100%	1/8	13%	19/23	83%	56/89	63%
15. Does the Service Plan or progress notes contain ongoing documentation of activities toward the completion of goals?	4/12	33%	12/12	100%	8/11	73%	3/8	38%	6/6	100%	9/9	100%	5/9	56%	21/23	91%	69/90	77%
16. Is there documentation of minimum contact (telephone or face-to-face) within the appropriate time frame for the acuity level?	4/12	33%	12/12	100%	8/11	73%	8/8	100%	7/7	100%	15/15	100%	8/11	73%	26/26	100%	89/102	87%
17. Are progress notes completed within 48 hrs.?	5/12	42%	12/12	100%	11/11	100%	8/8	100%	7/7	100%	14/15	93%	10/11	91%	26/26	100%	94/102	92%
Discharge:																		
18. Was a discharge summary placed in the client's chart within 30 days of the discharge date?	1/1	100%	1/1	100%	3/3	100%	0/0	N/A	2/2	100%	N/A	N/A	0/2	0%	4/4	100%	11/12	92%
19. Is documentation present in the progress notes of the client's file?	1/1	100%	1/1	100%	3/3	100%	0/0	N/A	2/2	100%	N/A	N/A	1/2	50%	4/4	100%	12/12	100%
20. If the client has transferred to another agency, were case management services transferred within 5 business days of request?	N/A	N/A	N/A	N/A	1/1	100%	0/0	N/A	1/2	50%	N/A	N/A	0/1	0%	N/A	N/A	2/3	67%

21. If the client could not be located, were a minimum of 3 follow-up attempts made over 3 months?	1/1	100%	N/A	N/A	1/1	100%	0/0	N/A	N/A	N/A	N/A	N/A	0/1	0%	2/2	100%	4/4	100%
22. After the last failed attempt to contact the client, was a certified letter sent within 5 business days notifying the client of discharge if no contact is made within 30 days of the date on the letter.	N/A	N/A	N/A	N/A	N/A	N/A	0/0	N/A	N/A	N/A	N/A	N/A	0/1	0%	0/2	0%	0/2	0%
22a. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	0/0	N/A	N/A	N/A	N/A	N/A	0/1	0%	N/A	N/A	N/A	N/A
23. Is documentation present in the progress notes of all attempts made?	1/1	100%	1/1	100%	2/2	100%	0/0	N/A	2/2	100%	N/A	N/A	1/2	50%	3/3	100%	10/10	100%
24. If the client was administratively discharged, was a certified letter mailed to the client's last known mailing address within 5 business days of discharge noting the reason for discharge and possible alternative resources?	N/A	N/A	N/A	N/A	N/A	N/A	0/0	N/A	N/A	N/A	N/A	N/A	0/1	0%	0/2	0%	0/2	0%
25. Is a copy of the certified letter in the file?	N/A	N/A	N/A	N/A	N/A	N/A	0/0	N/A	N/A	N/A	N/A	N/A	0/1	0%	N/A	N/A	N/A	N/A

Attachment D: Peer Reviewed Non-Medical Case Management Raw Data

	CCS Danville		CCS Marion		CCS Roanoke		ESHD		EVMS		HCHC		Health Brigade		Henrico HD		NVFS		Richmond City HD		UVA		Total	
	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%	Raw	%
1. Is there documentation of initial contact with the client within three business days?	N/A	N/A	N/A	N/A	0/1	0%	1/1	100%	1/11	9%	6/12	50%	0/1	0%	3/3	100%	1/3	33%	5/5	100%	39/40	98%	56/77	73%
2. Is there dated documentation of communication with the client regarding the date and time of the client's intake appointment and the required documentation needed to be brought to the appointment?	N/A	N/A	N/A	N/A	0/1	0%	1/1	100%	1/11	9%	5/12	42%	0/1	0%	2/3	67%	0/3	0%	3/3	100%	39/40	98%	51/75	68%

3. Is there documentation of a completed and dated eligibility/intake review form within ten business days of first contact with the client?	N/A	N/A	N/A	N/A	0/1	0%	1/1	100 %	11/11	100 %	13/14	93%	0/1	0%	2/3	67%	0/2	0%	4/5	80%	33/38	87%	64/76	84%
4. Is there documentation of expedited eligibility/intake for newly diagnosed, pregnant, or recently released from incarceration?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1	100 %	N/A	N/A	n/a	N/A	3/3	100 %	N/A	N/A	4/4	100 %	8/8	100 %	16/16	100 %
5. Is there documentation of completed and dated eligibility and recertification every six months?	11/13	85%	10/10	100 %	10/10	100 %	6/8	75%	9/10	90%	13/14	93%	4/9	44%	3/3	100 %	6/10	60%	5/5	100 %	77/85	91%	154/178	87%
6. Is there documentation of eligibility/intake that includes a signed and dated Informed Consent?	12/13	92%	10/10	100 %	11/11	100 %	9/9	100 %	11/11	100 %	12/14	86%	7/10	70%	3/3	100 %	9/10	90%	5/5	100 %	81/85	95%	170/182	93%

7. Is there documentation of eligibility/intake that includes a copy of the agency's Grievance Procedures?	12/13	92%	10/10	100%	11/11	100%	9/9	100%	10/11	91%	12/14	86%	7/10	70%	3/3	100%	10/10	100%	5/5	100%	81/85	95%	170/182	93%
8. Is there documentation of eligibility/intake that includes a copy of the agency's Confidentiality Statement?	12/13	92%	10/10	100%	11/11	100%	9/9	100%	11/11	100%	12/14	86%	7/10	70%	3/3	100%	8/10	80%	5/5	100%	81/85	95%	169/182	93%
9. Is there documentation of eligibility/intake that includes a signed and dated Release of Information (ROI) form?	12/13	92%	10/10	100%	11/11	100%	9/9	100%	11/11	100%	14/14	100%	7/10	70%	3/3	100%	10/10	###	5/5	100%	81/85	95%	173/182	95%
10. Is there documentation that the client received a copy of the Client Rights and Responsibilities?	12/13	92%	10/10	100%	11/11	100%	9/9	100%	9/11	82%	12/14	86%	3/10	30%	3/3	100%	10/10	###	5/5	100%	81/85	95%	165/182	91%

11. If eligibility/intake is delayed more than 30 days, is there documentation of at least three contacts on different days (by phone, mail, or in-person)?	1/2	50%	1/1	100 %	N/A	N/A	1/1	100 %	2/4	50%	3/4	75%	n/a	N/A	1/1	100 %	N/A	N/A	1/1	100 %	9/13	69%	19/27	70%
12. If the client answered 'yes' to any questions in the MCM referral section of the Eligibility/Intake Review Form, is there documentation of a referral to MCM?	4/4	100 %	3/3	100 %	4/7	57%	1/3	33%	0/11	0%	1/1	100 %	2/7	29%	3/3	100 %	N/A	N/A	4/5	80%	20/23	87%	42/56	75%
13. Is there documentation of referral to MCM completed within two working days?	5/5	100 %	3/3	100 %	2/6	33%	0/3	0%	0/11	0%	8/9	89%	1/7	14%	3/3	100 %	N/A	N/A	3/5	60%	21/24	88%	46/65	71%
14. Is there documentation of referrals for support services as needed?	6/9	67%	10/10	100 %	7/11	64%	2/5	40%	0/11	0%	8/8	100 %	6/9	67%	3/3	100 %	8/10	80%	3/5	60%	39/44	89%	92/115	80%
15. Is there documentation of follow-up from referrals?	5/9	56%	10/10	100 %	6/10	60%	1/5	20%	0/11	0%	8/8	100 %	6/9	67%	3/3	100 %	8/10	80%	2/5	40%	36/44	82%	85/114	75%

Attachment E: Peer Reviewed Mental Health Raw Data

	Health Brigade		UVA		Total	
	Raw Value	%	Raw Value	%	Raw Value	%
Newly Enrolled						
1. Is there documentation of referral for Mental House Services documented prior to initiation of service?	2/2	100%	14/20	70%	16/22	73%
2. Is there documentation of screening (PHQ-9, GAD-9, AUDIT-DAST, Rx Abuse Screener, MOCA) in the client's record?	2/2	100%	7/20	35%	9/22	41%
3. Is there documentation of the Service Plan in the client's record signed and dated by the service provider?	0/1	0%	20/20	100%	20/21	95%
4. Does the Service Plan include a diagnosed mental illness or condition?	2/2	100%	20/20	100%	22/22	100%
5. Does the Service Plan include Service modality (individual, group, or both)?	2/2	100%	20/20	100%	22/22	100%
6. Does the Service Plan include treatment goals?	0/1	0%	20/20	100%	20/21	95%
7. Does the Service Plan include start dates for mental health services?	1/1	100%	20/20	100%	21/21	100%
8. Does the Service Plan include a projected end date for services?	0/1	0%	14/20	70%	14/21	67%
9. Does the Service Plan include a number of sessions?	0/1	0%	9/12	75%	9/13	69%
Ongoing Clients						

10. Does the Service Plan include reassessment dates of client progress every 90 days?	0/1	0%	6/12	50%	6/13	46%
11. Is there documentation of a complete psychosocial assessment and the result used to complete the service plan?	0/1	0%	19/20	95%	19/21	90%
12. Is there documentation of mental health services provided in the client's record?	2/2	100%	20/20	100%	22/22	100%
13. Is there documentation of consultation with medical staff, mental health, pharmacy, and other support services as needed?	2/2	100%	8/9	89%	10/11	91%
14. Is there documentation of referrals made and status of outcome in the client's record?	n/a	n/a	5/6	83%	5/6	83%
Discharge						
15. Is there documentation of discharge plan summary and summary in the client's record with clear rationale within 30 days of discharge, including a certified letter, if applicable?	1/2	50%	0/1	0%	1/2	50%
17. If unable to locate the client, is there documentation of attempts made?	1/1	100%	1/1	100%	N/A	N/A
16. If the client was transferred, is there documentation of discharge summary and other records sent with the patient?	n/a	n/a	N/A	N/A	2/2	100%

Attachment F: Peer Reviewed Outpatient Substance Abuse Raw Data

	UVA		Total	
	Raw Value	**%**	**Raw Value**	**%**

Newly Enrolled				
1. Is there documentation of referral for outpatient substance abuse services documented in the client's record?	8/8	100%	8/8	100%
2. Is there documentation of an assessment in the client's record?	8/8	100%	8/8	100%
3. Does the assessment include documentation of substance abuse history and current status?	7/8	88%	7/8	88%
4. Does the service plan include documentation of medical history and current health status?	4/8	50%	4/8	50%
5. Does the assessment include documentation availability of food, shelter, transportation, and financial resources?	4/8	50%	4/8	50%
6. Does the assessment include documentation of the client's support system?	8/8	100%	8/8	100%
7. Does the assessment include documentation of the client's legal issues and/or custody status?	5/8	63%	5/8	63%
8. Does the assessment include documentation of mental health status and co-existing conditions?	7/8	88%	7/8	88%
9. Is there documentation of the treatment plan in the client's record?	7/8	88%	7/8	88%
Ongoing Clients				

10. Is there documentation of a treatment plan in the client's record that is signed and dated?	8/10	80%	8/10	80%
11. Is there documentation of a complete psychosocial assessment and the result used to develop the service plan?	9/10	90%	9/10	90%
12. Is there documentation that the client participated in the development of the service plan?	10/10	100%	10/10	100%
13. Is there documentation of mental health services provided in the client's record?	9/10	90%	9/10	90%
14. Is there documentation of consultation with medical staff, mental health, pharmacy, and other support services as needed?	8/10	80%	8/10	80%
15. Is there documentation of referrals made and the status of outcome in the client's record?	5/10	50%	5/10	50%
Discharge				
16. Is there documentation of discharge plan summary and summary in the client's record with clear rationale within 30 days of discharge, including certified letter, if applicable	1/2	50%	1/2	50%
17. If the client was transferred, is there documentation of discharge summary and other records send with the patient?	0/2	0%	0/2	0%

18. If unable to locate the client, is there documentation of attempts made?	0/2	0%	0/2	0%

Attachment G: Peer Reviewed Updated Standards Raw Data

	CCS Danville		CCS Marion		CCS Roanoke		ESHD		Health Brigade		HCHC		Henrico HD		Richmond City HD		Total	
	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%	Raw Value	%
Medical Case Management																		
1. Was the updated acuity scale used?	2/2	100%	5/5	100%	5/5	100%	2/2	100%	N/A	N/A	3/5	60%	N/A	N/A	N/A	N/A	17/19	89%
2. Was there a referral back down to NMCM for level 1?	0/1	0%	N/A	N/A	N/A	N/A	1/1	100%	N/A	N/A	1/1	100%	N/A	N/A	N/A	N/A	2/3	67%
Non-Medical Case Management																		
3. Did the site use the updated 20 questions?	1/1	100%	8/8	100%	7/7	100%	6/6	100%	3/4	75%	13/13	100%	1/1	100%	1/1	100%	40/41	98%
4. Is there a completed NMCM Service Plan?	1/1	100%	8/8	100%	3/4	75%	1/5	20%	1/4	25%	13/13	100%	1/1	100%	0/1	0%	28/37	76%

Attachment H: Peer Reviewed Client Interview Raw Data

Section B: Overall Experiences and Satisfaction	Raw Value	Percentage
B1. The RW Grievance/Complaint Procedure has been explained to me (yes)?	32/41	78%
B2. Do you feel safe/comfortable filing a complaint/grievance?	39/41	95%

B3. I have been asked to participate in a patient satisfaction survey at this agency.	32/41	78%
B4. I have been asked to participate in a Patient/Consumer Advisory Board	26/41	63%

Section C: Primary Medical Care	All the Time	Most of the Time	Sometimes	Rarely	Never
C1. When I needed an appointment, I could schedule one soon enough for my needs	20/23 (87%)	3/23 (13%)	0/23 (0%)	0/23 (0%)	0/23 (0%)
C2. My providers told me how important it was to keep my appointments	24/24 (100%)	0/24 (0%)	0/24 (0%)	0/24 (0%)	0/24 (0%)
C3. My providers made sure I understood what my lab test results (such as CD4 and viral load) meant for my health	22/24 (92%)	1/24 (4%)	0/24 (0%)	0/24 (0%)	1/24 (4%)
C4. I had questions that I wanted to ask my providers about my HIV care but did not ask	0/23 (0%)	0/23 (0%)	0/23 (0%)	1/23 (4%)	22/23 (96%)
C5. When I asked my providers questions about my HIV care, it was hard to understand their answers	3/21 (14%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	18/21 (86%)
C6. I found my providers to be accepting and non-judgmental of my life and health care choices	21/24 (88%)	1/24 (4%)	0/24 (0%)	1/24 (4%)	1/24 (4%)

C7. It was hard for me to get my HIV medication prescriptions filled when I needed them	2/22 (9%)	0/22 (0%)	0/22 (0%)	1/22 (5%)	19/22 (86%)
C11. I was able to the get the services that my provider referred me to	19/24 (79%)	3/24 (13%)	0/24 (0%)	1/24 (4%)	1/24 (4%)
C13. The staff and my providers kept my HIV status confidential	24/24 (100%)	0/24 (0%)	0/24 (0%)	0/24 (0%)	0/24 (0%)

	Agree/Yes	**Disagree/No**	**Not Sure**
C8. My providers explained the side effects of my HIV medications in a way I could understand	22/24 (92%)	2/24 (8%)	0/24 (0%)
C9. My providers talked to me about how to avoid passing HIV to other people	23/24 (96%)	1/24 (4%)	0/24 (0%)

C10. My providers talked to me about how to protect myself from getting Hep C or how to avoid passing it on to other if I already had it	19/24 (79%)	2/24 (8%)	3/24 (13%)
C12. At any point, did you feel you were treated poorly at your clinic?	0/24 (0%)	24/24 (100%)	0/24 (0%)

Section D. Oral Health	**Less than 1 year**	**1 to 2 years**	**3 to 5 years**	**more than 5 years**
D1. I have received care here for oral health for…	5/14	2/14	2/14	5/14
D2. My last visit for oral health was…	13/14	1/14	0/14	0/14
	Disagree Strongly	**Disagree**	**Agree**	**Agree Strongly**
D3. I am satisfied with the oral health services I receive at this agency	0/14	4/14	1/14	9/14
D5. At every dentist visit I receive information on how to care for my mouth, teeth, gums and what to look for in my mouth	1/14	1/14	5/14	7/14
	1 time a year	**2 times a year**	**3+ times a year**	**when I feel the need**
D4. I see the dentist	5/14	4/14	2/14	3/14

E. Case Management	**Raw Value**		**%**	
E1. I am aware of the different levels of case management	27/40		68%	
E2. Do you know how often you need to see your Case Manager?	36/41		88%	
	Disagree Strongly	**Disagree**	**Agree**	**Agree Strongly**
E3. I work with my case manager to determine my needs	1/40(3%)	0/40 (0%)	9/40(23%)	30/40(75%)
E4. I find it hard to talk to my case manager	34/40(85%)	3/40 (8%)	1/40 (3%)	2/40 (5%)
E5. When I needed an appointment, I could see my case manager soon enough for my needs	1/40 (3%)	1/40 (3%)	8/40 (20%)	30/40 (75%)
E6. I feel comfortable sharing my feelings and problems with my case manager	0/40 (0%)	1/40 (3%)	6/40 (15%)	33/40 (83%)
E7. My case manager and HIV medical care providers worked together to help me	1/40 (3%)	0/40 (0%)	6/40 (15%)	33/40 (83%)
E8. I want to be more involved in making decisions about my service plans and goals	33/40 (83%)	0/40 (0%)	0/40 (0%)	0/40 (0%)