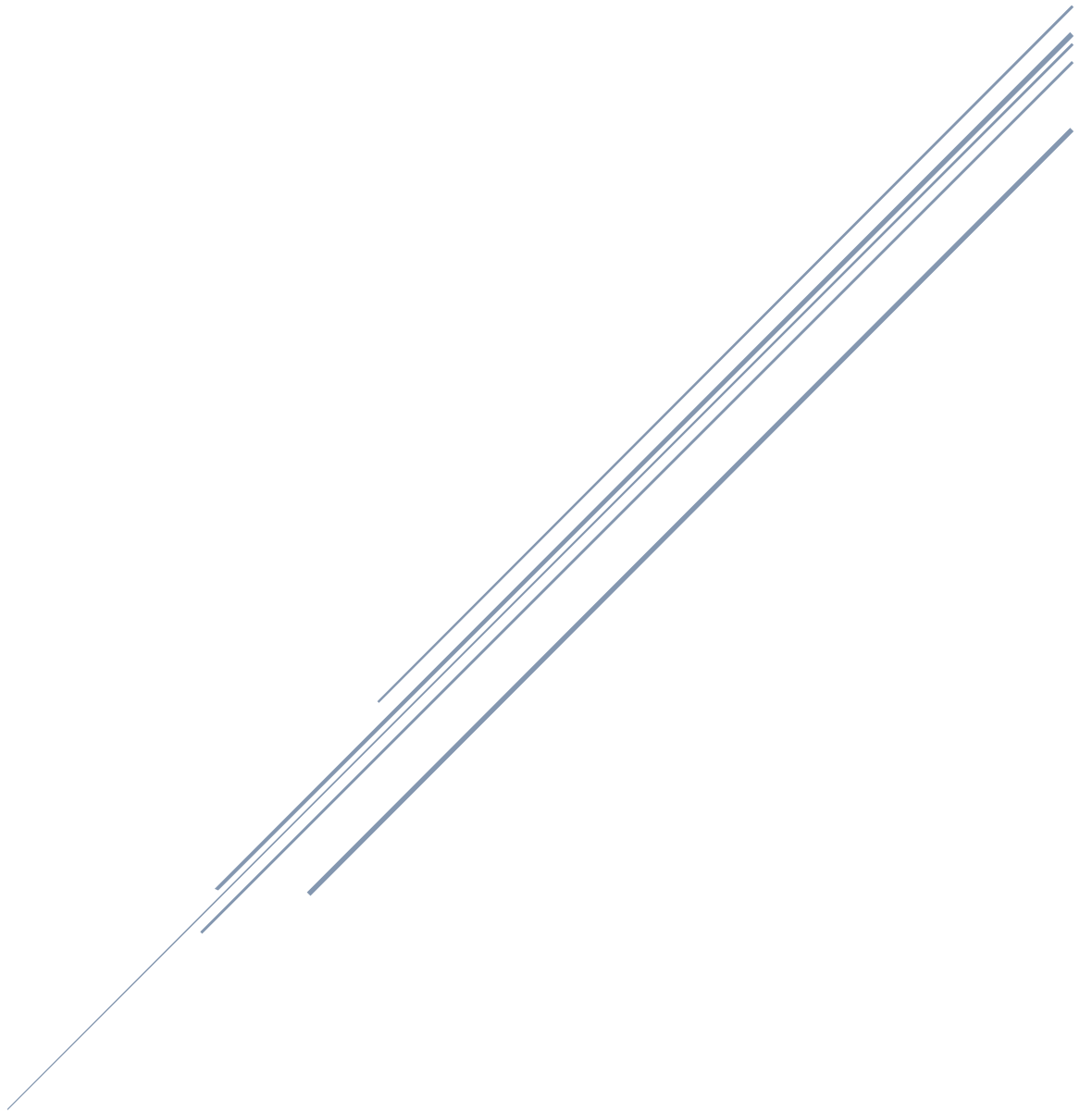


NEVADA RYAN WHITE PART B AND AIDS DRUG ASSISTANCE PROGRAM

QUALITY MANAGEMENT PLAN



Nevada Ryan White Part B Program
Quality Management Plan
Grant Year 2022-2023

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I. OVERVIEW

The Nevada Ryan White HIV/AIDS Part B (Nevada RWPB) Program supports persons living with HIV/AIDS through core medical and support services, including the AIDS Drug Assistance Program (ADAP), in seventeen counties through the State of Nevada. Services are provided through Nevada RWPB-funded subrecipients in both northern and southern Nevada.

At the end of 2021 (most recent statewide reported year), a total of 12,866 persons were known to be living with HIV, including HIV stage 3 (AIDS), in Nevada. There were 286 new HIV Stages 1 and 2 diagnoses in 2021 and 208 new HIV Sate 3 (AIDS) diagnoses in 2021; 85% were diagnosed in Clark County, 10% in Washoe County, and 3% in all other counties.

Currently, there are persons living with HIV in 13 counties in Nevada. Generally, while there has been an increase of new diagnoses of HIV in recent years in Nevada, people are living longer once they acquire HIV. Although, many advances have been made in HIV prevention and care; geographic, sex, age, and racial/ethnic disparities still exist within Nevada. The Nevada RWPB Clinical Quality Management Program exists to ensure access to quality medical care and supportive services for all people living with HIV/AIDS in Nevada through collaborate leadership and stakeholder involvement.

II. QUALITY STATEMENT

The Nevada RWPB Program is committed to improving the quality of care and services for persons living with HIV and AIDS through continuous quality monitoring and improvement in a comprehensive performance measurement program.

A. Purpose

A Quality Management Plan serves as a blueprint for how a Clinical Quality Management Program will be implemented. The purpose of the Clinical Quality Management Program is to establish a systematic approach to quality assessment and performance improvement. In support of this commitment, the Nevada’s RWPB Quality Management Plan is developed in alignment with the National HIV/AIDS Strategies and Nevada Integrated HIV Prevention and Care Plan 2017-2021, to reduce new HIV infections, increase access to care and improve health outcomes for PLWH, and decrease HIV-related health disparities.

The Nevada RWPB Clinical Quality Management Program encompasses all systematic and continuous quality processes and quality improvement activities related to planning, implementing, monitoring, evaluating, and responding to the needs of persons living with HIV/AIDS. In addition, this Quality Management Plan meets the criteria required by the U.S. Health Resources and Services Administration (HRSA) for establishing a Clinical Quality Management Program to “assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, for the treatment of HIV disease and related opportunistic infections; and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.”

B. Mission Statement

The mission of the Nevada RWPB Quality Management Plan is to improve access and ensure the highest quality medical care and supportive services through continuous evaluation, strategic

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planning and assessment, and the implementation of quality management and quality improvement projects.

C. Vision

We envision optimal health for all persons affected by HIV/AIDS, supported by a health care system that assures ready access to comprehensive, competent, quality care that transforms lives and communities.

D. Values

The Nevada RWPB Program believes in creating HIV/AIDS services that inspire and promote:

- Mutual respect
- Safe and confidential environments
- Education to increase empowerment, health literacy, and self sufficiency
- Resilient Living
- Wellness
- Quality Improvement and accountability
- Creativity and innovation
- Diversity
- Cultural competency
- Community responsibility

E. Definitions of Quality Terminology

- **Quality:** The degree to which a health or social service provider (subrecipient) meets or exceeds established professional standards and user expectations.
- **Goal:** What we are trying to accomplish – descriptive, specific actions/focus, time specific, measurable, defined participants.
- **Performance Measure:** A measure, objective or indicator used to determine (overtime), a provider's performance of a component of care. It may measure a function, process, or outcome.
- **Outcomes:** Results (positive or negative) that may occur due to a performance measure.
- **PDSA Cycle:** A validated model for quality improvement activities that includes four (4) steps - plan, do, study, act. It asks these questions:
 - **Plan:** What is the performance measure going to accomplish?
 - **Do:** How will the PM be carried out? Examples document problems and observations and gather data.
 - **Study:** What is the result of the plan after an analysis?
 - **Act:** What change can we make that will result in desired improvements?

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III. QUALITY IMPROVEMENT INFRASTRUCTURE

A. Leadership and Staff Roles and Responsibilities

The leadership of the Nevada RWPB Program, inclusive of the Quality Management Plan, is provided through the organizational structure of the Nevada Division of Public and Behavioral Health, a division of the Nevada Department of Health and Human Services, under the Executive Branch of the State of Nevada.

Nevada Division of Public and Behavioral Health

The Division of Public and Behavioral Health is comprised of four (4) branches: Administrative Services Branch, Clinical Services Branch, Community Services Branch, and Regulatory and Planning Services Branch. The Nevada RWPB Program is housed in the Community Services Branch. The Program is supported by a Deputy Division Administrator, Bureau Chief, and HIV Program Manager. The mission of the Division of Public and Behavioral Health is “to protect, promote, and improve the physical and behavioral health of the people of Nevada”.

Office of HIV

The Nevada Office of HIV is comprised of three (3) programs, the Ryan White HIV/AIDS Part B Program (including AIDS Drug Assistance Program), the HIV Prevention and Surveillance Program and Housing Opportunities for People with HIV/AIDS (HOPWA). All programs are federally grant funded; the Nevada RWPB Program is grant funded through the Health Resources Services Administration, the HIV Prevention and Surveillance Program is grant funded through the Centers for Disease Control and Prevention, and HOPWA is grant funded through U.S. Department of Housing and Urban Development. The Nevada RWPB Program operates in two (2) teams: the ADAP/Insurance Team, and the Core Medical/Support Services Team; the teams are supported by the Section Manager, Fiscal Coordinator, Health Program Specialist, Program Officer, Management Analyst, and Administrative Assistant.

Section Manager

The Section Manager administers all aspects of the HIV/AIDS programs, including HOPWA. The Program Manager has many responsibilities including, but not limited to programmatic oversight; leadership and communication of strategic planning and policy development; and bridging partners, resources, and community engagement. The Section Manager provides signatory authority of the Quality Management Plan, quality management activities, quality improvement activities, and implementation initiatives.

Quality Assurance and Evaluation Analyst

The role of the Quality Assurance and Evaluation Analyst (Management Analyst I) is to develop, guide, endorse, and champion the Clinical Quality Management Program, the Quality Management Plan, and quality improvement activities. The Quality Assurance and Evaluation Analyst also helps and guidance to subrecipients in the development and evaluation of subrecipient Quality Management Plans, performance measurement alignment, and quality management site visits.

HIV Care Services Specialists

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The HIV Care Services Specialists are responsible for all aspects of Medical Core/Support Services, including but not limited to program policy and procedures development and implementation, technical assistance in program implementation, and programmatic site visits.

AIDS Drug Assistance Program Coordinator

The AIDS Drug Assistance Program (ADAP) Coordinator manages all aspects of the ADAP Program, including but not limited to: ADAP data reviews, ADAP reporting, and ADAP policy and procedures development and implementation.

Health Insurance Specialist

The Health Insurance Specialist is responsible for all aspects of health insurance programs, including but not limited to health insurance policy and procedure development, health insurance cost effectiveness/payer of last resort mandates, annual health insurance comparison, and provider education and technical assistance related to health insurance.

Ryan White Clients

Ryan White client's participation is actively sought for the Quality Management Committee meetings. Ryan White clients will have the ability to voice their thoughts and opinions on the program in a variety of ways. Clients will be able to critique Ryan White services and/or the program in whole by either filing out a critique form or participating in Quality Management Committee. The information gathered from clients will be utilize and considered when changes to the program must be considered in efforts to increase the quality of our program.

B. Quality Management Committee

The Nevada RWPB Program has established multiple systems and processes to monitor and evaluate the Program's Clinical Quality Management Program and Quality Management Plan, one of the most effective practices is the re-establishment of a Quality Management Committee.

1. Purpose and Objectives

One of the goals of the Nevada RWPB Program's Quality Management Plan is to engage an active Quality Management Committee that meets quarterly to review and support the Quality Management Plan, Quality Improvement projects, and evaluate the Clinical Quality Management Program's short-term goals. The Quality Management Committee may also identify and discuss emerging practices, potential concerns, and relevant trends related to serving persons living HIV/AIDS and determine priorities and action items to be addressed as Quality Improvement projects.

2. Participation

The Quality Management Committee is an informal body that will have participation from at least one staff member from each Nevada RWPB team (to include Care and Support Services, ADAP/Health Insurance, Program Management, and Quality Management), one staff member from HIV Prevention and Surveillance, and representation of any interested community stakeholders, such as subrecipients and consumers. The Nevada RWPB Quality Assurance and Evaluation Analyst will serve as the lead/chairperson of the team; responsibilities include organizing team meetings, keeping meeting documentation, and developing agendas. Diversified

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participation is encouraged to ensure that differing perspectives are taken into consideration when developing priorities and goals.

The Nevada RWPB Quality Management Committee is not the same as the All-Parts Quality Management Team/Internal Workgroup. The All-Parts Quality Management Team consists of representation from Ryan White Parts A, B, C and D, HIV Prevention, and subrecipients. The purpose of the All-Parts Quality Management Team is to provide a mechanism for the objective review, evaluation, and continuing improvement of the Clinical Quality Management Program and statewide HIV long-term goals.

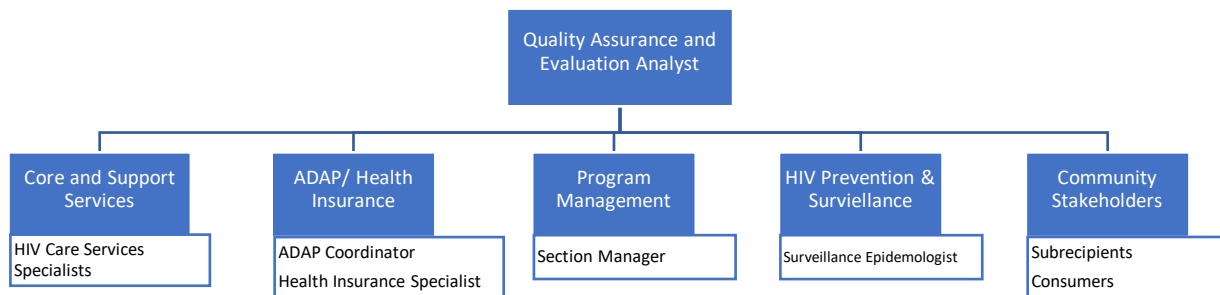


Figure 1: Quality Management Committee Organization Chart

Nevada Ryan White HIV/AIDS Part B Program
Quality Management Committee

3. Documentation

The Quality Management Committee will retain documentation of agendas and the topics discussed during each meeting in a common shared drive on the Nevada Division of Public and Behavioral Health's shared drive.

C. Dedicated Resources

Resources for building capacity to carry out Clinical Quality Management activities.

- Health Resources and Services Administration/HIV/AIDS Bureau Performance Measure Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>
- Health Resources and Services Administration/HIV/AIDS Bureau Policy Notices and Program Letters: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
- Ryan White TARGET Center training: <https://careacttarget.org/category/topics/quality-management>
- Center for Quality Improvement and Innovation: <https://targethiv.org/cqii>
- Health and Human Services Clinical Guidelines: <https://aidsinfo.nih.gov/guidelines>

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- University of Nevada, Reno, School of Community Health Sciences, Center for Program Evaluation
- University of Nevada, Reno, RW Part F - Nevada AIDS Education and Training Center
- Nevada Integrated HIV Prevention and Care Plan 2017-2021

IV. QUALITY IMPROVEMENT ACTIVITIES

According to HRSA PCN 15-02, quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction. These items are what Nevada RWPB's Quality Improvement activities are based on.

Quality Improvement projects and priorities are influenced by the Statewide Coordinated Statement of Need/Needs Assessment, which is included as part of the Nevada HIV Integrated Prevention and Care Plan 2017-2021. Quality Improvement projects are also selected by the subrecipients based quarterly and annual performance reviews, data analysis, and critical quality concerns. Subrecipients may request the Nevada RWPB recipient office to provide technical assistance to direct a Quality Improvement project at the subrecipient's agency if the subrecipient has current quality of care concerns.

Nevada RWPB Quality Improvement activities are implemented and monitored in alignment the Plan, Do, Study, Act methodology in an organized, systematic fashion. Once a Quality Improvement project has been identified, the pertinent parties will work together to establish up a plan, goals, deliverables, and timelines. The parties will continue to follow the Plan, Do, Study, Act methodology throughout the life of the Quality Improvement project until goals have been achieved.

V. QUALITY MANAGEMENT AND ASSURANCE ACTIVITIES

The Nevada RWPB Program is engaged in continuous quality assurance activities through the management, development, revision, and implementation of systematic improvements at the State programmatic level. Creating a solid foundation of client-centered policies, procedures, and processes enhances the ability of subrecipients to focus on implementing client-centered, evidence-based HIV care services.

Quality management activities include, but are not limited to: enhancing the Nevada RWPB Quality Management infrastructure, measuring subrecipient performance through reports, soliciting subrecipient responses to performance and progress, engaging subrecipients in quality management activities and evaluation of Quality Management Plan, engaging subrecipients in Quality Improvement activities, revising or updating the Nevada RWPB Service Standards to align with HRSA Policy Clarification Notices and the National Monitoring Standards, and revising or updating Nevada RWPB policies and procedures. Data collected as part of quality assurance processes feeds back into the Clinical Quality Management Program to ensure improvement in client care, health outcomes, and client satisfaction.

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A. Service Standards

Service Standards are defined standards and expectations for service delivery outlined by the Nevada RWPB Program, in alignment with federal guidance and clinical treatment guidelines. The purpose of Service Standards is to define the minimal acceptable level of service or care, by which a Nevada RWPB-funded service provider is monitored and that a Nevada RWPB-funded service provider may practice. Service Standards also ensure that service delivery is consistent, provide the same essential components of a service category, and are in line with the quality-of-care clients expect. Nevada RWPB Program has published Service Standards, aligning with the funded service categories: ADAP Health Insurance to Provide Medications, Early Intervention Services, Emergency Financial Services, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Health Insurance Premium and Cost-Sharing for Low Income Individuals, Housing, Medical Case Management, Medical Nutrition Therapy, Medical Transportation Services, Mental Health Services, Non-Medical Case Management, Other Professional Services- Legal Services, Outpatient Ambulatory Health Services, Outreach Services, Psychosocial Support Services, and Referral to Healthcare and Support Services. Service Standards are revised and updated, as needed, as part of the Quality Assurance process. As new service categories are funded through the Nevada RWPB Program, new the Service Standards will be written to ensure quality care and consistent service delivery by all Nevada RWPB- funded service providers.

B. Service Delivery Meetings

Ryan White Parts A, B, C, and D has created a monthly meeting that includes subrecipients, consumers, and other RWHAP recipients. The northern Nevada meeting is called Services, Planning, and Evaluation Collaborative (SPEC) and the meeting in the southern region is called Action Planning Group (APG). The monthly service delivery meetings focus on quality improvement overviews, eligibility and enrollment updates, trainings, information sharing, partner introductions, grant opportunities, guest speakers, best practices and challenges, and outlines gaps in services and/or barriers occurring in the HIV service delivery community.

C. Quarterly Reports

Quarterly reports are required data reports for all Nevada RWPB Program-funded subrecipients as a Quality Management tool. The data included in the quarterly reports includes: the number of unduplicated clients by quarter, client viral suppression by quarter, the number of clients with reported labs in CAREWare, the number of services provided to eligible and ineligible clients by subservice, a breakdown of ineligible clients served by eligibility status, the number of unduplicated clients by age, the percent of unduplicated clients by gender, the number of unduplicated clients by race/ethnicity, and the percent of unduplicated clients by HIV risk factors.

The reports allow the subrecipient to reflect on service delivery objectives, performance measure indicators, and goals. Subrecipients are required to provide feedback regarding the data presented in the report; service delivery successes and challenges; actions taken to improve service delivery; updates on their Quality Management Program including any indicators currently being tracked, the status of current improvement projects, re-evaluations of previously implemented quality improvement projects; quantitative or qualitative information received from any consumer input received through consumer satisfaction surveys, consumer advisory boards, suggestion boxes, or any other method by which you gather consumer input on service delivery; client issues or clients

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in jeopardy of losing services; highlights of programs or services offered at their agency; and any technical assistance needs.

The quarterly reports offer improved communication between the Program and subrecipients while providing performance measure data to guide subrecipients towards analyzing quality health outcomes and potential Quality Improvement projects. This data identifies strengths and weaknesses, barriers or gaps, and any corrective action needed to improve outcomes. Subrecipients that did not meet targeted goals and expectations are provided technical assistance to clarify expectations and discuss Scope of Work delivery.

Subrecipients also complete a Final Year-End Quarterly Report which requires subrecipients to report on the implementation of their Quality Management Plan and Quality Improvement projects. This report is used to inform RWPB the outcome of the performance measures and can be used to document annual progression of services.

D. Subrecipient Technical Assistance and Training

Nevada RWPB recipient staff, Quality Assurance and Evaluation Analyst, HIV Care Services Specialists, and ADAP Coordinator, are responsible for providing or coordinating technical assistance and trainings for Nevada RWPB subrecipients and providing related materials. Nevada RWPB recipient staff can provide trainings and technical assistance on the following topics (list not exhaustive): assistance with data entry accuracy in CAREWare, trainings for Eligibility and Enrollment Specialists on enrollment standards, technical assistance to subrecipients about program implementation and best practices, technical assistance to subrecipients about allowable uses of funding, in addition to, directly funding subrecipients to attend training and conferences that enhance service delivery knowledge and professional development. Training needs are assessed through the monitoring of subrecipient Quality Management Plans, subrecipient requests, and Quarterly Report evaluations and/or needs assessments.

VI. ANNUAL QUALITY GOALS AND EVALUATION

A. Short-Term Annual Goals

Nevada RWPB Program's short-term annual quality goals are developed to strengthen the Nevada RWPB Clinical Quality Management Program and create substantive program changes to enhance the quality and efficacy of HIV/AIDS services in Nevada. The annual goals will be reviewed and updated as required based on successful accomplishment and ability to move on to the next level. If the goals have only been partially accomplished, they will be modified and re-integrated into the next year's goals.

Goal 1: Engage an active Quality Management Committee, with consumer members, that meets quarterly to review and support the Quality Management Plan and quality improvement projects.

Goal 2: Maintain and monitor performance measurements for the purpose of assessing outcomes, quality of care and health disparities based on service categories and quality indicators.

Goal 3: Promoted and foster the implementation of QI activities with subrecipients to attain CY 2022 performance measurement goal.

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Goal 4: Apply CQM program activities to subrecipients in efforts to strengthen capacity by monitoring the implementation of CQM programs at their respective agencies.

B. Long-Term Annual Goals

Nevada RWPB Program’s long-term annual quality goals are outlined by the Nevada Integrated HIV Prevention and Care Plan 2017-2021. The Nevada Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, was developed in response to the guidance provided by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The workgroup included representatives from the Las Vegas TGA Ryan White Part A Program, Ryan White Part B Program, Ryan White Part C Program, Ryan White Part D Program, HIV Prevention Program, Southern Nevada Health District (SNHD), and Washoe County Health District (WCHD). The goals outlined below are statewide programmatic goals for all Ryan White Program Parts and HIV Prevention, as such, multiple programs will have a role in achieving the statewide goals and benchmarks each year.

Goal 1: Reducing new HIV infections

Objective 1a. By 2023, 90% of people living with HIV will know their serostatus.

Objective 1b. By 2023, reduce by 25% the number of new HIV diagnoses.

Goal 2: Increasing access to care and improving health outcomes for PLWH

Objective 2a. By 2023, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.

Objective 2b. By 2023, increase by 20% the percentage of clients in care needing mental and/or behavioral health services who went to their first appointment.

Objective 2c. By 2023, 80% of people diagnosed with HIV, who have had a medical visit each year for the past two years, will be virally suppressed (VL <200)

Objective 2d. By 2023, reduce to 20% the incidence of STIs in HIV infected persons in care.

Objective 2e. By 2023, increase number of clinics screening for HIV associated comorbidities by 20%.

Goal 3: Reducing HIV related disparities and health inequities

Objective 3a. By 2023, reduce disparities in the rate of new diagnoses by at least 15% among Nevada’s priority populations.

Objective 3b. By 2023, increase to 85% the percentage of newly diagnosed with HIV among Nevada’s priority populations who have been linked to a provider within the first 30 days.

The Nevada Integrated HIV Prevention and Care Plan includes strategies for ongoing monitoring and improvement. The Ryan White Part A, Ryan White Part B and HIV Prevention programs have contracted with the School of Community Health Sciences at the University of Nevada, Reno to oversee the evaluation and monitoring of the plan. The All-Parts Quality Management Team, also known as the Internal Workgroup, meets every six months with the University to review progress on plan implementation and long-term goals. Annual and interim evaluation reports are produced by the University to document the implementation process, as well as progress towards the plan goals and objectives.

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VII. PERFORMANCE MEASUREMENT

Clinical quality performance measurements, in alignment with the Health Resources Services Administration HIV/AIDS Bureau Performance Measures, have been selected for both core medical and supportive services. Per HRSA Policy Clarification Notice 15-02, “Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. In order to appropriately assess outcomes, measurement must occur. Recipients should identify at least two performance measures 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. Recipients should identify at least one performance measure for RWHAP service categories where greater than 15% and less than 50% of the recipients’ eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories where less than or equal to 15% of the recipients’ eligible clients receive at least one unit of service.”

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

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Nevada Ryan White Services

Services	(n) Clients count	(d) 5,269 %	Program Measures
Early Intervention Services	314	5.96%	0
Emergency Financial Assistance	1	0.02%	0
Food Bank/ Home Delivered Meals	347	6.59%	0
Health Education/ Risk Reduction	58	1.10%	0
Health Insurance Premium and Cost Sharing Assistance Health for Low-income individuals	765	14.52%	2
• Dental Premium	2219	42.11%	1
• Medical Copay	759	14.41%	0
• Dental Copay	25	.47%	0
Health Insurance to Provide Medications	2158	40.96%	1
Housing	130	2.47%	0
Medical Case Management Treatment Adherence Services	439	8.33%	1
Medical Nutrition Therapy	535	10.15%	0
Medical Transportation Services	332	6.30%	0
Mental Health Services	664	12.60%	1
Non-Medical Case Management Services	4,935	93.66%	2
• Retention in Care	228	4.33%	1
• Eligibility	4,393	83.37%	1
• General Monitoring	3,456	65.59%	2
Other Professional Services (Legal)	66	1.25%	0
Other Professional Services (Tax Preparation)	55	1.04%	0
Outpatient/ Ambulatory Health Services	420	7.97%	1
Psychosocial Support Services	25	0.47%	0
Total			13

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Nevada Ryan White Program Measures

SERVICES	Primary Performance Measure	Primary (PM) Description	Primary (PM) Numerator	Primary (PM) Denominator	Secondary Performance Measure	Secondary (PM) Description	Secondary (PM) Numerator	Secondary (PM) Denominator
Health Insurance Premium and Cost Sharing Assistance Health for Low-income individuals (HIP-CS) - Dental Insurance	Retention in Dental Care	Percent of clients who have received at least one dental service in each eligibility period in measurement year.	Number of clients in the denominator that have received a dental service in each of their eligibility periods in a measurement year.	Number of clients that have Liberty Dental in measurement year.				
Health Insurance Premium and Cost Sharing Assistance Health for Low-income individuals (HIP-CS) - Medical Copay					Core Measures: HIV Viral Load Suppression	Percentage of clients, regardless of age, whose viral load is >200m/L and patient has received a service in this category.	Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral test during the measurement year.	Number of clients, regardless of age, with a diagnosis of HIV with at least one (HIP-CS) service in the measurement year.

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<p>Health Insurance to Provide Medications/HIP-RX (NMAP)</p>	<p>ADAP Application Determination</p>	<p>Percent of ADAP applications approved or denied for the new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year.</p>	<p>Number of applications that were approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year.</p>	<p>Total number of complete ADAP applications for new ADAP enrollment received in the measurement year.</p>				
<p>Medical Case Management</p>	<p>Medical Case Management Care Plan</p>	<p>Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year.</p>	<p>Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.</p>	<p>Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.</p>				

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<p>Mental Health Services</p>	<p>ADAP Determination</p>	<p>Percent of clients receiving MH services that do not have insurance.</p>	<p>Number of clients in the denominator that have received a Mental Health service that did not have insurance in a measurement year.</p>	<p>Number of clients that receive a Mental Health service in a measurement year.</p>				
<p>Non-Medical Case Management (NMCM) - General monitoring (GM)</p>	<p>HIV Test Results for PLWHA</p>	<p>Percentage of individuals who test positive for HIV who are given their HIV antibody test results in the measurement year.</p>	<p>Number of individuals who are tested in the system/network who test positive for HIV and who are given their HIV antibody test results in the measurement year.</p>	<p>Number of individuals who are tested in the system/network and who test positive for HIV in the measurement year.</p>	<p>HIV Risk Counseling</p>	<p>Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year.</p>	<p>Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling.</p>	<p>Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.</p>

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<p>Non-Medical Case Management (NMCM)</p>	<p>Core Measures: HIV Viral Load Suppression</p>	<p>Percentage of clients, regardless of age, whose viral load is >200m/L and patient has received a service in this category.</p>	<p>Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral test during the measurement year.</p>	<p>Number of clients, regardless of age, with a diagnosis of HIV with at least one (NMCM) service in the measurement year.</p>	<p>System Level Measures: Housing Status</p>	<p>Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis.</p>	<p>Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period.</p>	<p>Number of persons with an HIV diagnosis receiving HIV services in the last 12 months.</p>
<p>Non-Medical Case Management (NMCM) - Retention in Care (RIC)</p>	<p>Retention in HIV Medical Care</p>	<p>Percent of clients with an HIV diagnosis who had at least one HIV medical care visit in each 6-month period of the 24-month measurement period.</p>	<p>Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6-month period of the 24-month measurement period, with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.</p>	<p>Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period.</p>	<p style="background-color: #cccccc;"></p>	<p style="background-color: #cccccc;"></p>	<p style="background-color: #cccccc;"></p>	<p style="background-color: #cccccc;"></p>

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<p>Non-Medical Case Management (NMCM)</p> <p>- Eligibility</p>	<p>Application Determination</p>	<p>Percent of enrollment applications approved or denied for the new enrollment within 14 days (two weeks) of receiving a complete application in the measurement year.</p>	<p>Number of applications that were approved or denied for new enrollment within 14 days (two weeks) of receiving a complete application in the measurement year.</p>	<p>Total number of complete applications for new enrollments received in the measurement year.</p>				
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<p>Outpatient/ Ambulatory Health Services (OAHS)</p>	<p>Waiting Time for Initial Access to Outpatient / Ambulatory Medical Care</p>	<p>Percent of Ryan White Program-funded outpatient / ambulatory care organizations in the system / network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient / ambulatory medical Care.</p>	<p>Number of Ryan White Program-funded outpatient / ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in Outpatient / ambulatory medical care.</p>	<p>Number of Ryan White Program-funded outpatient / ambulatory medical care organizations in the system / network at a specific point in time in the measurement year.</p>	<p>ADAP Determination</p>	<p>Percent of clients receiving OAHS services that did not have insurance.</p>	<p>Number of clients in the denominator that have received an OAHS service that did not have insurance in a measurement year.</p>	<p>Number of clients that received an OAHS service in a measurement year.</p>
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Figure 2: Service Categories, Outcomes, and Benchmarks:

*Total Number of Clients in GY 2020-2021 –5,269

Findings from the evaluation of measured outcomes and activities provides important data to aide in funding allocation decisions and improving service quality and delivery. Nevada RWPB evaluates each subrecipient by service category every quarter through the Quarterly Reports; measures ADAP performance monthly and quarterly to track subprogram utilization; and measures the overall Program performance annually using the Implementation Plan analysis as a guide.

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VIII. DATA COLLECTION AND SOURCES

A. Data Collection

The primary data system for Nevada RWPB is CAREWare. Nevada RWPB's CAREWare system is a secure, centralized, software application designed to capture high volumes of data from multiple Nevada RWPB-funded subrecipients. CAREWare is required to be utilized by all subrecipients of Nevada RWPB for client-level data to ensure a unified data collection system for subrecipient data. This is crucial in providing improved access to, and retention in, care for HIV-positive individuals, enhancing the quality of services and client outcomes, and linking clients to services. Within three days of a client accessing a service at a subrecipient program, the subrecipient must enter the service data into CAREWare; this includes any external data collection sources the subrecipient may use that would need to be transposed into CAREWare.

The primary data system for the Nevada RWPB AIDS Drug Assistance Program (ADAP) data is the Magellan Health. Magellan Health's system processes medication claims data for all of Nevada RWPB AIDS Drug Assistance Programs; the ADAP insured program, the ADAP uninsured program, and the Medicare medication copayment program. Twice monthly, data from Magellan Health is uploaded into CAREWare into each client's individual CAREWare file. Data is able to be siloed or shared between CAREWare domains to restrict sensitive client level information; ADAP data is shared across domains so providers can instantly see if a client has been accessing medications and remains retained-in-care or has fallen out-of-care.

Data quality is a primary objective of the Clinical Quality Management Program. To enhance data accuracy and timeliness, Ryan White Parts A, B, C, and F have a data sharing agreement between their CAREWare systems. This agreement will allow subrecipients to review a more comprehensive client record, ultimately improving client care. Data sharing agreements with the Centers for Medicare and Medicaid Services, Nevada Medicaid, and the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance have been created and implemented, offering improved completeness reports of Ryan White client records in CAREWare. Data sharing efforts will significantly improve data collection, analysis, and reporting abilities. The accumulation of this data will assist in analyzing needs, gaps, and barriers in services.

B. Data Sources

- CAREWare
- Magellan Health Nevada Medicaid
- Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance
- Centers for Medicare and Medicaid Services
- EvaluationWeb and PartnerServicesWeb
- Subrecipient data systems: Salesforce, eClinicalWorks, Trisano

IX. EVALUATION

The Nevada RWPB Quality Management Plan will be evaluated each grant year by Nevada RWPB staff and the Quality Management Committee. This will be done to assess quality infrastructure and activities to ensure that the Clinical Quality Management Program is in line with its annual purpose and goals, and to determine its strengths and weaknesses for the purpose of making any

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needed adjustments. Evaluation will take place using HRSA CQM plan Checklist (provided by HRSA).

A. Quality Improvement Activity Evaluation

Quality Improvement activities are evaluated and monitored in alignment the *Plan, Do, Study, Act* methodology in an organized, systematic fashion. The evaluation and *Plan, Do, Study, Act* process will continue throughout the life of the Quality Improvement project until goals have been achieved. Quality Improvement goals and deliverables will be evaluated to determine if they meet the expectations of the project and to measure the impact the Quality Improvement activities have on improving the health and/or access to HIV services in Nevada.

B. Quality Management Performance Measure Evaluation

Performance indicators will be reviewed and evaluated to assess their appropriateness for measuring clinical and non-clinical HIV care by Nevada RWPB staff and the Quality Management Committee. Performance measures are evaluated annually as part of the Annual Progress Report Implementation Plan update, and as needed during the Quality Management Committee's quarterly discussions.

C. Clinical Quality Management Program Evaluation

The Nevada RWPB Program contracts and partners with the Center for Program Evaluation through the University of Nevada, Reno, School of Community Health Sciences to conduct Program evaluation. As part of the Nevada Integrated HIV Prevention and Care Plan, which sets the Nevada RWPB long-term annual quality goals, the University will conduct consumer and provider satisfaction surveys that provide valuable information for future goal setting, as well as provide guidance and oversight on the goals, targets, and unmet needs of the Nevada RWPB program. The following are a list of objectives and activities to be facilitated:

- Monitor implementation of goals and objectives to assure HIV/AIDS services are on track with identified needs and priorities.
- Conduct meetings with the All-Parts Quality Management Team for updates, discuss strategies, and establish next steps.
- Conduct surveys or focus groups to assess progress and deliver progress reports throughout the year.
- Compile progress reports of Nevada RWPB activities to update the Plan to analyze information and identify trends.
- Facilitate formal focus group meetings.
- Facilitate individual key stakeholder meetings.

D. Short-term Goal Evaluation.

The Nevada RWPB short-term annual quality goals are evaluated annually as part of the Annual Progress Report Implementation Plan update, and as needed during the Quality Management Committee's quarterly discussions. The short-term annual quality goals may be updated in this Quality Management Plan as goals are achieved.

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1. Subrecipient Site Visits

In compliance with the National Monitoring Standards, Nevada RWPB conducts an annual comprehensive site visit for each subrecipient. Quality Management activities are addressed during the annual site visits as part of the compliance monitoring and performance measure reviews. The Subrecipient Monitoring Tool includes a review of subrecipient performance-based indicators and their progress and adjustment of measures and/or strategies to achieve the desired outcomes. Subrecipient policies and procedures are reviewed to ensure the written protocols for patient services that address Health Resources and Services Administration and Public Health Service guidelines. Random samples of client files are reviewed for the presence of eligibility documentation, accurate service delivery information, and clinical notes.

2. AIDS Drug Assistance Program Evaluation

Annually, Nevada RWPB performs a performance evaluation of the AIDS Drug Assistance Program as part of the Annual Progress Report Implementation Plan update. Due to the AIDS Drug Assistance Program's critical medication services, Nevada RWPB requires additional program evaluation to determine efficacy and client safety. The AIDS Drug Assistance Program convenes a Medical Advisory Committee, at least bi-annually, to discuss medication reviews, performance evaluation, utilization, program cost-effectiveness, and overall program effectiveness. The Magellan Health System has been constructed with additional safeguards, such as ARV dose optimization, ARV duplicate ingredient warnings, and contraindicated ARV therapy warnings. The ADAP Coordinator, evaluates the AIDS Drug Assistance Program through the lens of *STEEP*:

- Safety—avoid injury to patients from the care that is intended to help them
- Timeliness—reduce waits and harmful delays
- Effectiveness—provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding overuse and underuse, respectively)
- Efficiency—avoid waste
- Equitability—provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status
- Patient centeredness—provide care that is respectful of and responsive to individual patient preferences, needs, and values

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X. WORK PLAN

Quality Activity	Responsible Person	Timeline
Ryan White Part B Program Quality Management Plan review, revision, and update	Quality Assurance & Committee Members	Annually - approximately June or July each year
Quality Improvement Project proposal development and submission to Nevada RWPB recipient office	Subrecipients Review completed by: Quality Assurance & Evaluation Analyst	60 days after the start date of the grant year
Quality Improvement Project and Quality Management Plan progress report (<i>via Quarterly Report Response</i>)	Subrecipients Review completed by: Quality Assurance & Evaluation Analyst	Quarterly
Create client interaction forms located on ENDHIVNEVADA client page.	Quality Manger	March 2023
Subrecipient site visits with client file reviews and quality management program reviews	Appropriate RWPB staff, Appropriate subrecipient staff.	Annually - approximately the Fall each year

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XI. GLOSSARY

- **All Parts Quality Management Team/Internal Workgroup:** A committee of all Ryan White Program Parts A, B, C, and D, and the HIV Prevention Programs that contracted with the School of Community Health Sciences at the University of Nevada, Reno to oversee the evaluation and monitoring of the Nevada Integrated Prevention and Care Plan and Quality Management long-term goals.
- **Nevada RWPB Quality Management Committee:** A committee of Nevada RWPB staff members from each Nevada RWPB team, as well as, HIV Prevention and community stakeholders, such as subrecipients and consumers that that meets quarterly to review and support the Quality Management Plan, Quality Improvement projects, and evaluate the Clinical Quality Management Program’s short-term goals.
- **Quality Assurance:** Quality Assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- **Quality Improvement:** Quality Improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and health outcomes.
- **Quality Management Plan:** A written document that outlines a HIV quality program. A quality management plan describes all aspects of the Clinical Quality Management Program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the Clinical Quality Management Program.
- **Recipient Office:** Ryan White HIV/AIDS Part B Program staff in the Office of HIV
- **Subrecipient:** Ryan White HIV/AIDS Part B Program grant funded community providers