

**State of Nevada – Office of HIV
Ryan White Part B and AIDS Drug
Assistance Program
Clinical Quality Management Plan
GY: 2024 - 2025**



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SECTION I: INTRODUCTION

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 throughout the State of Nevada. Services are provided through Nevada RWPB-funded subrecipients in both northern and southern Nevada. This plan is considered a “living” document intended to be modified and updated as part of the RWPB clinical quality improvement process.

SECTION II: QUALITY STATEMENT

Shared Mission

The mission of the Nevada RWPB Clinical Quality Management Plan (CQMP) is to improve access and ensure the highest quality medical care and supportive services through continuous evaluation, strategic planning and assessment, and the implementation of quality management and quality improvement projects.

Shared 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.

SECTION III: ANNUAL QUALITY GOALS

Nevada RWPB Program’s annual quality goals are developed to strengthen the Nevada RWPB CQMP 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 may be reevaluated, adjusted, and considered for inclusion in the goals for the following grant year. These goals are listed below:

- Goal 1: Timely Access to Care**
- Goal 2: Culturally and Linguistically Appropriate Services (CLAS) that Reduce Barriers to Care**
- Goal 3: Reduced Disparities in Care**
- Goal 4: Continuous Quality Improvement**

SECTION IV. WORK PLAN

Goal 1: Timely Access to Care				
Objectives	Key Actions	Role(s)/Area(s) Responsible	Timeline	Outcomes/Comments
Promote timely access to comprehensive HIV care services, including routine medical visits, screenings, preventative care, and ancillary services.	Conduct regular assessments of patient needs and service utilization to identify and address barriers to timely care.	Quality Assurance & Committee Members, inclusive of client/consumer participation.	March 31 st , 2025	Reinforce the importance of timely access to medical visits and screenings for early detection and intervention.
Goal 2: Culturally and Linguistically Appropriate Services (CLAS) that reduce Barriers to Care				
Provide CLAS competent care that considers the diverse needs and backgrounds of your clients, improving engagement and satisfaction with healthcare services.	Assess needs, diversifying the workforce, and fostering patient-centered care, among others.	Quality Assurance & Committee Members, inclusive of client/consumer participation.	March 31 st , 2025	Promote collaboration with community partners to bridge cultural gaps and foster trust.
Identify and develop approaches to manage barriers, including stigma and discrimination, that may hinder PLWH from accessing and staying engaged in care.	Regularly assess the effectiveness of interventions and approaches through feedback from PLWH and stakeholders.	Quality Assurance & Committee Members, inclusive of client/consumer participation.	March 31 st , 2025	Identify areas for improvement and refine strategies accordingly to ensure sustained progress in reducing stigma and discrimination.
Goal 3: Reduced Disparities in Care				
Assess, address, and reduce health disparities in HIV care, ensuring equitable access to services for all populations, including those in underserved or marginalized communities.	Ensure HIV care services are accessible and available in underserved areas, including rural areas and communities with limited healthcare infrastructure.	Quality Assurance & Committee Members, inclusive of client/consumer participation.	March 31 st , 2025	Work together to assess, address, and reduce health disparities in HIV care, ensuring equitable access to services and improving health outcomes for all populations.

Goal 4: Continuous Quality Improvement				
Foster a culture of continuous improvement, encouraging ongoing assessment, feedback, and adjustments to enhance the quality of care over time.	Foster open and transparent communication channels to share feedback, ideas, and successes. Encourage committee engagement and ownership in the quality improvement process.	Part B staff & CQI Single Points of Contact (SPOCs), and community partners, inclusive of clients/consumer participation.	March, June, September, January (2024)	Representation will include RWPB community partners, clinical and support staff and clients/consumers. Meet quarterly to discuss updates, challenges, successes, and quality improvement.

SECTION V: QUALITY INFRASTRUCTURE

Leadership and Staff Roles and Responsibilities

The Nevada RWPB Program, along with the management of its CQMP, is under the leadership of the Nevada Division of Public and Behavioral Health, Community Health Services, Office of HIV. The division is a part of the Nevada Department of Health and Human Services, operating within the Executive Branch of the State of Nevada.

Representative	Roles	Responsibilities
Part B	Management Analyst I (Ryan White Clinical Quality Management Coordinator)	<ul style="list-style-type: none"> Administers the quarterly CQM committee meetings. Encourages committee participation. Responsible for writing and implementing the CQM annual plan and related activities. Shares resources for capacity building purposes. Disseminates programmatic activities and accomplishments. Communicates systematic updates to the service providers, consumers, and community at large. Compile progress reports of Nevada RWPB activities to update the Plan to analyze information and identify trends. Monitor the performance of healthcare providers, adherence to clinical protocols, patient outcomes, and the overall effectiveness of quality improvement initiatives. Gather, analyze, and interpret information from diverse sources to assess clinical care quality. Facilitate individual key stakeholder meetings.
Part B Staff	Management Analyst I (RWPB Coordinator)	<ul style="list-style-type: none"> Provide guidance in the selection and implementation of Quality Improvement

		<p>projects based on trends and needs of the service delivery system.</p> <ul style="list-style-type: none"> Responsible for writing and implementing the CQM annual plan and related activities. Provide guidance directed at policies, procedures, and the compliance component of the CQM program.
ADAP	Health Program Specialist I (ADAP Coordinator)	<ul style="list-style-type: none"> Provide guidance in the selection and implementation of Quality Improvement projects based on trends and needs of the service delivery system. Provide guidance directed at policies, procedures, and the compliance component of the CQM program. Responsible for writing and implementing the CQM annual plan and related activities.
Part B Subrecipients	Committee Members	<ul style="list-style-type: none"> Provide guidance for QI projects. Accountable for entering current and consistent service data for collection and reporting purposes. Responsible for writing and implementing the CQM annual plan and related activities. Conduct consumer satisfaction surveys to measure the impact of the RWPB Program. Actively participate and collaborate as subject matter experts. Are involved in every aspect of the CQM plan and drives QI in a proactive manner. Meet contract deliverables. Conduct PDSA cycles. Present PDSA findings at quarterly meetings.
Part B and ADAP	Health Program Manager II	<ul style="list-style-type: none"> Endorses, champions, and promotes the CQM plan. Responsible for writing and implementing the CQM annual plan and related activities. Raises the visibility of the CQM program and activities. Has final accountability of the CQM program. Provides overarching leadership and support
Part A (Ad-Hoc)	Clinical Quality Management Analyst	<ul style="list-style-type: none"> Collaborates with RWPB Clinical Quality Management Coordinator to align and leverage community-wide efforts aimed at improving PCHOPS. Responsible for writing and implementing the CQM annual plan and related activities.
Internal Stakeholders		Community Stakeholder Participation
Lived Experience		<ul style="list-style-type: none"> Participate in quarterly CQM committee meetings. Participate in satisfaction surveys (online, email, etc.) Participate in focus groups, market research, and observations.

External Stakeholders	Community Stakeholder Participation
HRSA	<ul style="list-style-type: none"> Establishes guidelines and standards for performance and program compliance.

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.

Purpose and Objectives

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

Documentation

The Quality Management Committee will retain documentation of meeting minutes, 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.

SECTION VI: EVALUATION

Annually the Nevada RWPB CQMP undergoes evaluation by both Nevada RWPB staff and the QMC. This assessment aims to examine the quality infrastructure and activities, ensuring their alignment with the annual purpose and goals of the CQMP. The objective is to identify strengths and weaknesses for the purpose of making any necessary adjustments to enhance overall effectiveness.

Quality Improvement activities are systematically assessed using the Plan, Do, Study, Act (PDSA) methodology. The evaluation continues throughout the project, ensuring goals are met and measuring the impact on health and/or access to HIV services in Nevada.

Nevada RWPB staff and the QMC will regularly review and assess performance indicators for HIV care. Annual evaluations occur during the Annual Progress Report update and quarterly discussions of the QMC.

The Nevada RWPB’s annual quality goals are evaluated during the Annual Progress Report Implementation Plan update and as needed in quarterly discussions by the Quality Management Committee. Adjustments to the annual quality goals are made in the CQMP as they are achieved.

The Nevada RWPB Program CQMP undergoes annual evaluations by staff and the QMC. The assessment ensures alignment with the program's goals, identifies strengths and weaknesses, and allows for necessary adjustments. The HRSA CQM plan Checklist is used for evaluation.

Nevada RWPB annually evaluates the ADAP in the Annual Progress Report Implementation Plan update, emphasizing critical medication services. Additional assessments ensure efficacy and client safety. Bi-annual Silver State Script Board meetings discuss medication reviews, performance, utilization, and overall effectiveness. The Magellan Health System includes safeguards like anti-retroviral dose optimization. The ADAP Coordinator assesses the program using the STEEP framework:

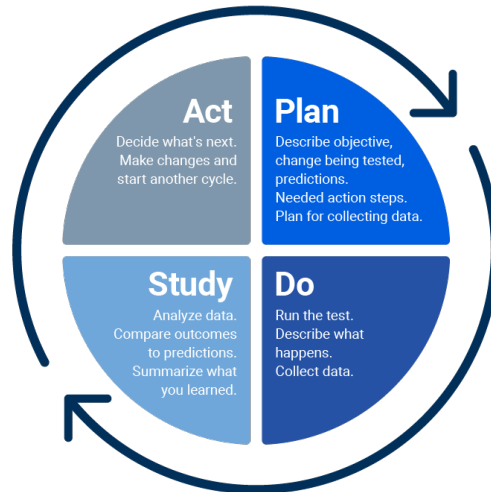
Social	Technological	Economical	Ecological	Political
Social changes, such as demographic change, change of people behavior and lifestyle.	Technological advance and integration such as innovations and product development trends.	Economic environments such as overall economic growth, interest, income, market, and competitor.	Ecological impacts of products and/or services, both physically and biologically.	Political changes involving laws, regulations, and policies such as development goals, incentives, or policy burdens.

SECTION VII: QUALITY IMPROVEMENT ACTIVITIES

According to HRSA PCN 15-02, the Nevada RWPB program enhances patient care, health outcomes, and satisfaction through quality improvement activities aligned with Nevada's HIV care initiatives. Guided by performance data and the Statewide Coordinated Statement of Need/Needs Assessment, projects follow the PDSA methodology, involving stakeholders in goal-setting and iterative progress until objectives are met.

Nevada's HIV quality improvement efforts are informed by the [Statewide Coordinated Statement of Need/Needs Assessment in the Nevada HIV Integrated Prevention and Care Plan 2022-2026](#). Subrecipients select projects based on performance reviews, data analysis, and quality concerns, with the option to seek technical assistance from the Nevada RWPB recipient office for addressing care issues.

Nevada's HIV quality improvement efforts adhere to the (PDSA) methodology. Stakeholders collaborate to set goals, deliverables, and timelines for identified projects, following the PDSA cycle until goals are met.



SUBRECIPIENT SITE VISITS

Nevada RWPB Program conducts annual site visits for subrecipients in compliance with National Monitoring Standards. Quality Management is a key focus, addressing compliance, performance measures, and adjusting strategies for desired outcomes. The Subrecipient Monitoring Standards Tool Assesses performance indicators, while policy reviews ensure alignment with guidelines. Random client file samples check for eligibility documentation, accurate service information, and clinical notes.

SECTION VIII: PERFORMANCE MEASUREMENT

Clinical quality performance measurements, aligned with HRSA HIV/AIDS Bureau Performance Measures, are selected for both core medical and supportive services. As per HRSA Policy Clarification Notice 15-02, recipients must identify at least two performance measures for RHHAP service categories equal to or more than 50% client utilization, and at least one measure for categories with 15%-50% utilization. No measures are required for categories with less than or equal to 15% utilization.

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

SECTION IX: 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.

SECTION X: NEVADA RYAN WHITE SERVICES

Services	(n) Clients Count	(d) 5,210 %	Program Measures
Health Education/Risk Reduction	261	5.00%	0
Health Insurance Premium and Cost Sharing Assistance Health for low-income individuals (HIP-CS)			
• Dental Premium	3349	64.28%	2
• Medical Copay	910	17.47%	1
• Dental Copay	26	.50%	0
Health Insurance to Provide Medications (HIP-RX)	1194	22.92%	1
Housing	29	.55%	0
Medical Case Management	528	10.13%	0
Medical Nutrition Therapy	8	.15%	0
Medical Transportation Services	288	5.53%	0
Mental Health Services	437	8.39%	0
Non-Medical Case Management Services (NMCM)			
• General Monitoring	2078	39.88%	1
• Referral	1652	31.71%	1
Other Professional Services (Legal)	104	1.99%	0
• Legal	12	0.23%	0
• Tax Preparation			
Outpatient/Ambulatory Health Services	62	1.19%	0
Outreach/RIC Services	1625	31.20%	1
Referral for Healthcare and Supportive Services/Eligibility	99	1.90%	0
Psychosocial Support Services	11	.20%	0
Total			7

SECTION XI: NEVADA RYAN WHITE PROGRAM MEASURES

Nevada Ryan White Part B and ADAP GY 24-25 Performance Measures	
HIP-CS: Dental Premium	
Description	Percentage of clients who have had a dental premium payment that are virally suppressed, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/ml.
Numerator	Number of patients with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one dental premium payment in the measurement year.
HIP-CS: Dental Premium	
Description	Percentage of clients who have had a dental premium payment that also received HIV medical care.
Numerator	Number of patients who have received a dental premium payment.
Denominator	Number of patients who have received HIV medical care in the measurement year.
HIP-CS: Medical Copay	
Description	Percentage of clients who receive a medical copay, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
Numerator	Number of clients with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year.
Denominator	Number of clients, regardless of age, with a diagnosis of HIV with at least one HIV medical service in the measurement year.
HIP-RX: Health Insurance	
Description	Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a completed application in the measurement year.
Numerator	Number of applications that were approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a completed application in the measurement year
Denominator	Total number of completed ADAP applications for new ADAP enrollment received in the measurement year
NMCM: General Monitoring	
Description	Percentage of individuals who receive a confirmatory positive test result for HIV.

Numerator	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.
Denominator	Number of individuals who are tested in the system/network and who test positive for HIV in the measurement year
NMCM: Referral & Related Activities	
Description	Percentage of HIV patients referred by NMCM providers to essential support services.
Numerator	The number of referrals for supportive services that are completed in a 14-day (two week) period.
Denominator	The total number of referrals made by providers within the measurement year.
Outreach Service (Retention in Care)	
Description	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.
Numerator	Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.
Patient Exclusions	Patients who died at any time during the measurement year.

SECTION XII. DATA COLLECTION AND SOURCES

Data Collection

The Nevada RWPB Program utilizes CAREWare as its primary data system, ensuring consistent data collection across funded subrecipients. This centralized approach supports improved access to care, enhances service quality, and aids in tracking client outcomes. Subrecipients are required to input service data within three days of client interaction, and the Clinical Quality Management Coordinator uses CAREWare data to assess program performance against benchmarks and quality indicators.

The primary data system for the Nevada RWPB AIDS Drug Assistance Program (ADAP) data is 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 can 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.

The Clinical Quality Management Program prioritizes data quality by implementing data sharing agreements among Ryan White Parts A, B, C, and F CAREWare systems. These agreements, along with collaborations with Centers for Medicare and Medicaid Services, Nevada Medicaid, and the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance, enhance completeness reports of Ryan White client records in CAREWare, improving data collection and analysis capabilities for identifying service needs, gaps, and barriers.

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

Approved By

Title	Signature	Date
Program Manager/Bureau Chief	<i>Tory Johnson</i>	03/11/2024

Version History

Version	Approved By	Date	Description of Change