

**State of Nevada – Office of HIV
Ryan White Part B and AIDS Drug
Assistance Program
Clinical Quality Management Plan
GY: 2025 - 2026**

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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 and ADAP 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 to, and ensure the highest quality of, medical care and supportive services for persons living with HIV/AIDS. This is achieved through continuous evaluation, strategic planning, community input, and the implementation of data-driven management and quality improvement projects. We aim to meet the evolving needs of our clients and ensure that care is both comprehensive and accessible.

Shared Vision

We envision optimal health for all persons affected by HIV/AIDS, supported by a health care system that assures ready access to competent, comprehensive, and quality care. Our goal is to transform the lives of individuals and communities by improving health outcomes, enhancing retention in care, and striving for continuous quality improvements across all services. Through these efforts, we aim to promote viral suppression, increased access to care, and improved patient satisfaction.

SECTION III: ANNUAL QUALITY GOALS

The Nevada RWPB Program’s annual quality goals are developed to strengthen the Nevada RWPB Clinical Quality Management Plan (CQMP) and drive significant program changes to improve the quality and effectiveness of HIV/AIDS services in Nevada. These goals will be reviewed and updated based on successful achievement and the ability to progress to the next level. If a goal is only partially achieved, it may be reevaluated, adjusted, and carried over into the goals for the next grant year.

For a detailed breakdown of the annual quality goals, including specific objectives, actions, timelines, and responsible parties, please refer to Attachment A: Annual Quality Goals. The goals are summarized as follows:

- **Goal 1:** Improved Access to Care

- **Goal 2:** Enhanced Cultural Competency and Patient-Centered Care
- **Goal 3:** Equity in Health Outcomes
- **Goal 4:** Data-Driven Continuous Quality Improvement

SECTION IV. WORK PLAN OVERVIEW

The Work Plan is designed to guide the Nevada Ryan White Part B Program (RWPB) in achieving the quality goals outlined in the Clinical Quality Management Plan (CQM Plan). It provides specific actions, timelines, and responsible parties necessary to support continuous quality improvement and effective program implementation.

The Work Plan outlines the following key goals for the program:

- **Goal 1:** Infrastructure – Establish a comprehensive and functional quality infrastructure.
- **Goal 2:** Performance Measurement – Strengthen data management, data integrity, and data utilization.
- **Goal 3:** Quality Improvement (QI) – Implement QI activities across subrecipients.
- **Goal 4:** Client Engagement and Satisfaction – Enhance client engagement strategies and improve client satisfaction.

Each of these goals is broken down into specific objectives, actions, and timelines, with clear responsibilities assigned to ensure progress. The Work Plan is intended to be a living document, with regular reviews and updates to ensure alignment with the overall quality management goals and to track progress.

For a detailed breakdown of each goal, objectives, action steps, timelines, and responsible parties, please refer to Attachment B: CQM Work Plan.

SECTION V: TIMELINE OVERVIEW

The following timeline outlines major activities, deadlines, and reporting expectations for the 2025-2026 grant year. It is intended to ensure coordinated planning and timely execution across all Clinical Quality Management activities. Please note that this timeline is subject to change based on evolving circumstances, and updates will be communicated as necessary.

Month/Quarter	Activity	Completed
April 2025	<ul style="list-style-type: none"> Begin Q1 Data Collection & Monitoring 	X
May 2025	<ul style="list-style-type: none"> Subrecipient Technical Assistance Meetings 	X
June 2025	<ul style="list-style-type: none"> Q1 CQM Committee Meeting (June 26, 2025) First Round of PDSA Cycle Check-ins Launch of GY 25-26 CQM Plan 	X
July 2025	<ul style="list-style-type: none"> Begin Q2 Data Review Mid-Year Review Planning 	X
August 2025	<ul style="list-style-type: none"> Disseminate Best Practices 	
September 2025	<ul style="list-style-type: none"> Analyze and Review PDSA Progress Q2 CQM Committee Meeting (September 29, 2025) 	
October 2025	<ul style="list-style-type: none"> Subrecipient Site Visits Begin 	
November 2025	<ul style="list-style-type: none"> Start Preparing for Annual Progress Report (APR) submission 	
December 2025	<ul style="list-style-type: none"> Q3 Data Review Begins Q3 CQM Committee Meeting (December 17, 2025) Subrecipient Check-ins 	
January 2026	<ul style="list-style-type: none"> Submit Final PDSA Results for GY 25-26 	
February 2026	<ul style="list-style-type: none"> Begin Planning for GY 26-27 Goals 	
March 2026	<ul style="list-style-type: none"> Q4 Summary Report & Evaluation Finalize Data for APR Reporting 	

SECTION VI: QUALITY INFRASTRUCTURE

Purpose

The Quality Infrastructure section outlines the key organizational elements that support the implementation and ongoing management of the Nevada Ryan White Part B Program (RWPB) and its Clinical Quality Management Plan (CQMP). This infrastructure ensures that the program has the necessary leadership, staff, systems, and resources to successfully carry out quality improvement initiatives.

Leadership and Governance

The Nevada RWPB Program operates under the leadership of the Nevada Division of Public and Behavioral Health (DPBH), within the Community Health Services, Office of HIV. The CQM Coordinator plays a central role in managing quality improvement activities, while the Ryan White Part B Coordinator and ADAP Coordinator ensure integration of services and compliance with federal and state requirements.

Staff Roles and Responsibilities

Key staff members have specific roles in driving quality improvement initiatives:

- **CQM Coordinator:** Oversees the implementation of quality management activities, leads the CQM committee, and provides technical assistance to service providers.
- **Subrecipients:** Responsible for data collection, participating in QI initiatives, and ensuring compliance with performance standards.
- **Data Contractors:** Provide technical support for the CAREWare system, ensuring data integrity and reporting.

Resources and Capacity Building

The program is supported by:

- **CAREWare:** The primary data management system used for tracking client outcomes and performance metrics.
- **Training:** Ongoing training and capacity-building efforts to ensure staff and subrecipients are equipped to implement quality improvement activities, such as Lean Six Sigma and PDSA cycles.

For a detailed breakdown of leadership roles, staffing, resources, and infrastructure components, please refer to **Attachment C: Quality Infrastructure Plan**.

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 (QMC) 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 VII: EVALUATION

Each year, the Nevada RWPB CQMP undergoes a thorough evaluation process conducted by both Nevada RWPB staff and the Quality Management Committee (QMC). This annual evaluation aims to assess the alignment of the program's activities with its established goals, ensuring that the quality management infrastructure and processes remain effective and responsive to the evolving needs of HIV care services in Nevada.

The evaluation process identifies the program's strengths and weaknesses, allowing for necessary adjustments to improve overall program effectiveness and better meet client needs. A key aspect of this evaluation is the use of the HRSA CQM Plan Checklist, which guides the review and ensures all required elements of the quality management plan are considered.

Quality Improvement (QI) activities are assessed using the Plan, Do, Study, Act (PDSA) methodology, which facilitates systematic reviews of ongoing QI initiatives. This approach ensures that goals are met and improvements in health outcomes and access to HIV services are effectively measured. The PDSA cycle is integrated into the evaluation process, with each project reviewed at key stages to monitor progress and adapt as needed.

The evaluation also incorporates Lean Six Sigma principles, which focus on optimizing processes and reducing waste. This helps ensure that improvements in care delivery are not only effective but efficient, contributing to better overall program outcomes.

In addition, the evaluation process is guided by the STEEP framework—Safety, Timeliness, Effectiveness, Efficiency, and Patient-Centeredness. This ensures that quality improvements are aligned with these core dimensions, enhancing the overall experience and care for clients. By evaluating these aspects, the program ensures a well-rounded approach to quality improvement, addressing both operational efficiency and the critical human elements of healthcare.

Performance indicators related to HIV care services are regularly reviewed by Nevada RWPB staff and the QMC throughout the year. These reviews occur during the Annual Progress Report update and during quarterly discussions held by the QMC. This consistent monitoring ensures that quality measures stay on track and that proactive adjustments can be made as necessary.

As part of the annual evaluation, the Nevada RWPB's quality goals are assessed. These goals are updated during the Annual Progress Report Implementation Plan update and

revisited quarterly through discussions by the QMC. When specific goals are achieved, adjustments are made to reflect new targets or ensure continued alignment with the program's mission. The CQMP is updated accordingly to reflect these changes.

Overall, the evaluation process ensures that the Nevada RWPB CQMP remains dynamic, responsive, and continuously improves HIV care delivery, client satisfaction, and health outcomes in Nevada.

SECTION VIII: QUALITY IMPROVEMENT ACTIVITIES

According to HRSA PCN 15-02, Nevada's RWPB program improves patient care, health outcomes, and satisfaction through quality improvement activities that support Nevada's HIV care initiatives. These activities are informed by performance data and the Statewide Coordinated Statement of Need/Needs Assessment, with projects following the PDSA methodology. Stakeholders are engaged in setting goals and iterating progress until objectives are achieved.

The Nevada HIV quality improvement efforts are guided by the [Statewide Coordinated Statement of Need/Needs Assessment in the Nevada HIV Integrated Prevention and Care Plan 2022-2026](#). Subrecipients choose projects based on performance reviews, data analysis, and identified care challenges. They may also seek technical assistance from the Nevada RWPB recipient office for support in addressing care issues.

All quality improvement projects adhere to the PDSA methodology, integrated with Lean Six Sigma principles to optimize processes. Stakeholders work together to define goals, deliverables, and timelines, and revise plans as needed until goals are met.

SUBRECIPIENT SITE VISITS

The Nevada RWPB Program conducts annual site visits to assess sub-recipient compliance with National Monitoring Standards. These visits focus on reviewing performance measures, ensuring alignment with policies, and identifying strategies for improving outcomes. The Subrecipient Monitoring Standards Tool will assess key performance indicators, and random client file samples will verify eligibility documentation, service accuracy, and clinical notes. Feedback from site visits will inform ongoing quality improvement efforts and help subrecipients enhance service delivery.

SECTION IX: 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 X: QUALITY MANAGEMENT AND CONTINUOUS IMPROVEMENT ACTIVITIES

The Nevada RWPB Program ensures continuous quality improvement through the management and implementation of systematic enhancements at the state level. These 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, and engaging subrecipients in quality management and improvement activities.

Key quality management activities, including performance measurement and continuous feedback loops, will be tracked through specific benchmarks that directly impact client care, health outcomes, and satisfaction. Data from quality assurance processes will be actively used to inform ongoing QI activities and adjust policies to ensure continual improvement in service delivery and client outcomes.

In response to previous performance results, new initiatives will be introduced to enhance subrecipient engagement in QI activities and improve overall service delivery.

We will continue to foster strong collaboration with sub-recipients, ensuring open communication and shared responsibility for quality improvement efforts that align with Nevada RWPB goals.

SECTION XI: NEVADA RYAN WHITE SERVICES

Services	(n) Clients Count	(d) 5,688 %	Program Measures
Health Education/Risk Reduction	220	3.87%	0
Health Insurance Premium and Cost Sharing Assistance Health for low-income individuals	4,020	70.68%	2
Health Insurance to Provide Medications	2,263	39.79%	1

Housing	30	0.53%	0
Medical Case Management	498	8.76%	0
Medical Nutrition Therapy	6	0.11%	0
Medical Transportation Services	274	4.82%	0
Mental Health Services	566	9.95%	0
Non-Medical Case Management Services	3,831	67.35%	2
Other Professional Services			
• Legal	93	1.64%	0
• Tax Preparation	37	0.65%	0
Outpatient/Ambulatory Health Services	44	0.77%	0
Outreach/RIC Services	644	11.32%	0
Referral for Healthcare and Supportive Services/Eligibility	5,212	91.63%	2
Psychosocial Support Services	6	0.11%	0
Total			7

SECTION XII: NEVADA RYAN WHITE PROGRAM MEASURES

Nevada Ryan White Part B and ADAP GY 25-26 Performance Measures	
HIP-CS	
Description	Percentage of HIP-CS requests that were completed within 30 days from the date of receipt to the date of final determination during the measurement year.
Numerator	Number of HIP-CS requests completed within 30 days from the date of receipt to the date of final determination during the measurement year.
Denominator	Total number of HIP-CS requests received during the measurement year.
Target/Benchmark	90% of HIP-CS requests will be completed within 30 days from the date of receipt to the date of final determination during the measurement year.
HIP-CS	
Description	Percentage of HIP-CS Coordination (ADAP Only) services entered within 30 days of referral during the measurement year.
Numerator	Number of HIP-CS Coordination (ADAP Only) services entered within 30 days of referral during the measurement year.
Denominator	Total number of co-pays during the measurement year.
Target/Benchmark	90% of HIP-CS Coordination (ADAP Only) services will be entered within 30 days of referral during the measurement year.
HIP-RX	
Description	Percentage of ADAP applications approved or denied for ADAP enrollment within fourteen (14) days of ADAP receiving a complete application in the measurement year.
Numerator	Number of applications approved or denied for ADAP enrollment within fourteen (14) days of ADAP receiving a complete application in the measurement year.

Denominator	Total number of complete ADAP applications for ADAP enrollment received in the measurement year.
Target/Benchmark	90% of complete ADAP applications for new enrollment will be approved or denied within fourteen (14) days of ADAP receiving a complete application during the measurement year.
Baseline	66.21% of ADAP applications were approved or denied within 14 days in FY 2024.
Non-Medical Case Management (NMCM)	
Description	Percentage of clients who received non-medical case management services and had improved access to needed support services (e.g., housing, transportation, mental health care) by the end of the measurement year.
Numerator	Number of clients who received non-medical case management services and showed improved access to at least one support service by the end of the measurement year.
Denominator	Total number of clients who received non-medical case management services during the measurement year.
Target/Benchmark	75% of clients receiving non-medical case management services will show improved access to at least one support service by the end of the measurement year.
Non-Medical Case Management (NMCM)	
Description	Percentage of clients who received Non-Medical Case Management (NMCM) services and completed their initial assessment or any subsequent assessments within 30 days of eligibility during the grant year.
Numerator	Number of clients who received Non-Medical Case Management services and completed their initial assessment or any subsequent assessments within 30 days of eligibility during the grant year.
Denominator	Total number of clients who received Non-Medical Case Management services during the grant year.
Target/Benchmark	90% of clients receiving Non-Medical Case Management services will complete their initial assessment or any subsequent assessments within 30 days of eligibility during the grant year.
Referral for Healthcare and Support Services/Eligibility	
Description	Percentage of clients who were determined eligible for services and were successfully referred to healthcare or other support services (e.g., housing, mental health, legal services) during the grant year.
Numerator	Number of clients who were determined eligible for services and were successfully referred to healthcare or support services during the grant year.
Denominator	Total number of clients who were determined eligible for services during the grant year.
Target/Benchmark	90% of clients who are determined eligible for services will be successfully referred to healthcare or other support services during the grant year.
Referral for Healthcare and Support Services/Eligibility	
Description	Percentage of HIV-positive clients who were determined eligible for services and referred for core medical and/or support services, and who have achieved viral suppression (defined as a viral load of less than 200 copies/mL) by the end of the grant year.

Numerator	Number of HIV-positive clients in the denominator who were referred for core medical and/or support services and who achieved a viral load of less than 200 copies/mL at their last HIV test during the measurement year.
Denominator	Number of HIV-positive clients, regardless of age, with a diagnosis of HIV and at least one medical visit during the measurement year, who were determined eligible for services.
Target/Benchmark	92% of HIV-positive clients determined eligible for services will be referred for core medical and/or support services and achieve viral suppression (viral load <200 copies/mL) by the end of the measurement year.
Baseline	91.35% of HIV-positive individuals referred to services and achieved viral suppression in FY 2023.

SECTION XIII. DATA COLLECTION AND SOURCES

Data Collection

The Nevada Ryan White Part B (RWPB) Program continues to utilize CAREWare as its primary data management system, which facilitates standardized data collection and reporting across all funded subrecipients. This centralized approach enables efficient tracking of client outcomes, supports service improvement, and ensures equitable access to care.

To maintain timely and accurate data, subrecipients are required to input service data within three business days following client interactions. The Clinical Quality Management (CQM) Coordinator leverages the CAREWare system to monitor program performance, evaluate benchmarks, and assess key quality indicators. Data-driven insights are utilized for ongoing quality improvement efforts, ensuring that program goals align with the needs of the client population and improve overall service delivery.

In the new grant year, additional focus will be placed on integrating feedback mechanisms and expanding data-sharing capabilities to enhance program accountability and responsiveness.

The primary data system for the Nevada Ryan White Part B AIDS Drug Assistance Program/Nevada Medication Assistance Program (ADAP/NMAP) is CAREWare. Ramsell Corporation serves as the pharmacy benefits manager (PBM) and processes medication claims data for all ADAP/NMAP components, including the insured, uninsured, and Medicare medication copayment programs. Claims data from Ramsell is uploaded into CAREWare twice monthly and integrated into each client's record. This setup supports coordination of care and allows for real-time monitoring of client access to medications, retention in care, and any gaps in service. CAREWare also includes safeguards to protect client-level data while still allowing appropriate access for quality management activities.

The Clinical Quality Management Program continues to prioritize data quality by implementing data-sharing agreements among Ryan White Parts A, B, C, and F

CAREWare systems. These agreements, along with collaborations with the Centers for Medicare and Medicaid Services, Nevada Medicaid, and the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance, enhance the completeness and accuracy of Ryan White client records in CAREWare, improving data collection and analysis capabilities for identifying service needs, gaps, and barriers.

Data Sources

CAREWare

Ramsell Corporation

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 W. Johnson</i>	12-Jun-2025

Version History

Version	Approved By	Date	Description of Change
1.2	<i>Tory W. Johnson</i>	19-Aug-2025	Corrected spelling and punctuation throughout document. Updated/Reworded NMCM performance measure #2. Updated timeline review completed column. Updated the ADAP data collection system and the Pharmacy Benefit Manager. Changed the Division Logo. Justified the text. Created an appropriate work plan. Added an attachments page.

Attachments

Attachment A: Annual Quality Goals Breakdown
Detailed objectives, actions, and responsible parties.

Attachment B: CQM Work Plan
Full work plan including timelines and responsibilities.

Attachment C: Quality Infrastructure Plan
Detailed overview of leadership roles, staff responsibilities, resources, and data systems supporting the Nevada RWPB Program's quality management efforts.

Attachment A: Annual Quality Goals

Goal 1: Improved Access to Care				
Objectives	Key Actions	Role(s)/Area(s) Responsible	Timeline	Outcomes/Comments
Ensure more timely and convenient access to HIV care services, including reducing wait times for appointments	<ul style="list-style-type: none"> Streamline appointment scheduling systems Expand access points in underserved areas Enhanced telehealth options 	CQM Coordinator, RWPB Care Coordination Team, Subrecipients	Year-round	<p>Improved appointment scheduling and accessibility in underserved areas.</p> <p>Underserved Population: Includes those facing barriers to care, such as rural residents, racial/ethnic minorities, LGBTQ+ individuals, low-income people, and those with limited English or co-occurring health conditions.</p>
Expand outreach efforts to underserved communities	<ul style="list-style-type: none"> Conduct targeted outreach campaigns Partner with local community organizations 	CQM Coordinator, Outreach Coordinators, Subrecipients	Ongoing	<p>Increased awareness and engagement of underserved populations.</p> <p>Underserved Population: Includes those facing barriers to care, such as rural residents, racial/ethnic minorities, LGBTQ+ individuals, low-income people, and those with limited English or co-occurring health conditions.</p>
Goal 2: Enhanced Cultural Competency and Patient-Centered Care				
Strengthen Culturally and Linguistically Appropriate Services (CLAS) efforts to improve cultural and linguistic appropriateness of care	<ul style="list-style-type: none"> Conduct staff training in cultural competency Ensure translation services are available for all clients 	CQM Coordinator, Training Department, Subrecipients	Year-round	Improved provider-patient interactions and patient satisfaction.
Improve patient engagement and communication through cultural competency	<ul style="list-style-type: none"> Create materials in multiple languages Improve patient feedback collection mechanisms 	CQM Coordinator, Outreach Coordinators, Subrecipients	Ongoing	Increased patient trust and communication with healthcare providers.
<i>Comment: This goal focuses on enhancing cultural competency and patient-centered care within both HIV medical care and Ryan White care.</i>				
Goal 3: Equity in Health Outcomes				
Reduce disparities in HIV care, particularly for high-risk or	<ul style="list-style-type: none"> Identify and address gaps in care for high-risk populations Provide tailored 	CQM Coordinator, Subrecipients	Ongoing	Reduce health disparities and more equitable access to care for high-risk populations.

marginalized groups	support services			
Improve health outcomes for underrepresented groups	<ul style="list-style-type: none"> Track health outcome data by demographic group Implement targeted interventions for high- need populations 	CQM Coordinator, Data Analysts, Subrecipients	Year-round	Better health outcomes among marginalized populations.
Goal 4: Data-Driven Continuous Quality Improvement				
Use real-time data to monitor program effectiveness and adjust strategies accordingly	<ul style="list-style-type: none"> Implement regular data reviews Identify areas for improvement based on data trends 	CQM Coordinator, Data Analysts, Subrecipients	Monthly	Continuous improvements in care quality and program efficiency.
Engage stakeholders in data-informed decision-making	<ul style="list-style-type: none"> Hold regular meetings with key stakeholders to review data Provide training on data interpretation 	CQM Coordinator, Leadership, Subrecipients	Quarterly	Enhanced decision-making and transparency across the program.

Attachment B: CQM Work Plan

Goal 1: Infrastructure – Establish a comprehensive and functional quality infrastructure				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Impact
Revise CQM Plan and develop a CQM work plan.	<p>Receive CQM TA w/HAB consultant.</p> <p>Share and develop narrative sections with CQM committee.</p>	January-August 2025	<p>Leadership, CQM Team, and HAB Consultant</p> <p>CQM Coordinator and CQM committee members</p>	<p>In progress: see CQM Team meeting minutes (MM): January-July</p> <p>COMPLETED: see CQM Team MM – January and July</p>
Establish annual quality goals and objectives.	<p>Establish measurable quality goals based on performance data.</p> <p>Review and finalize annual objectives.</p>	August 2025	CQM Coordinator, Leadership, and CQM Committee	<p>In progress: Clear set of quality goals aligned with HRSA requirements.</p> <p>COMPLETED: Annual quality goals</p>
Goal 2: Performance Measurement – Strengthen data management, data integrity, and data utilization				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Identify performance measures for all applicable RWHAP-funded service categories.	<p>Use client service utilization data to determine the minimum number of measures for each service category.</p> <p>Establish a performance measurement portfolio.</p>	August 2025	CQM Coordinator	<p>COMPLETED: Initial measures identified.</p> <p>Pending: Finalize performance measurement portfolio.</p>
Use measurement data to determine quality improvement focus.	<p>Stratify data to identify areas for quality improvement.</p> <p>Develop targeted quality improvement activities.</p>	October 2025	CQM Coordinator, CQM Committee	Not yet started: Focus on subpopulations with significant needs.
Ensure timely data reporting and feedback.	<p>Implement data sharing protocols between subrecipients.</p> <p>Provide regular feedback on performance</p>	Ongoing	CQM Coordinator, Subrecipients, Data Contractor	In progress: Bi-monthly data reviews and feedback sessions.

Goal 3: Quality Improvement (QI) – Implement QI activities				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Ensure subrecipients have the capacity to contribute/lead QI activities.	<p>Assess subrecipients' QI knowledge and training needs via organizational assessment tool.</p> <p>Identify Training topics and facilitators.</p> <p>Complete basic and intermediate QI trainings.</p>	January- November 2025	CQM Coordinator, Subrecipient CQM Leads, Leadership	<p>COMPLETED: QI training session planning.</p> <p>Not yet started. Organizational assessment results.</p>
Build subrecipient capacity to lead QI activities.	<p>Offer intermediate-level training to qualified subrecipients.</p> <p>Offer Lean Six Sigma Training.</p>	January- December 2025	CQM Coordinator, Subrecipient Teams	Not yet started: Focus on PDSA, Lean Six Sigma methodology and documentation.
Monitor subrecipient QI efforts.	<p>Regularly evaluate QI activities.</p> <p>Document results and provide feedback.</p>	Ongoing	CQM Coordinator, Subrecipients, CQM Committee	Pending: Regular quarterly performance reviews.
Goal 4: Client Engagement and Satisfaction – Enhance client engagement strategies and improve satisfaction – Implement QI activities				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase client participation in care.	<p>Implement targeted outreach strategies for newly diagnosed clients.</p> <p>Track retention rates and intervene early.</p>	Ongoing	CQM Coordinator, Subrecipients, Outreach Teams	<p>In progress: Monitoring retention rates.</p> <p>Pending: Client outreach strategy review.</p>
Improve client satisfaction	<p>Distribute client satisfaction surveys annually.</p> <p>Review survey results and adjust care accordingly.</p>	Ongoing	CQM Coordinator, Subrecipients.	Not yet started: Action plan based on results.
Establish a feedback loop for continuous improvement	<p>Collect feedback from clients via surveys, focus groups, or direct interviews.</p> <p>Implement process improvements based on feedback.</p>	Ongoing	CQM Coordinator, Subrecipients	Not yet started: Client feedback methods.

Attachment C: Quality Infrastructure Plan

Representative	Roles	Responsibilities
Part B Clinical Quality Management Coordinator (Management Analyst I)	Committee Chair	<ul style="list-style-type: none"> Leads quarterly CQM committee meetings and fosters active participation. Develops and implements the CQM annual plan and associated activities. Provides capacity-building resources to service providers. Shares program updates, achievements, and key activities. Communicates with service providers, consumers, and the community on program developments. Compiles progress reports, updates the CQM Plan, and analyzes data to identify trends. Monitors healthcare provider performance, compliance with protocols, patient outcomes, and the success of quality improvement initiatives. Collects and analyzes data to evaluate clinical care quality. Facilitates individual meetings with key stakeholders.
Part B Ryan White Part B Coordinator (Management Analyst I)	Committee Member	<ul style="list-style-type: none"> Provides guidance in the selecting and implementing Quality Improvement projects based on trends and service delivery system needs. Writes and implements the CQM annual plan and related activities. Guides policies, procedures, and compliance aspects of the CQM program.
ADAP Coordinator (Health Program Specialist I)	Committee Member	<ul style="list-style-type: none"> Provides guidance in selecting and implementing Quality Improvement (QI) projects based on trends and service delivery system needs. Contributes to the development of policies, procedures, and ensures compliance with the CQM program. Assists in writing and implementing the CQM annual plan, including ADAP-specific activities and objectives.
Subrecipients	Committee Members	<ul style="list-style-type: none"> Ensures current and consistent service data entry for reporting. Contributes to the development and implementation of the CQM annual plan and related activities. Conducts customer satisfaction surveys to assess program impact and identify areas for improvement. Actively participates as subject matter experts, providing valuable insights and guidance. Engages in all aspects of the CQM plan and drives Quality Improvement (QI) initiatives. Meets contract deliverables and ensures compliance with performance expectations. Conducts Plan-Do-Study-Act (PDSA) cycles for continuous improvement. Assists in areas for improvement and developing

		<p>corrective action plans based on data analysis and stakeholder feedback.</p> <ul style="list-style-type: none"> • Presents PDSA findings and progress at quarterly meetings to share lessons learned and best practices.
Ryan White Program Manager (Health Program Manager II)	Committee Member	<ul style="list-style-type: none"> • Endorses, champions, and promotes the CQM plan. • Increases the visibility of the CQM program and its activities. • Has final accountability for the CQM program. • Provides leadership and support across the program.
Part A (Ad-Hoc)	Clinical Quality Management Analyst	<ul style="list-style-type: none"> • Collaborates with the RWPB Clinical Quality Management Coordinator to align and leverage community-wide efforts aimed at improving PCHOPS. • Requests data from County HIV Surveillance, Public Health Department, and Epidemiology Program.
TriYoung Staff	Data Contractor	<ul style="list-style-type: none"> • Provides CAREWare maintenance, customization, documentation, technical support, and reporting assistance.
Stakeholders	Role / Participation	
People with Lived Experience (Ad-Hoc)	<ul style="list-style-type: none"> • Participates in quarterly CQM committee meetings. • Participates in satisfaction surveys (online, email, etc.) • Participates in focus groups, market research, and observations. 	
HRSA	<ul style="list-style-type: none"> • Establishes guidelines and standards for performance and program compliance. 	