NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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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SUMMARY OF UPDATES

This version includes updates to staff roles and responsibilities; clarification of Quality Management Committee (QMC) structure and terminology; enhancements to Quality Improvement activities, including subrecipient site visits and corrective action processes; updates to performance measurement and use of results; integration of RWISE into data collection and reporting; and the addition of Statewide SWOT Analysis and CQM Alignment Plan.

SECTION I: INTRODUCTION

The Nevada Ryan White Part B (RWPB) Program supports persons living with HIV/AIDS through core medical and support services, including the AIDS Drug Assistance Program (ADAP), in seventeen (17) 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.

For clarity, the terms "Clinical Quality Management (CQM) meetings" and "Quality Management Committee (QMC)" are used interchangeably in this document to refer to the same committee and meeting structure.

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 (RWPB) Program in achieving the quality goals outlined in the Clinical Quality Management Plan (CQMP). 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	• Begin Q1 Data Collection & Monitoring	X
May 2025	• Subrecipient Technical Assistance Meetings	X
June 2025	• Q1 CQM Committee Meeting (June 26, 2025) • First Round of PDSA Cycle Check-ins • Launch GY 25-26 CQM Plan	X

July 2025	• Begin Q2 Data Review • Mid-Year Review Planning	X
August 2025	• Disseminate Best Practices	
September 2025	• Analyze and Review PDSA Progress • Q2 CQM Committee Meeting (September 29, 2025)	X
October 2025	• Subrecipient Site Visits Begin	X
November 2025	• Start Preparing for Annual Progress Report (APR) submission	X
December 2025	• Q3 Data Review Begins • Q3 CQM Committee Meeting (December 17, 2025) • Subrecipient Check-ins	X
January 2026	• Submit Final PDSA Results for GY 26-27 Goals	
February 2026	• Begin Planning for GY 26-27 Goals	
March 2026	• 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 (RWPB) Program 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 the Clinical Quality Management (CQM) program; leads and facilitates the CQM committee; establishes performances; analyzes and interprets data; and provides ongoing technical assistance and quality improvement support to subrecipients.

- Subrecipients
  Responsible for accurate and timely data entry and reporting; participation in required quality improvement activities; implementation of approved QI projects; and adherence to program requirements, performance measures, and contractual standards.

- Data Contractors
  Provide technical support and system maintenance for CAREWare and RWISE; ensure data integrity, functionality, and reporting capacity; and support the extraction and validation of data used for CQM monitoring and analysis.

Resources and Capacity Building

The program is supported by the following resources and capacity-building activities:

- CAREWare
  The primary client-level data management system used to track service utilization, health outcomes, and performance measures for CQM monitoring and reporting.

- RWISE
  The Ryan White Services Information Exchange (RWISE) is used to support eligibility, enrollment, and service-level data exchange and coordination across Ryan White Part B program, including integration with CAREWare for performance monitoring and quality analysis.

- Training
  Ongoing training and technical assistance are provided to build subrecipient capacity to implement quality improvement activities, including performance measurement, Plan-Do-Study-Act (PDSA) cycles, and Lean Six Sigma informed process improvement methods.

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 at least quarterly to review and support the CQMP, Quality Improvement projects, and evaluate the CQMP's goals.

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 the 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 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 Prevent 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 PDSA methodology, integrated with Lean Six Sigma principles to optimize processes. Stakeholders work together to define goals, deliverables, and timelines; they also revise plans as needed until goals are met.

Subrecipient Site Visits, Checklists, and Corrective Action Plans

The Nevada Ryan White Part B (RWPB) Program conducts annual subrecipient site visits to assess compliance with HRSA National Monitoring Standards and program requirements, while also supporting continuous quality improvement (CQM). Site visits are structured, standardized, and guided by approved monitoring tools to ensure consistency, transparency, and accountability across subrecipients.

The Subrecipient Site Visit Checklist and Monitoring Standards Tool are used to assess compliance with contractual, programmatic, and performance-related requirements, including review of performance measures, operational processes, and documentation standards. Random client file reviews are conducted to verify eligibility documentation, service accuracy, and the completeness and quality of clinical and case management records, as applicable.

When deficiencies, gaps, or areas of noncompliance are identified, the program issues a Corrective Action Plan (CAP). CAPs clearly outline required corrective actions, responsible parties, and defined timelines for resolution. Subrecipients are required to submit documentation demonstrating corrective actions and may receive targeted technical assistance to support remediation efforts.

Site visit findings, checklist results, and CAP outcomes are reviewed and tracked as part the CQM program to inform follow-up monitoring, technical assistance, and future quality improvement initiatives. This structured approach ensures site visits function as both a compliance safeguard and a mechanism for sustained performance improvement.

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 RWHAP service categories equal to or more than 50% client utilization, at least one performance measure for service categories with a service utilization greater than 15% - less than 50%, and no performance measures are required for service categories with a service utilization equal to or less than 15% and below.

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

Use of Performance Measurement Results

Performance measurement results are reviewed routinely as part of the Nevada Ryan White Part B (RWPB) Clinical Quality Management (CQM) program. Performance data are used to monitor trends, assess progress toward established benchmarks, and identify areas requiring further review or action.

When performance measurement results demonstrate sustained underperformance, failure to meet minimum standards, or indicate potential noncompliance with program contractual requirements, the program may initiate additional monitoring, targeted technical assistance, or corrective action through established subrecipient oversight and site visit processes.

Corrective Action Plans (CAPs), when required, are implemented in accordance with subrecipient monitoring protocols and are used to address identified compliance or performance deficiencies. Subrecipients may leverage quality improvement (QI) methods, including Plan-Do-Study-Act (PDSA) cycles, as part of their corrective actions to support sustainable process improvement. Use of QI methods does not replace the requirement to resolve identified deficiencies within established timelines.

Performance measurement results may also inform stand-alone QI initiatives when improvement opportunities are identified that do not rise to the level of corrective action.

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 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 subrecipients, ensuring open communication and shared responsibility for quality improvement efforts that align with Nevada RWPB goals.

SECTION XI: NEVADA RYAN WHITE SERVICES

Services	(n) Client Counts	(d) 5,688 %	Program Measures
Health Education/Risk Reduction	220	3.87%	0
Health Insurance Premium and Cost Sharing Assistance 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 • Tax Preparation	 93 37	 1.64% 0.65%	 0 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 completed 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

The Nevada Ryan White Part B (RWPB) Program utilizes CAREWare as its primary data management system to support standardized data collection and reporting across all funded subrecipients. This centralized system enables consistent tracking of client outcomes, supports performance monitoring, and facilitates data-driven quality improvement efforts across the statewide program.

To ensure timely and accurate data, subrecipients are required to enter service data into CAREWare within three business days of client interactions. The Clinical Quality Management (CQM) Coordinator uses CAREWare to monitor program performance, assess benchmarks, and evaluate key quality indicators. Performance data are reviewed routinely and used to inform quality improvement activities, technical assistance, and program planning to ensure services remain responsive to client needs and aligned with program goals.

In the current grant year, the program has integrated the Ryan White Services Information Exchange (RWISE) to strengthen eligibility verification, enrollment tracking, and service-level data coordination across the Ryan White Part B program. Data captured through RWISE are integrated with CAREWare to support accurate performance monitoring, improve data completeness, and enhance coordination across service categories.

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, the pharmacy benefits manager (PBM), processes medication claims data for all ADAP/NMAP components, including uninsured, insured, and Medicare medication copayment programs. Claims data are uploaded into CAREWare twice monthly and integrated into individual client records. This process supports coordination of care and allows for monitoring of medication access, continuity of treatment, and potential gaps in service delivery.

The CQM Program prioritizes data quality and completeness through established data-sharing agreements among Ryan White Parts A, B, C, and F CAREWare systems. Additional collaboration with the Centers for Medicare and Medicaid Services (CMS), Nevada Medicaid, and the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance

enhances data accuracy, reduces duplication, and improves the ability to identify service utilization trends, gaps, and barriers to care.

CAREWare and RWISE incorporate appropriate safeguards to protect client-level data while allowing authorized access for program monitoring, quality management, and reporting activities.

Data Sources

- CAREWare
- RWISE
- Ramsell Corporation (ADAP/NMAP pharmacy claims data)
- Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance
- Centers for Medicare and Medicaid Services (CMS)
- EvaluationWeb and PartnerServicesWeb
- Subrecipient data systems, including:
    - Salesforce
    - eClinicalWorks
    - Trisano

Approved By

Title	Signature	Date
Program Manager/Bureau Chief	Tory W. Johnson	12-Jun-2025

Version History

Version	Approved By	Date	Description of Change
1.2	Tory W. Johnson	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.
1.3	Tory W. Johnson Sarah Cowan Sarah Cowan (Feb 9, 2026 08:37:49 PST)	15-Jan-2026	Updated Staff Roles & Responsibilities. Updated Resources and Capacity Building section. Updated the Quality Management Committee section. Updated Quality Improvement Activities section. Subrecipient Site Visits, Checklists, and Corrective Action Plans. Updated Performance Measurement section. Added Use of Performance Measurement Results. Updated the Data Collection and Sources section to include RWISE. Updated Data Sources. Added Attachment D: Statewide SWOT Analysis and CQM Alignment. Updated CQM Work Plan Outcomes. Updated Quality Infrastructure Plan.

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 D: Statewide SWOT Analysis and CQM Alignment
Documentation of the State Office of HIV's internal Statewide SWOT Analysis and its alignment with statewide Clinical Quality Management (CQM) priorities, Quality Improvement activities, and oversight focus areas.

ATTACHEMENT 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	• Streamline appointment scheduling systems • Expand access points in underserved areas • Enhanced telehealth options	CQM Coordinator, RWPB Care Coordination Team, Subrecipients	Year-Round	Improved appointment scheduling and accessibility in underserved areas. 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.
Expand outreach efforts to underserved communities	• Conduct targeted outreach campaigns • Partner with local community organizations	CQM Coordinator, Outreach Coordinators, Subrecipients	Ongoing	Increased awareness and engagement of underserved populations. 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.
Goal 2: Enhanced Cultural Competency and Patient-Centered Care				
Strengthen Culturally and Linguistically Appropriate Services (CLAS) efforts to improve cultural and linguistic appropriateness or care	• 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	• Create materials in multiple languages • Improve patient feedback collection mechanisms	CQM Coordinator, Outreach Coordinators, Subrecipients	Ongoing	Increased patient trust and communication with healthcare providers
Comment: This goal focuses on enhancing cultural competency and patient-centered care within both HIV medical care and Ryan White care.				

Goal 3: Equity in Health Outcomes				
Reduce disparities in HIV care, particularly for high-risk or marginalized groups	• Identify and address gaps in care for high-risk populations • Provide tailored support services	CQM Coordinator, Subrecipients	Ongoing	Reduced health disparities and more equitable access to care for high-risk populations.
Improve health outcomes for underrepresented groups	• 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	• 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	• 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.	Receive CQM TA w/HAB consultant. Share and develop narrative sections with CQM committee.	January – August 2025	Leadership, CQM Team, and HAB Consultant CQM Coordinator and CQM committee members	Completed: see CQM committee meeting minutes from January – December 2025. Completed: see CQM committee minutes January – December 2025.
Establish annual quality goals and objectives.	Establish measurable quality goals based on performance data. Review and finalize annual objectives.	August 2025	CQM Coordinator	Completed: See Appendix A. Completed: See Appendix A.
Goal 2: Performance Measurement – Strengthen data management, data integrity, and data utilization				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Impact
Identify performance measures for all applicable RWHAP- funded service categories.	Use client service utilization data to determine the minimum number of measures for each service category. Establish a performance measurement portfolio	August 2025	CQM Coordinator	Completed: Initial measures identified. Completed: see Section XII of CQM Plan.
Use measurement data to determine quality improvement focus.	Stratify data to identify areas for quality improvement. Develop targeted quality improvement activities.	October 2025	CQM Coordinator, CQM Committee	In Progress: See subrecipient QI Projects.
Ensure timely data reporting and feedback.	Implement data sharing protocols between subrecipients. Provide regular feedback on performance.	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/Impact

Ensure subrecipients have the capacity to contribute/lead QI activities.	Assess subrecipients' QI knowledge and training needs via organizational assessment tool. Identify Training topics and facilitators. Complete basic and intermediate QI trainings.	January – November 2025	CQM Coordinator, Subrecipient CQM Leads, Leadership	Completed: QI training session planning. In Progress: Organizational Assessments and SWOT's sent to subrecipients.
Build subrecipient capacity to lead QI activities.	Offer intermediate-level training to qualified subrecipients. Offer Lean Six Sigma training.	January – December 2025	CQM Coordinator, Subrecipient Teams	In Progress: Training being developed.
Monitor subrecipient QI efforts.	Regularly evaluate QI activities. Document results and provide feedback.	Ongoing	CQM Coordinator, Subrecipients, CQM Committee	In Progress: Regular reviews are happening, Results of QI efforts are continuously documented, and feedback is provided to subrecipients.
Goal 4: Client Engagement and Satisfaction – Enhance client engagement strategies and improve satisfaction				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Impact
Increase client participation in care.	Implement targeted outreach strategies for newly diagnosed clients. Track retention rates and intervene early.	Ongoing	CQM Coordinator, Subrecipients, Outreach Teams	In Progress: Monitoring retention rates. Pending: Client outreach strategy review.
Improve client satisfaction	Distribute client satisfaction surveys annually. Review survey results and adjust care accordingly.	Ongoing	CQM Coordinator, Subrecipients	In Progress: Action plan based on results.
Establish a feedback loop for continuous improvement	Collect feedback from clients via surveys, focus groups, or direct interviews. Implement process improvements based on feedback.	Ongoing	CQM Coordinator, Subrecipients	In Progress: Client feedback methods.

ATTACHMENT C: QUALITY INFRASTRUCTURE PLAN

Representative	Roles	Responsibilities
Part B Clinical Quality Management Coordinator (Management Analyst I)	Committee Chair	• Leads quarterly CQM Committee meetings and promotes active, meaningful participation. • Develops, implements, and updates the annual CQM Plan and associated activities. • Shares program updates, achievements, performance trends, and key quality activities. • Serves as the primary point of communication with service providers, consumers, and community stakeholders regarding CQM efforts. • Compiles progress reports, conducts data analysis, and identifies trends to inform quality improvement priorities. • Monitors healthcare provider performance, compliance with clinical protocols, patient outcomes, and the effectiveness of QI activities. • Collects and analyzes clinical and program data to evaluate quality of care and system performance. • Facilitates individual and small-group meetings with key stakeholders to support performance improvement and accountability.
Part B Ryan White Part B Coordinator (Management Analyst I)	Committee Member	• Provides guidance on the selection and prioritization of Quality Improvement projects based on program trends and service delivery system needs. • Reviews and provides input on the annual CQM Plan and related activities to ensure alignment with Part B priorities. • Guides policy, procedural, and compliance consideration to the CQM program, including alignment with HRSA requirements.
ADAP Coordinator (Health Program Specialist II)	Committee Member	• Provides guidance on the selection and prioritization of Quality Improvement (QI) projects related to ADAP, based on program trends and service delivery system needs. • Contributes subject-matter expertise to the development and review of the CQM-related policies and procedures impacting ADAP services. • Supports implementation of the annual CQM Plan by carrying out ADAP-specific activities and objectives, as appropriate. • Advises on ADAP program compliance considerations relevant to CQM activities.
Subrecipients	Committee Members	• Ensure timely, accurate, and consistent service data entry to support reporting and performance measurement. • Participate in the implementation of the annual CQM Plan and related quality activities. • Conduct customer satisfaction surveys to assess service impact and identify areas for improvement. • Serve as subject matter experts by providing operational insight into service delivery and client needs.

		• Engage in Quality Improvement (QI) activities, including the implementation of approved improvement strategies. • Meet all contract deliverables and comply with established performance and reporting expectations. Conduct Plan-Do-Study-Act (PDSA) cycles to support continuous quality improvement. • Develop and implement corrective action plans based on data analysis, performance results, and stakeholder feedback. • Present PDSA progress, findings, and lessons learned during quarterly CQM Committee meetings.
Ryan White Program Manager (Health Program Manager II)	Committee Member	• Endorses, champions, and promotes the CQM Plan and its implementation. • Elevates the visibility of the CQM program and its quality improvement activities across the organization. • Holds final executive accountability for the CQM program. • Provides leadership, support, and strategic direction to ensure sustained program effectiveness.
Part A (Ad-Hoc)	Clinical Quality Management Analyst	• Collaborates with the Ryan White Part B Clinical Quality Management (CQM) Coordinator to align and leverage community-wide quality improvement efforts related to PCHOPS. • Coordinates requests for relevant data from County HIV Surveillance, the Public Health Department, and Epidemiology programs to support shared quality improvement activities.
Tri-Young Staff	Data Contractor	• Provides CAREWare/RWISE maintenance, customization, documentation, technical support, and reporting assistance.
Stakeholders	Role / Participation	
People with Lived Experience (Ad-Hoc)	• Participates in quarterly CQM Committee meetings. • Participates in satisfaction surveys (online, email, etc.) • Participates in focus groups, market research, and observations.	
HRSA	• Establishes guidelines and standards for performance and program compliance	

CQM Committee Governance and Role Boundaries

The Part B Clinical Quality Management (CQM) Coordinator is responsible for the planning, implementation, monitoring, and evaluation of all CQM activities.

All other CQM Committee members serve in advisory, oversight, implementation, or support roles based on their position and expertise and do not hold responsibility for overall CQM governance or day-to-day management unless explicitly stated.

Executive accountability for the CQM program resides with the Ryan White Program Manager. Operational authority and day-to-day execution of CQM activities reside with the Part B CQM Coordinator.

ATTACHMENT D: STATEWIDE SWOT ANALYSIS AND CQM ALIGNMENT

Statewide SWOT Analysis

Methodology

Development of the Statewide SWOT

The Statewide SWOT Analysis was developed using a combination of:

- A comprehensive system-level assessment completed by the State Clinical Quality Management (CQM) Coordinator, and
- Targeted contributor input solicited from identified stakeholders using a standardized SWOT Contributor Input Form.

Contributor responses varied in depth and specificity. All input was reviewed and considered. Substantive responses were synthesized to identify recurring themes, while higher-level or less detailed input was incorporated as contextual confirmation where applicable. The final SWOT reflects State-led synthesis focused on system-level performance, oversight, and quality improvement priorities. The SWOT reflects a self-assessment conducted by the State Office of HIV; contributor input was used to inform and validate the analysis.

Strengths (synthesized)

Summary of Themes

Across contributor input and State analysis, the following statewide strengths were identified:

- Existence of a standardized statewide CQM infrastructure, including a current CQM Plan, defined performance measures, and established oversight processes.
- Cross-program coordination between RWPB and ADAP, including collaboration with Ryan White Part A where applicable.
- Availability of guidance, documentation, and data systems to support subrecipient reporting and monitoring.

State CQM Perspective

While contributors broadly identified collaboration, documentation, and data systems as strengths, the State's analysis further clarifies that these strengths are most impactful when they are consistently implemented, actively monitored, and paired with ongoing technical assistance and data use expectations.

Weaknesses (synthesized)

Summary of Themes

Contributor input and State analysis identified several recurring weaknesses:

- Limited staffing capacity and turnover impacting continuity and follow-through.
- Inconsistent internal communication and dissemination of policy or process changes.

- Variability in data quality, documentation practices, and timeliness across subrecipients.
- Fragmented or inconsistent eligibility verification and service initiation workflows.

State CQM Perspective

The State's analysis indicates that these weaknesses are interconnected and reflect broader system reliability issues rather than isolated provider performance concerns. Addressing workflow consistency and timeliness is necessary to improve data quality, client retention, and performance monitoring.

Opportunities (synthesized)

Summary of Themes

Identified opportunities include:

- Continued stabilization and maturation of statewide CQM leadership and infrastructure.
- Increased utilization of HRSA and CQII technical assistance resources.
- Targeted capacity-building efforts focused on assessments, documentation, and data use.
- Further refinement and automation of data systems.

State CQM Perspective

The State Office of HIV views these opportunities as foundational to strengthening system reliability and supporting sustained quality improvement across subrecipients.

Threats (synthesized)

Summary of Themes

External risks identified through contributor input and State analysis include:

- Workforce shortages and turnover within provider network.
- Federal funding uncertainty and regulatory changes.
- Legislative or policy environments outside State control.
- Client-level barriers related to social determinants of health.

State CQM Perspective

While these threats are largely external, their impact can be mitigated through stronger internal systems, clearer workflows, and proactive technical assistance.

Statewide priority issue (state-led determination)

Priority Issue

Delays and inconsistencies in eligibility verification and service initiation processes that result in gaps in timely access to care.

Rationale

Although contributors identified several high-level risks, including funding uncertainty, the State's system-level analysis determined that eligibility and service access timeliness represents the most actionable issue with measurable impact on client outcomes, retention in care, and statewide performance.

This priority issue reflects:

- Patterns observed across monitoring activities,
- Contributor-identified concerns related to communication, staffing, and workflow consistency, and
- The State's responsibility to ensure reliable, timely access to services.

Statewide SWOT Alignment Plan

Ryan White Part B (RWPB) & ADAP

Grant Year 2025 – 2026

Purpose of the alignment plan

This alignment plan translates findings from the Statewide SWOT Analysis into concrete Clinical Quality Management (CQM) and Quality Improvement (QI) actions. It ensures that identified system-level strengths, weaknesses, opportunities, and threats are directly connected to statewide priorities, oversight activities, and improvement efforts.

This plan is State-led and focuses on actions within the control or influence of the State Office of HIV.

Summary of key findings (state-level)

Strengths to Leverage

- Established statewide CQM infrastructure and governance
- Tiered, utilization-based performance measurement approach
- Alignment between monitoring, technical assistance, and QI
- Cross-program coordination between RWPB and ADAP

Key System Gaps to Address

- Inconsistent eligibility verification and service initiation workflows
- Variability in data quality and documentation practices
- Internal communication and policy dissemination challenges
- Limited staffing capacity impacting follow-up and sustainability

External Risks to Monitor

- Workforce instability across the provider network
- Federal funding and regulatory uncertainty
- Client-level barriers related to social determinants of health

Statewide priority issue (anchor)

Priority Issue

Delays and inconsistencies in eligibility verification and service initiation processes that result in gaps in timely access to care.

This issue was selected because it:

- Is within State influence
- Has measurable impact on client outcomes and retention
- Affects data quality and performance measurement

- Aligns directly with CQM and QI objectives

Alignment to CQM focus areas

CQM Domain	Alignment Action
Performance Measurement	Review and refine measures related to linkage, eligibility timeliness, and service initiation
Monitoring & Oversight	Align site visits and desk reviews to assess eligibility workflows and timeliness
Data Quality	Target documentation and timeliness issues impacting eligibility and service start dates
Technical Assistance	Provide focused TA on workflow consistency, documentation, and process reliability
QI Infrastructure	Support State-led and subrecipient QI activities tied to eligibility and access

Planned state actions

State-Led Quality Improvement Focus

- Define a clear State-level aim statement related to improving timeliness of eligibility verification and service initiation.
- Identify core process steps and points of failure through process mapping.
- Establish baseline data where available to measure current performance.

Monitoring Alignment

- Incorporate eligibility and service initiation workflows into monitoring tools and review criteria.
- Use monitoring findings to inform targeted TA rather than corrective-only responses.

Technical Assistance Strategy

- Develop or refine written guidance related to eligibility and service initiation expectations.
- Offer targeted TA to address common workflow or documentation gaps.
- Reinforce expectations through existing communication channels and trainings.

Data and Measurement Support

- Assess current data sources for reliability and completeness related to eligibility and linkage.
- Identify opportunities to standardize definitions, timeliness, or data entry practices.
- Use data to track improvement over time rather that one-time compliance checks.

Timeframe for implementation

- Short-term (0-6 months):
    - Define QI focus and baseline
    - Align monitoring tools and TA messaging
    - Clarify expectations related to eligibility and service initiation
- Mid-term (6-12 months):
    - Implement QI activities
    - Monitor early trends and adjust approach
    - Continue targeted TA
- Long-term (12+ months):
    - Assess sustainability of improvements
    - Integrate lessons learned into routine CQM processes

Governance and accountability

- Lead: State Office of HIV – Clinical Quality Management
- Support: Program, ADAP, Data, and monitoring staff as appropriate
- Oversight: Existing CQM governance structures and leadership briefings

This alignment plan will be reviewed and updated as part of routine CQM activities.

How this plan will be used

- Guide statewide QI planning and prioritization
- Inform monitoring focus areas and TA delivery
- Support leadership decision-making
- Ensure alignment between assessment, action, and outcomes