April 1, 2026

# Georgia Ryan White Part B

## Clinical Quality Management Plan

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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# INTRODUCTION

**About this Document**

Ryan White HIV/AIDS legislation requires clinical quality management (CQM) programs as a condition of grant awards. The CQM expectations for Ryan White Part B Program recipients include: 1) Assist direct service medical providers funded through the Ryan White HIV/AIDS Treatment Extension Act in assuring that funded services adhere to established HIV clinical practice standards and Department of Health and Human Services (DHHS) Guidelines to the extent possible; 2) Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care; and 3) Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Georgia Ryan White Part B Program CQM Plan is outlined in this document. This document is considered a 'living' document and revisions may be made as the Georgia Department of Public Health (DPH), Division of Medical and Clinical Program Services, Office of HIV/AIDS continues to develop and expand the Ryan White Part B CQM Program and Plan. This Plan is effective April 1, 2026 to March 31, 2027**.** A timeline for annual implementation, revision, and evaluation of the Plan is in Appendix B of this document. Any questions regarding this plan, may be directed to the Ryan White Part B Program CQM Team Lead, sandra.metcalf@dph.ga.gov.

**Ryan White Overview**

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, now the Ryan White HIV/AIDS Treatment Extension Act of 2009 is a Federal legislation that addresses the unmet health needs of people with HIV by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000, 2006 and 2009; it was funded at $2.57 billion in 2025.

<u>The Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009</u>

Federal funds are awarded to agencies located throughout the country, which deliver care to eligible individuals under funding categories called Ryan White Parts.

- Part A provides medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most affected by the HIV.
- Part B provides grants for states and territories to improve the quality of and access to HIV health care and support services. In addition, Part B provides medications to low-income people with

HIV through the AIDS Drug Assistance Program (ADAP). Recipients include all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions.

- Part C administers grants for local community-based groups to provide outpatient ambulatory health services and support for people with HIV. Part C also helps community-based groups to strengthen their ability to deliver high-quality HIV care.
- Part D administers grants for local, community-based organizations to provide medical care for low-income women, infants, children, and youth with HIV. Part D funding may also be used to provide support services for people with HIV and their family members.
- Part F provides training and technical assistance to providers treating patients with or at risk for HIV, develops innovative models of HIV care and treatment to respond to Ryan White HIV/AIDS Program (RWHAP) client needs; provides oral health care for people with HIV and education about HIV for dental care providers; help RWHAP recipients improve access to HIV care and health outcomes for minorities . Part F grant recipients include:
    - AIDS Education and Training Centers and Special Projects of National Significance
        - Public or private non-profit organizations in the United States;
        - Schools and academic health science centers;
        - Faith-based organizations;
        - Tribes and tribal organizations
    - Minority AIDS Initiative,
    - Dental Programs
        - Dental schools
        - Hospital with postdoctoral dental residency programs
        - Community colleges with dental hygiene programs
    - RWHAP recipients

**HIV Care Continuum**

The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, receipt of HIV medical care, retention in medical care, and achievement and maintenance of viral suppression.

Subrecipients, also referred to as funded agencies, are encouraged to assess the outcomes of their programs along the HIV Care Continuum. Subrecipients should work with their community and public health partners to improve outcomes across the Continuum, so that individuals diagnosed with HIV are linked and engaged in care, started on ART as soon as possible, and achieve-maintain viral suppression.

# QUALITY STATEMENT

## MISSION

The mission of the Ryan White Part B Clinical Quality Management Program is to ensure the highest quality of medical care and supportive services for people with HIV in Georgia.

## VISION

The vision of the Clinical Quality Management Program is to ensure a seamless system of comprehensive HIV services that provide a continuum of care and eliminates health disparities across jurisdictions for people with HIV in Georgia. This will be accomplished by:

- Assessing the extent to which HIV health services provided to people with HIV under the grant are consistent with the most recent DHHS guidelines for the treatment of HIV disease and related opportunistic infections.
- Developing strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.
- Continuously implementing a statewide clinical quality management plan.
- Improving access to AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP) services by improving application and recertification processing.
- Improving alignment across subrecipients by monitoring core performance measures across Ryan White Part B Program subrecipients.
- Improving alignment across services through standardization of case management.
- Improving alignment across Ryan White Programs by expanding quality related collaboration.

# ORGANIZATIONAL INFRASTRUCTURE

In Georgia, the Ryan White Part B Program is administered by the Georgia Department of Public Health (DPH), Division of Medical and Clinical Program Services, Office of HIV/AIDS. The Office of HIV/AIDS funds agencies in 16 public health districts to deliver HIV/AIDS services throughout the state. These agencies are responsible for planning and prioritizing the delivery of HIV services in their respective geographic areas. All subrecipients provide primary care services. Support services are funded based on the availability of resources. The Ryan White Part B Program also funds the Georgia ADAP and HICP, which provides medication for the treatment of HIV/AIDS to eligible people with HIV or assists with health insurance premiums and co-pays.

The primary role of subrecipients is to provide medical and support services to all eligible people with HIV who reside in Georgia. Subrecipients are responsible for maintaining appropriate relationships with entities in the area they serve that constitute key points of access to the health care system for people with HIV (emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted infection clinics, and others) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV and individuals knowledgeable of their HIV status but not in care. Services provided must meet all service standards set forth by the state, and must align with HRSA's Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards.

## LEADERSHIP AND ACCOUNTABILITY

### GEORGIA DEPARTMENT OF PUBLIC HEALTH

THE STATE OF GEORGIA THROUGH THE GEORGIA DEPARTMENT of Public Health (DPH) is the recipient of the Ryan White Part B Program grant. Georgia DPH administers the grant through the Division of Medical and Clinical Program Services, Office of HIV/AIDS.

### OFFICE OF HIV/AIDS

The Office of HIV/AIDS provides oversight and management of the Ryan White Part B Program grant. The Office of HIV/AIDS Director provides leadership and coordination of HIV care and prevention activities. The Office of HIV/AIDS leadership is dedicated to the quality improvement process and guides the CQM Plan. The HIV Care Manager is responsible for ensuring administration of the grant, including the development and implementation of the CQM Plan.

### OTHER DPH SECTIONS

- HIV/AIDS Surveillance: The Office of HIV/AIDS continues to work with the HIV/AIDS Epidemiology Unit to utilize HIV and AIDS case reporting data for planning and quality improvement opportunities.

- Office of Nursing: The Director of Infectious Disease Nursing participates in clinical chart reviews, leads the revision of HIV Nurse Protocols, and HIV Program Standards and Training for the Georgia DPH Office of Nursing Policy and Procedure Manual for Public Health Nurse Training.

## RYAN WHITE PART B PROGRAM SUBRECIPIENTS

Ryan White Part B subrecipients are responsible for ensuring clinical quality management components of Grant-in-Aid (GIA) and contractual agreements are met. The FY2026-2027 CQM deliverables include the following language, as referenced in the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures: Subrecipients are expected to refer to the Georgia Ryan White Part B CQM Plan which contains goals, objectives, and strategies to ensure implementation and monitoring of CQM activities, as well as compliance with HRSA's CQM expectations at both state and local levels. Ryan White Part B CQM Program activities are delineated in the plan, including capacity building, and providing quality-related technical assistance to subrecipients. The Ryan White Part B CQM Core Team provides oversight and facilitation of the plan and is composed of multidisciplinary professionals within the Office of HIV/AIDS. In addition, the statewide Ryan White Part B CQM Core Team Committee includes representation from all subrecipients, additional Office of HIV/AIDS staff, Ryan White Parts A, C, D, F, and consumers.

Subrecipients are expected to comply with the following requirements:

- Ensure that the medical management of HIV infection is in accordance with the United States Department of Health and Human Services (DHHS) HIV-related guidelines. Compliance with DHHS HIV-related guidelines is a requirement of the Health Resources and Service Administration (HRSA) for sites receiving Ryan White HIV/AIDS Treatment Extension Act funding. The DHHS guidelines are considered 'living' documents and are available at CLINICAL INFO HIV.gov.
- Ensure compliance with the Georgia Department of Public Health (DPH), Office of HIV/AIDS, Ryan White Part B Clinic Personnel Guidelines (current edition).
- Ensure that registered professional nurses (RNs), advanced practice registered nurses (APRNs), and physician assistants (PAs) practice under current HIV/AIDS-related nurse and PA protocols. The recommended protocols and/or resources include the following as applicable:
    - Georgia Department of Public Health, Office of Nursing, Standard Nurse Protocols for Registered Professional Nurses in Public Health, Adult with HIV (current edition).
    - Georgia Department of Public Health Policy #PT-18001, Georgia AIDS Drug Assistance Program Advanced Practice Registered Nurse Provider Status Policy and Procedure (current edition).
    - Georgia Department of Public Health Policy #PT-18002, Georgia AIDS Drug Assistance Program Physician Assistant Provider Status Policy and Procedure (current edition).
- Ensure that all physicians, pharmacists, and all other licensed medical professionals possess current licensure and/or certification.
- Ensure that all physicians are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the state of Georgia. If there is any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws, the Office of HIV/AIDS's District Liaison is to be notified immediately.
- Develop and implement a CQM Program according to HRSA's HIV/AIDS Bureau (HAB) expectations for Ryan White recipients, to include the following:
    - A leader and team to oversee the CQM Program
    - CQM goals, objectives, and strategies
    - A written CQM Plan, updated annually
    - CQM committee meetings, conducted quarterly
    - Continuous Quality Improvement (CQI) projects that incorporate Quality Improvement (QI) methodologies to address performance measures below state goals, updated quarterly
    - Performance measures and mechanisms to collect data
    - Communication of results to all levels of the organization, including consumers as appropriate.
- Participate in the statewide Ryan White Part B CQM Program, including but not limited to a designated representative and attendance in CQM Core Team committee meetings.

- Ensure timely and accurate data entry in CAREWare as indicated for Part B CQM activities.
- Monitor performance measures as determined by the Georgia Ryan White Part B CQM Program.
- Participate in HIV clinical and case management chart reviews conducted by state office CQM staff.
- Conduct annual client satisfaction surveys for services provided at the clinic level.
- Provide CQM Plans, reports, including CQI activities, client satisfaction survey summary results, improvement plans, and other information related to the subrecipient CQM Program, as requested by the Office of HIV/AIDS Ryan White Part B District Liaison and/or CQM staff. Allow the District Liaison and/or CQM staff access to all CQM information and documentation.
- Ensure compliance with the Georgia Ryan White Part B Case Management Standard Operating Procedures (current edition).

# CLINICAL QUALITY MANAGEMENT COMMITTEE

## CLINICAL QUALITY MANAGEMENT CORE TEAM

Purpose

- To provide oversight and facilitation of the Georgia Ryan White Part B CQM Plan.
- To provide a mechanism for the objective review, evaluation, and continuing improvement of HIV care and support services.

Membership

- Core Team membership will be reviewed annually, and changes made accordingly.
- Each Ryan White Part B Program subrecipient must identify one primary representative and an alternate to represent their agency. The primary representative is an active member of the CQM Core Team, and the alternate will be available to serve on the team if the team member cannot attend (see Appendix C for committee members).
- Membership by Consumer Representatives, also referred to as Peer Representatives, is voluntary. The CQM Core Team aims to have four to five Consumer Representatives from different regions of Georgia. The Consumer Representative does not represent a particular district, but rather represents consumers who have access to Ryan White Part B Program services. Consumer Representatives are selected as needed following submission of interest from candidates.

The Core Team will include the following members:

Senior Office of HIV/AIDS Leadership:

All the positions below, or their designees, may attend meetings to represent the involvement of senior leadership.

Georgia DPH and Office of HIV/AIDS Staff:

- Office of HIV/AIDS Director – duties include:
  - Office of HIV/AIDS leadership
  - Coordination of HIV care and prevention activities
- HIV Care Program Manager – duties include:
  - Grant oversight and management, including allocation of resources
  - Ensuring development/implementation of the CQM Plan and CQI projects.
- Assistant HIV Care Program Manager – duties include:
  - Assists with grant oversight and management
  - Supervises District Liaisons
  - Ensures development/implementation of programmatic monitoring policies, tools, and activities
- HIV Care District Liaisons – duties include:
  - Closely monitor the programmatic and fiscal requirements of all contracts and Annex-GIA awards including CQM requirements
  - Ensure CQM/CQI findings and reports are shared at the local level

    - Participate in systems-level CQI projects
    - Monitor general programmatic performance measures
    - Ensure complete implementation of National Monitoring Standards (NMS) at the state and local levels
- HIV Care Financial District Liaison – duties include:
    - Assists with budget, contract, financial/performance related records monitoring and accounting procedures
    - Monitors, assesses, and evaluates program to determine compliance with state and/or federal fiscal guidelines
    - Provides technical assistance
    - Reviews and interprets fiscal regulations related to the program
- Quality Management Nurse Consultant Team Lead - duties include:
    - Supervise Quality Management (QM) Nurse Consultants
    - Coordinate day-to-day CQM Program operations and meetings
    - Coordinate systems-level CQI projects
    - Ensure development, implementation, and evaluation, of the CQM Plan and Work Plan
    - Ensure revision of the CQM Plan at least annually, and the Work Plan at least quarterly
    - Oversee the submission of required reports related to CQM to upper management
    - Coordinate and ensure CQM/CQI and other HIV-related training is available
    - Monitor assigned subrecipients' CQM Plans and quarterly reports
    - Monitor performance measure indicators and oversee technical assistance provision to Ryan White Part B Program subrecipients
    - Oversee technical assistance provision to Ryan White Part B Program subrecipients (i.e., development of local CQM Plans, CQI projects, and nursing/clinical services)
    - Coordinate visits of subrecipients to review HIV care clinical performance indicators
    - Coordinate and lead CQM Core Team meetings
    - Participate in development of HIV Program Standards and Training for the GA DPH Office of Nursing Policy and Procedure Manual for Public Health Nurse Training
    - Participate in Georgia Ryan White Programs quality-related committees and activities
    - Participate in review and revision of HIV care nurse protocols
    - Develop or revise HIV-related clinical guidelines and other guidelines/polices as indicated
    - Participate in Metro Atlanta EMA Part A and Part D Quality Management Committee meetings
    - Attend educational conferences or other events sponsored by HRSA, DPH, AIDS Education Training Centers, professional organizations, or other appropriate sponsoring organizations to maintain current knowledge of HIV care and Clinical Quality Management
- Ryan White Part B Quality Clinical Case Manager(s) - duties include:
    - Provide Case Management trainings quarterly and as needed
    - Assist with coordination of day-to-day operations of the CQM Program:
    - Plan meetings and/or conference calls
    - Communicate with the Core Team and subcommittees
    - Complete reports and other assignments
    - Participate in systems-level CQI projects
    - Participate on the CQM Core Team
    - Ensure development, implementation, and evaluation of statewide case management Standard Operating Procedures (SOPs) and tools
    - Ensure CQM/CQI and case management training is available
    - Assist with revision of the CQM Plan and Work Plan
    - Closely monitor assigned subrecipients' CQM Plans and quarterly reports

    - Provide technical assistance to Ryan White Part B Program subrecipients in the development of local CQM Plans and Quality Improvement projects
    - Conduct site visits to review case management services, as needed
    - Monitor utilization of ADAP and HICP, assist with ADAP/HICP trainings, provide quality tools to improve efficacy of ADAP and HICP utilization across Georgia, and assist with increasing HICP program enrollment
    - Provide monthly ADAP No-Script Filled and ADAP Recertification reports monthly
    - Participate in Georgia Ryan White Programs quality-related committees and activities
    - Attend Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings
    - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations, or other appropriate sponsoring organizations to maintain current knowledge of HIV case management and Clinical Quality Management
- Medical Advisor – HIV Office – duties include:
    - Participate in the CQM Core Team
    - Provide medical expertise and technical assistance to the Office of HIV/AIDS, ADAP, Ryan White Part B Program subrecipients and others
    - Chair ADAP Advisory Committee
    - Conduct subrecipient visits to review clinical performance measures including management and utilization of antiretroviral therapy
    - Revise and approve HIV nurse protocols
    - Provide training to HIV providers and others as indicated
    - Mentor physicians inexperienced in HIV care
    - Assist with CQM-related reports and assignments
    - Assist with development and/or revisions of medical guidelines, polices, and/or procedures
- AIDS Drug Assistance Program (ADAP)/Health Insurance Continuation Program (HICP) Manager – duties include:
    - Manage and coordinate ADAP/HICP, Hepatitis C Program and all related components of the CQM Plan including CQI projects and performance measures
    - Provide ADAP/HICP related technical assistance to support CQI project goals and performance
    - Facilitate ADAP/HICP trainings and statewide conference calls
    - Ensure CQM/CQI findings/reports are shared regarding systems-level CQI projects
    - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations, or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or clinical quality management
- ADAP/HICP Assistant Manager – duties include:
    - Manage and coordinate ADAP/HICP, Hepatitis C Program and all related components of the CQM Plan including CQI projects and performance measures
    - Provide ADAP/HICP related technical assistance to support CQI project goals and performance
    - Facilitate ADAP/HICP trainings and statewide conference calls
    - Ensure CQM/CQI findings/reports are shared regarding systems-level CQI projects
- HIV Pharmacy Director – duties include:
    - Provide operational leadership for statewide HIV pharmacy services
    - Provide pharmaceutical expertise to address population and evidence-based programs using epidemiologic and pharmacoeconomic data, medication use standards, utilization review and risk reduction evaluations
    - Serve as pharmacist for Office of HIV/AIDS ADAP Program

    - Supervise pharmacy staff responsible for ADAP program activities
    - Develop and/or review drug formularies for appropriate, cost-effective drug therapy
    - Direct policy, compliance and quality initiatives across HIV medication access and patient support programs
    - Participate in quarterly business reviews with Cardinal to ensure contracts are 340B compliance
    - Provide pharmaceutical procurement and contract compliance for DPH programs.
    - Provide training on pharmacology and drug pricing programs
    - Develop and/or review the drug treatment area of all DPH nurse protocols
    - Assure compliance with all pharmacy laws, rules and regulations and communicate requirements to state, district and local staff
    - Assist with CQM-related reports and actively participate in meetings
    - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations, or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or clinical quality management.
- ADAP Pharmacy Director – duties include:
    - Provide HIV and Hepatitis C medication management training and educational resources for the ADAP Contract Pharmacy (ACP) Network
    - Oversight and monitoring of daily ADAP pharmacy operations for the ACP Network
    - Oversight and monitoring of ADAP contract pharmacy network audits and visits to review contract compliance including antiretroviral therapy management and dispensing
    - Assist with Pharmaceutical-related system improvements of ADAP and the ACP Network
    - Provide pharmacy expertise and technical assistance to the Office of HIV/AIDS, ADAP, Part B subrecipients and others
    - Member of the ADAP Advisory Council (AAC)
    - Participate in the review of HIV nurse protocols
    - Participate in the DPH Viral Hepatitis Elimination Workgroup
    - Assist with CQM-related reports and assignments as indicated
    - Assist with development and/or revisions of HIV related medication guidelines
    - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations, or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or clinical quality management
- Ryan White CAREWare Data Manager – duties include:
    - Manage the CAREWare system and prepare reports to assess the impact of Ryan White funds
    - Generate CAREWare reports for data quality, data analysis, and monthly, quarterly, and annual reporting requirements
    - Provide technical assistance and training to state, subrecipient staff and service providers on CAREWare data entry and any other projects as needed
    - Assist in the collection of the quarterly Statewide Performance Measure reports and collaborate with Quality Management Team on an ongoing basis to improve and update Performance Measure policies
    - Completes and oversees the submission of the ADAP Data Report (ADR) and Ryan White HIV/AIDS Program Services Report (RSR) to HRSA via the Electronic Handbook
    - Work directly with jProg vendor and DPH DBA to update and run SQL reports to troubleshoot any CAREWare errors or issues
    - Delegate duties to CAREWare staff as needed

- Program Analyst – duties include:
  - Generate the Ryan White Part B Quarterly HIV/AIDS Bureau (HAB) Performance Measure (PM) Report and present the core findings at the quarterly GA Ryan White Part B CQM Core Team meeting
  - Produce the sample client list for each Clinical Chart Review site visit as well as complete individual and yearly Clinical Chart Review reports
  - Create and update procedures for the collection and evaluation of data for Clinical Chart Reviews
  - Provide the over 400% Federal Poverty Level (FPL) Ryan White Part B services monthly reports to the Quality Clinical Case Manager in addition to giving technical assistance to health districts regarding revising client data
  - Complete the quarterly HIV Quality Measures (HIVQM) Module for each Ryan White Part B site on HRSA's Electronic Handbooks (EHBs) website
- Database Analyst II – duties include:
  - Performs evaluation and analysis of data; prepares routine reports documenting results of findings; creates reports using MS Access, Excel, Word, or PowerPoint
  - Add/delete users as requested by providers or HIV Care Program Manager
  - Maintain provider CAREWare contracts to reflect budgets approved by the HIV Care Program Manager
  - Create and monitor new CAREWare user SOG/VPN account request
  - Provide new CAREWare users SOG/VPN login credentials
  - Complete ad hoc reports as requested by the State AIDS Director, HIV Care Program Manager, and ADAP/HICP Manager by the due date specified
  - Create and load Access database tables that are involved in the CAREWare PDI and PDE process (Provider Data Import, Provider Data Export)
  - Monitor and approve ADR and RSR Part B electronic reporting to HRSA, in the format required and by the due date specified

<u>Other CQM Core Team Members:</u>

- Consumer Representatives - duties include:
  - Provide a critical consumer perspective
  - Participate in CQM Core Team meetings
  - Participate in CQM Core Team CQI projects
  - Provide direct feedback on:
    - Quality of services
    - Services needed and how to improve service delivery models
    - Identification of service barriers and suggestions to overcome barriers
    - Organizational assessments
- Representative from HIV/AIDS Surveillance (Ad hoc) – duties include:
  - Provide HIV and AIDS case reporting data for planning and quality improvement opportunities as needed
- Ryan White Part B Program Subrecipients - HIV/QM Coordinator – duties include:
  - Agency/program representative
  - Ensure representation and participation in CQM Core Team Committee
  - Ensure that subrecipient CQM Plan is updated annually, and activities align with Georgia Ryan White Part B CQM Plan
  - Ensure completion and submission of Georgia Ryan White Part B CQM Quarterly Report
  - Participate with state CQM staff in CQM activities, providing feedback and suggestions

- Representatives from Ryan White Program Parts A, C, D, and F – duties include:
  - Represent their agencies/programs
  - Promote alignment across Ryan White Programs statewide
- Medicaid Representative (Ad hoc) – duties include:
  - Assist with Medicaid-related CQM activities as needed
- Representative from HIV Prevention – duties include:
  - Provide updates on HIV Prevention activities
  - Coordinate activities across programs as possible
- Representative from HIV Perinatal Program – duties include:
  - Provide updates on program implementation
  - Share aggregate data as indicated
- Director of Infectious Disease Nursing – duties include:
  - Participates in clinical chart reviews,
  - leads the revision of HIV Nurse Protocols, and
  - HIV Program Standards and Training for the Georgia DPH Office of Nursing Policy and Procedure Manual for Public Health Nurse Training
- All other Ryan White Part B Program Office of HIV/AIDS staff –duties include:
  - Participate in activities of the CQM Program/Plan as needed (see Appendix C for 2026-2027 Core Team Members)

Communication

- The Core Team meets at least once quarterly. Meetings are through internet-based meeting platforms.
- Additional conference calls and electronic communication is ongoing, as needed.
- The Core Team shares CQM/CQI findings/reports within DPH; with the Office of HIV/AIDS, Ryan White Part B Program subrecipients, and others.

General Core Team Responsibilities

- The Quality Management Nurse Consultant Team Lead serves as the key contact and team leader for the CQM Program.
- At least one member of the CQM Core Team routinely attends the Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings.
- The Core Team is responsible for guiding the overall CQM Program including determining priorities, setting goals, creating/revising the Work Plan (see Appendix A), preparing reports, and evaluating the program and plan.
- The Core Team:
  - Determines the need for subcommittees and guides the subcommittee's Work Plan
  - Actively participates in meetings, conference calls, and other activities as needed
  - Determines performance measures, and identifies indicators to assess and improve performance
  - Shares findings with the Office of HIV/AIDS, Ryan White Part B Program subrecipients, DPH leadership and others
  - Reviews and updates the CQM Plan annually
  - Makes recommendations to the Office of HIV/AIDS for appropriate education related to CQI topics
  - Conducts evaluation activities

## OFFICE OF HIV/AIDS – HIV CARE TEAM

- Goal: To improve HIV care systems through planning, implementation, monitoring, and evaluation of clinical quality management and improvement projects.
- The HIV Care Team includes: the HIV QM Nurse Consultant Team Lead, Ryan White Part B Clinical Quality Case Managers, HIV Care Manager, Assistant HIV Care Manager, ADAP/HICP Manager, ADAP/HICP Assistant Manager, Director HIV Pharmacy, ADAP Pharmacy Director, HIV Medical Advisor, Ryan White Database Manager, Program Analyst, Data Analyst, District Liaisons, and ADAP/HICP staff.
- Responsibilities:
  - Develop, implement, monitor, and evaluate the CQM Plan
  - Identify areas for CQI projects
  - Conduct and evaluate CQI projects
  - Document CQI projects and results
  - Utilize CQI methodologies such as the Model for Improvement- Plan, Do, Study, Act (PDSA)
  - Report back to CQM Core Team as appropriate
  - Systematize changes if appropriate

## LOCAL SUBRECIPIENTS AND CQM COMMITTEES

- Each subrecipient is required to convene and maintain a local HIV-specific CQM committee.
- This committee should contain representation of key stakeholders including an identified committee chair, a medical provider, nurses, case managers, clerks, consumers, and other relevant persons.
- Local CQM committees should meet at least quarterly, and guide HIV care related CQM activities.
- The local CQM committee is responsible for developing, implementing, monitoring, and evaluating the local CQM Plan.

# COORDINATION WITH OTHER STATEWIDE QI/QA ACTIVITIES

## COORDINATION ACROSS RYAN WHITE PROGRAMS

- The Ryan White Part B Program CQM Plan focuses on collaboration of quality activities across all Ryan White Parts in Georgia.
- The Ryan White Part B CQM Core Team involves participation of members from Ryan White Parts A, C, D and F.
- A CQM staff person attends the Metro Atlanta EMA and Part D QM Committee meetings. The CQM Core Team collaborates across Ryan White Programs on CQM activities, when possible.

## COORDINATION WITHIN DPH

- The Core Team includes the Director of Infectious Disease Nursing
- HIV QM Nurse Consultant participates in development of HIV Program Standards and Training for the GA DPH Office of Nursing Policy and Procedure Manual for Public Health Nurse Training.
- The Core Team includes an ad hoc member of the HIV/AIDS Surveillance Unit.
- The Core Team includes HIV Prevention, Linkage and HIV Perinatal Coordinator representatives. The Core Team collaborates on strategies to reduce perinatal HIV transmission in Georgia.

- The Core Team collaborates with other sections and shares quality findings within DPH as indicated.

## COORDINATION WITH ADAP/HICP

- The Ryan White Part B Program CQM Plan includes goals specific to ADAP/HICP.
- The ADAP/HICP Manager, ADAP/HICP Assistant Manager, HIV Medical Advisor and HIV Pharmacy Director, ADAP Pharmacy Director are members of the CQM Core Team.

## FEEDBACK FROM KEY STAKEHOLDERS

- The Core Team communicates findings and solicits feedback from both internal and external key stakeholders, i.e., Office of HIV/AIDS staff, Georgia DPH programs, Georgia Ryan White Parts A, C, D and F program representatives, Georgia Ryan White Part B subrecipients, and consumers on an ongoing basis.
- Written reports are shared with key stakeholders.
- Stakeholders are given the opportunity to provide feedback to reports and to prioritize quality activities.
- The Office of HIV/AIDS maintains current Part B CQM Plans, policies, and other related information on the Office's web pages.
- Georgia's 2022-2026 HIV Prevention and Care Plan which includes the Statewide Coordinated Statement of Need, reflects the shared vision and values regarding how best to deliver HIV prevention and care services through two political jurisdictions and their respective planning bodies.

# CAPACITY BUILDING

- Ryan White Part B Program CQM staff participate in Center for Quality Improvement and Innovation (CQII) trainings and webinars to support their ongoing CQM skills development. This enables staff to provide and coordinate technical assistance/training for Ryan White Part B Program subrecipients. In addition, subrecipients and the CQM Core Team are informed of CQII trainings and webinars.
- CQII training materials and resources are utilized as much as possible.
- CQM technical assistance/training needs are assessed through requests in subrecipients' applications, monitoring of local CQM Plans, programs, quarterly reports and through training evaluations and/or needs assessments.
- Subrecipients are selected to showcase successful practices with improvement projects.
- The network of Ryan White Part B providers are encouraged to complete ongoing HIV care training through sources such as DHHS, HIV.gov, HRSA/HAB, AIDS Education Training Centers, National HIV Curriculum, and to obtain professional HIV certifications, i.e., AAHIVS, ACRN.
- The HIV Medical Advisor provides training and serves as a medical consultant as needed.

# EVALUATION

## SELF-ASSESSMENT/CQM PLAN EVALUATION

- The CQM Core Team completes the CQM Work Plan quarterly.
- The CQM Core Team completes an annual assessment and subsequent revision of the CQM Plan.

## EVALUATION OF SUBRECIPIENT CQM PLANS

- CQM staff members annually or quarterly review as applies, subrecipient CQM Plans, Work Plans, CQI activities, progress on Case Management Standard Operating Procedures (SOPs) and performance indicators. The state CQM staff provides feedback and technical assistance, as indicated to subrecipients.

## EXTERNAL EVALUATION

- CQM Plans and progress are reported to HRSA during Part B grant applications and progress reports. HRSA provides external feedback regarding the Georgia Ryan White Part B Program CQM Program.

## DPH EVALUATION

- At least annually, findings are reported to leadership within DPH.
- A revised CQM Plan is submitted to Office of HIV/AIDS leadership for approval on an annual basis.

## RESOURCES

- Human Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program https://ryanwhite.hrsa.gov/
- DHHS HIV-related Guidelines - https://clinicalinfo.hiv.gov/en/guidelines.
- Fulton County Department for HIV Elimination - https://endhivatl.org/quality-management/
- AIDS Education and Training Center Programs - https://aidsetc.org/
- HIV/AIDS Epidemiology Unit - https://dph.georgia.gov/georgias-hivaids-epidemiology-section
- Georgia Ryan White Part B Service Standards https://dph.georgia.gov/hiv-care/care-services
- Atlanta Family Circle Ryan White Part D QM Committee https://www.gradyhealth.org/locations/ponce-de-leon-center
- Georgia DPH Programs https://dph.georgia.gov/about-dph
- National HIV Curriculum - https://www.hiv.uw.edu/
- HIV.gov - HIV Basics | HIV.gov
- HIV Resource Hub - HIV Resource HUB Home - HIV Resource Hub

# PERFORMANCE MEASUREMENT SYSTEM

The Georgia Department of Public Health, Office of HIV/AIDS administers statewide HIV Prevention and Care Programs. The Georgia Ryan White Part B Program leads a comprehensive system of HIV care and treatment, in alignment with the four National HIV/AIDS Strategy goals:

- Prevent new HIV infections
- Improve HIV-related health outcomes of people with HIV
- Reduce HIV-related disparities and health inequities, and
- Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders

The Georgia Ryan White Part B Program acknowledges the importance of HIV/AIDS Bureau (HAB) core performance measures as key indicators of progress towards National HIV/AIDS Strategy goals. The Clinical Quality Management Core Team establishes annual core performance measure goals and collaborates on steps to measure and accomplish these goals. The table below depicts fiscal year 2026-2027 goals for HAB Core Performance Measures, definitions, and previous years outcomes. Further details on data collection are in the sections to follow.

# GEORGIA RYAN WHITE PART B PROGRAM

| CORE PERFORMANCE MEASURES | FY2026-2027 GOALS | OUTCOMES | | |
|---|---|---|---|---|
| | | DEC 2023 | DEC 2024 | DEC 2025 |
| HIV Viral Load Suppression | 92%[1] of people with HIV will have a HIV viral load (VL) less than 200 copies/mL at last HIV VL test during the measurement year. | 89% | 90% | 92% |
| | Numerator: Number of people in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.<br>Denominator: Number of people with HIV, who had at least one Outpatient Ambulatory Health Service (OAHS) visit in the measurement year. | | | |
| Prescription of HIV Antiretroviral Therapy | 98%[2] of people with HIV were prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. | 97% | 98% | 99% |
| | Numerator: Number of people in the denominator prescribed HIV antiretroviral therapy during the measurement year.<br>Denominator: Number of people with HIV who had at least one OAHS visit in the measurement year. | | | |
| *Pneumocystis jirovecii* Pneumonia (PCP) Prophylaxis | 85% of people with HIV with a CD4 count below 200 cells/mm$^3$ during the measurement year were prescribed PCP prophylaxis. | 85% | 87% | 89% |
| | Numerator: Number of people in the denominator who were prescribed PCP prophylaxis within the measurement year.<br>Denominator: Number of people with HIV[2] who had at least one OAHS visit in the measurement year with a CD4 count below 200 cells/mm$^3$. | | | |

# GEORGIA RYAN WHITE PART B PROGRAM

| CORE PERFORMANCE MEASURES | FY2026-2027 GOALS | OUTCOMES | | |
|---|---|---|---|---|
| | | DEC 2023 | DEC 2024 | DEC 2025 |
| Annual Retention in Care | 93%[3] of people with HIV had at least two encounters within the measurement year. | 93% | 93% | 94% |

Numerator: Number of people in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.
Denominator: Number of people with HIV who had at least one HIV medical encounter within the measurement year.

[1]Change from FY2025-2026 goal of 90%
[2]Change from FY2025-2026 goal of 97%
[3]New goal established FY2026-2027

# DATA COLLECTION

## DATA COLLECTION STRATEGIES

- The HIV Data Team, HIV/AIDS Surveillance Unit, and others assist with data collection strategies.
- Data Sources include the following:
  - CAREWare
  - Ryan White Data Reports
  - Clinical Chart Review Tool
  - Programmatic monitoring tools
  - Reports from subrecipients
  - Pharmacy Benefits Manager (PBM) database
  - Client satisfaction surveys
  - Case Management Chart Review Tool
  - Clinic/district specific surveys
  - HIVQM Module
- Data collection when applicable is based on appropriate sampling methodologies.

## REPORTING MECHANISMS

- Ryan White Part B Program subrecipients are required to report data on key performance indicators.
- CQM staff review data and compile findings.
- CQM staff review subrecipient CQM Plans and reports for effectiveness and accuracy.
- Findings are shared with Ryan White Part B CQM Core Team, HIV providers, Ryan White Part B Program subrecipients, the Office of HIV/AIDS, DPH leadership, and others.
- Findings are used to guide CQI activities.

## PERFORMANCE MEASUREMENT

Key clinical and non-clinical performance indicators are measured statewide (see Appendices D and E). HRSA/HAB HIV performance measures, including all core measures are integrated into review tools and CAREWare.

- HRSA/HAB performance measures are available in CAREWare. The CAREWare performance measure portfolio is revised and updated as needed.
- Ryan White Data Manager and Quality Program Analyst produce quarterly HAB Reports from CAREWare data, which comprise all core measures and additional performance measures.

- Performance measures are integrated into Clinical and Case Management Chart Reviews.
- Part B subrecipient reports include performance measures from the Part B Implementation Plan.
- HIV QM Nurse Consultant(s), Director of Infectious Disease Nursing, and HIV Medical Advisor review Ryan White Part B Program HIV clinical charts for key clinical performance measures.
- Ryan White Part B Clinical Quality Case Managers review case management charts for compliance with Case Management Standard Operating Procedures.
- District Liaisons monitor selected general Ryan White programmatic measures.
- ADAP/HICP staff review ADAP and HICP performance measures through data reports.
- Performance measures monitored by the Georgia Ryan White Part B Program are also used by subrecipients to assess the efficacy of programs and to analyze and improve gaps in the HIV Care Continuum.

## PERFORMANCE MEASUREMENT EVALUATION

- Data is used to identify gaps in care and service delivery.
- Evaluation of CQI projects is ongoing. The Work Plan is updated at least quarterly.
- The Part B CAREWare database is utilized whenever possible to collect data for statewide performance measures.
- Ryan White Part B Program subrecipients monitor selected performance measures and report to the Program. The Core Team reviews these measures and compiles reports.
- Ryan White Part B Program subrecipients and general Ryan White Program performance measures are monitored by the District Liaisons for compliance with the Annex-GIA and/or contract award deliverables (see Appendix E Monitoring Table).
- HIV QM Nurse Consultant(s), Director of Infectious Disease Nursing, and HIV Medical Advisor review Ryan White Part B subrecipient clinical charts for performance measures (see Appendices D and E). Findings are summarized and reported back to each site with a request for improvement plan based on findings.
- Ryan White Part B Quality Clinical Case Managers monitor Ryan White Part B subrecipients for compliance with case management SOPs and performance measures.
- The CQM Core Team assesses the CQM Program for effectiveness, at least annually.

# CLINICAL QUALITY MANAGEMENT

## CLINICAL QUALITY MANAGEMENT WORK PLAN

- The Clinical Quality Management Plan includes a 'living' Work Plan that is updated at least quarterly.
- The Work Plan specifies objectives and strategies for CQM Plan goals listed below in Clinical Quality Management and further detailed in the Clinical Work Plan included in Appendix A.

## CLINICAL QUALITY MANAGEMENT 2026-2027 GOALS AND OBJECTIVES

### GOAL 1:

### CONTINUOUSLY IMPLEMENT A STATEWIDE RYAN WHITE PART B CLINICAL QUALITY MANAGEMENT PLAN, THAT IS UPDATED AT LEAST ANNUALLY

Objectives include:

1a. Provide quality improvement (QI)/quality management (QM) training based on identified needs.

1b. Assure that subrecipients conduct at least one quality improvement project each the year, to include any performance measures that are below state goals.

1c. Communicate findings to key stakeholders at least biannually.

1d. Update the CQM Plan at least annually and the CQM Work Plan at least quarterly.

1e. Require that all Ryan White Part B Program subrecipients revise written CQM Plans annually, conduct CQM committee meetings quarterly, and submit quarterly CQM progress reports to include Continuous Quality Improvement (CQI) project updates.

## GOAL 2:

## IMPROVE EFFICIENCY OF THE GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Objectives include:

- 2.a. Monitor HIV viral load suppression among people with HIV actively enrolled in ADAP to maintain viral load suppression at 80% or greater.
- 2.b. The percentage of new ADAP applications that are approved or denied within five business days of receiving a complete ADAP application will be 80% or higher.
- 2.c. Monitor the percentage of new ADAP applications that were determined to be approved in the measurement quarter at 95% or greater.
- 2.d. Monitor the percentage of ADAP annual recertifications that were determined to be approved in the measurement quarter at 95% or greater.
- 2.e. Conduct an internal audit of up to 5% of ADAP application forms.
- 2.f. Monitor medication compliance and adherence to antiretroviral regimens through the third-party administration system.
- 2.g. Systematically review ADAP clinical and claims data to identify inappropriate antiretroviral therapy (ART) regimens or components.

## GOAL 3:

## IMPROVE EFFICIENCY OF THE GEORGIA HEALTH INSURANCE CONTINUATION PROGRAM (HICP)

Objectives include:

- 3.a. Monitor HIV viral load suppression among people with HIV enrolled in HICP to maintain viral load suppression at 90% or greater.
- 3.b. Monitor the percentage of new HICP applications that were determined approved in the measurement quarter at 90% or greater.
- 3.c. Monitor the percentage of HICP annual recertifications that were determined to be approved in the measurement quarter at 90% or greater.
- 3.d. Conduct an annual audit of HICP applications and/or recertifications.

## GOAL 4:

## IMPROVE THE QUALITY OF HEALTH CARE AND SUPPORTIVE SERVICES

Objectives include:

4.a. Monitor performance measures, including stratified core measures in all subrecipients.
4.b. Implement a CQI project to improve Linkage to Care.
4.c. Continually monitor the Acuity Scale and Self-Management Model.
4.d. Implement the *Georgia HIV/AIDS Case Management Standard Operating Procedures*.
4.e. Participate in quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.
4.f. The percent of pregnant clients with HIV prescribed antiretroviral therapy will be 95% or greater.
4.g. Monitor, assess and enhance perinatal systems of care for clients with HIV and their infants.
4.h. Continue CQI Project to improve the statewide HIV Viral Load Suppression rate and maintain state goal of 92% or greater.
4.i. Monitor measures to verify compliance with HRSA regulations related to 'vigorous pursuit' and payer of last resort.
4.j. Monitor compliance with Ryan White Part B and Emerging Communities (EC) program requirements.

## CLINICAL QUALITY MANAGEMENT TIMELINE

- The CQM Plan includes a timeline to ensure annual revision of the CQM Plan.
- The timeline incorporates development, implementation, and revision of the plan based on the Ryan White Part B Program grant year.
- The timeline includes quarterly CQM Core Team meetings, review, and updates to the CQM Plan and Work Plan (see Appendix B).

## CLINICAL QUALITY MANAGEMENT PROGRAM PERFORMANCE MEASURES

- Performance measures for the upcoming project period for each funded service category are included in Appendices D and E.

# CONTINUOUS QUALITY IMPROVEMENT

- The CQM Core Team and/or the Office of HIV/AIDS Care Team select and prioritize statewide or system CQI projects.
- Performance measure data is utilized to guide project selection.
- The CQI Methodology utilized is the Model for Improvement - Plan-Do-Study-Act (PDSA) (see Appendix F)
- Improvement projects are documented in the CQM Work Plan.
- Subrecipients develop CQI projects for performance measures not achieving HAB Report state goals.
- Subrecipients report progress on CQI projects quarterly.

## CONTINUOUS QUALITY IMPROVEMENT PROJECTS AND GOALS

CQI projects are selected to align with overarching National HIV/AIDS Strategy, Georgia Ryan White Part B Program outcomes on HAB Performance Measures and HRSA recommendations. CQI projects are detailed in the CQM Work Plan (see Appendix A). The Work Plan is revised at least quarterly by members of the Core Team. The Work Plan includes goals, objectives, strategies, assignments, timeline, and progress for performance goals and outcome measures.

- The CQM Plan includes a Work Plan (Appendix A) that is updated at least quarterly.
- The Work Plan specifies objectives and strategies for CQM Plan goals. The following statewide clinical CQI projects are included in this plan and the Work Plan.
- Implement a CQI project to improve Linkage to Care.
    - Develop a CQI project subcommittee
    - Use CQI methodologies throughout the project.
    - Track statewide Linkage to Care rate via HAB Report.
    - Consult with subrecipients and CAREWare team to increase knowledge of data entry processes, ensure data integrity and provide technical assistance.
    - Review CQM Quarterly Reports for CQI Projects targeting these PMs.
    - Enlist assistance of Linkage to Care team to provide technical assistance.
    - Share successful practices with subrecipients.

- Provide technical assistance to subrecipients in development of CQI projects to improve on performance measure for Linkage to Care.

- To maintain the Georgia Ryan White Part B HIV Viral Load Suppression rate at 92% or greater throughout calendar year 2026.
  - Use CQI methodologies throughout the project.
  - Track statewide data for Viral Load Suppression via HAB Report to inform quality improvement activities.
  - Consult with subrecipients and CAREWare team to increase knowledge of data entry processes, ensure data integrity and provide technical assistance.
  - Distribute to subrecipients the PBM report 'No Scripts Filled' to monitor ADAP utilization.
  - Engage CQM Peer/Consumer Representatives to provide feedback regarding barriers to accessing care, accessing medication and suggestions to increase adherence to ADAP.
  - Require subrecipients to implement clinic specific CQI projects with the aim to improve measures that are not meeting state goals.
  - Review CQM Quarterly Reports for CQI Projects targeting Viral Load Suppression.
  - Assess HIV Viral Load Suppression rates during clinical chart reviews, and provide guidance as needed.
  - Provide CQM Team focused technical assistance.
  - Refer to sources for HIV Care training.
  - Share successful practices with subrecipients.
  - Provide technical assistance to subrecipients in development of CQI projects to improve Viral Load Suppression rates.

# APPENDICES

# APPENDIX A

## CLINICAL QUALITY MANAGEMENT WORK PLAN

# GEORGIA RYAN WHITE PART B PROGRAM

# FY2026-2027

# CLINICAL QUALITY MANAGEMENT WORK PLAN

## GOAL 1:

## CONTINUOUSLY IMPLEMENT A STATEWIDE RYAN WHITE PART B CLINICAL QUALITY MANAGEMENT PLAN, THAT IS UPDATED AT LEAST ANNUALLY

| OBJECTIVES | STRATEGIES | LEAD | STAFF RESOURCES | TIMELINE | PROGRESS NOTES |
|---|---|---|---|---|---|
| 1-1 Provide quality improvement (QI) / quality management (QM) training based on identified needs. | 1-1.a. Plan and conduct quality management trainings based on identified needs.<br>1-1.b. Share information on CQII training with CQI Core Team and subrecipients.<br>1-1.c. Share successful CQI practices during CQM Core Team meetings.<br>1-1.d. Collaborate with partners to implement clinical and/or case management training based on identified needs. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers | CQM Core Team<br><br>Care Team<br><br>CQII<br>Part A<br>Part D<br>GA AETC | 1-1.a. As needed<br>1-1.b. As available<br>1-1.c. As available<br>1-1.d. As needed | |

| | | | | | |
|---|---|---|---|---|---|
| 1-2 Assure that subrecipients conduct at least one Continuous Quality Improvement (CQI) project each year, to include any performance measures that are below state goals. | 1-2.a. Facilitate system improvements by utilizing CQI methodologies.<br>1-2.b. Review subrecipient CQI projects and provide technical assistance.<br>1-2.c. Provide technical assistance to subrecipient CQM committees.<br>1-2.d. Monitor subrecipient quarterly CQM reports for successful CQI projects.<br>1-2.e. Showcase CQI successful practices.<br>1-2.f. Share updates and solicit input from CQM Core Team regarding statewide improvement efforts. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers | CQM Core Team<br><br>Care Team<br><br>CQII<br><br>District Liaisons<br><br>Local CQM Committees | 1-2.a. Quarterly<br>1-2.b. Quarterly<br>1-2.c. As needed<br>1-2.d. Quarterly<br>1-2.e. As available<br>1-2.f. Quarterly | |
| 1-3 Communicate findings to key stakeholders at least biannually. | 1-3.a. Present at statewide Part B Meetings and other applicable meetings.<br>1-3.b. Share progress reports with all Parts and across programs as appropriate, specifically share Work Plans with progress notes completed.<br>1-3.c. Update CQM information on the Office of HIV/AIDS web page. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers | CQM Core Team<br><br>Care Team | 1-3.a. TBD<br>1-3.b. Quarterly<br>1-3.c. As needed | |
| 1-4 Update the CQM Plan at least annually and the CQM Work Plan at least quarterly. | 1-4.a. Revise CQM Plan annually and distribute to subrecipients.<br>1-4.b. Share CQM Plan with DPH and Office of HIV/AIDS stakeholders. | QM Nurse Consultant<br>Ryan White Part B Quality Clinical Case Managers | CQM Core Team<br><br>Care Team | 1-4.a. Annually<br>1-4.b. Annually<br>1-4.c. Annually<br>1-4.d. Quarterly | |

| | | | | | |
|---|---|---|---|---|---|
| | 1-4.c. Place revised CQM Plan on Office of HIV/AIDS web pages.<br>1-4.d. Revise Work Plan quarterly and share during CQM Core Team meetings. | | | | |
| 1-5 Require that all Ryan White Part B Program subrecipients revise written CQM Plans annually, conduct CQM committee meetings quarterly, and submit quarterly CQM progress reports to include CQI project updates. | 1-5.a. Obtain quarterly CQM reports from subrecipients and monitor CQM activities, CQI project updates and performance measures.<br>1-5.b. Review revised CQM Plans from subrecipients.<br>1-5.c. Provide feedback on local CQM Plans to subrecipients. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers<br><br>District Liaisons | District HIV Coordinators<br><br>Local CQM Committees<br><br>CQM Core Team | 1-5.a. Quarterly<br>1-5.b. Annually<br>1-5.c. as needed | |

## GOAL 2:

## IMPROVE EFFICIENCY OF THE GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP)

| OBJECTIVES | STRATEGIES | LEAD | STAFF RESOURCES | TIMELINE | PROGRESS NOTES |
|---|---|---|---|---|---|
| 2-1 Monitor HIV viral load suppression among people with HIV actively enrolled in ADAP to maintain | 2-1.a. Create quarterly report from the CAREWare database.<br>2-1.b. Utilize the report to communicate with the district and enrollment staff | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager | CAREWare Data Team | 2-1.a. Quarterly<br>2-1.b. Quarterly<br>2-1.c. As needed | |

| | | | | | |
|---|---|---|---|---|---|
| viral load suppression at 80% or greater. | 2-1.c. Share findings with CQM Core Team as needed | | | | |
| 2-2 The percentage of new ADAP applications that are approved or denied within five business days of receiving a complete ADAP application will be 80% or higher. | 2-2.a. Generate weekly reports to monitor this objective and share with the CQM Core team on a quarterly basis.<br>2-2.b Evaluate reports for trends in application submission to the ADAP Office of HIV/AIDS<br>2-2.c. Create quarterly Report Card from CAREWare summarizing key findings.<br>2-2.d. Ensure that ADAP/HICP staff monitors compliance with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures.<br>2-2.e Provide technical assistance on ADAP applications and required supporting documentation to enrollment agencies as needed or requested. | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager<br><br>ADAP/HICP Quick Look Analyst | CAREWare Data Team | 2-2.a. Weekly<br>2-2.b. Weekly<br>2-2.c. Quarterly.<br>2-2.d. Weekly<br>2-2.e. As needed/requested | |
| 2-3 Monitor the percentage of new ADAP applications that were determined to be approved in the measurement quarter at 95% or greater. | 2-3.a. Generate quarterly reports to monitor this objective and share with the enrollment sites and CQM Core team.<br>2-3.b. Evaluate reports for trends in ADAP Office of HIV/AIDS performance in processing applications. | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager<br><br>CAREWare Data Team | Case Management Team<br><br>ADAP Team | 2-3.a. Quarterly<br>2-3.b. Quarterly<br>2-3.c. Quarterly<br>2-3.d. As needed<br>2-3.e. During internal review as needed<br>2-3.f. As needed<br>2-3.g. As needed | |

| | | | | | |
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| | 2-3.c. Utilize reports to communicate with district and agency staff regarding their rates of correctly completed ADAP application submissions.<br>2-3.d. Provide technical assistance on ADAP applications and required supporting documentation to staff and agencies.<br>2-3.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures.<br>2-3.f. Provide or coordinate ADAP-related training for ADAP/ HICP enrollment site coordinators and case managers.<br>2-3.g. Communicate Georgia ADAP updates via teleconference calls, email listserv, and Office of HIV/AIDS web pages. | | | | |
| 2-4 Monitor the percentage of ADAP annual recertifications that were determined to be approved in the measurement quarter at 95% or greater. | 2-4.a. Generate quarterly reports to monitor this objective and share with the enrollment sites and CQM Core Team as needed.<br>2-4.b. Utilize reports to communicate with district and agency staff regarding | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager<br><br>CAREWare Data Team | Case Management Team<br><br>ADAP Team | 2-4.a. Quarterly<br>2-4.b. Monthly<br>2-4.c. Monthly<br>2-4.d. As needed<br>2-4.e. Ongoing<br>2-4.f. As needed<br>2-4.g. Annually<br>2-4.h. As needed | |

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|---|---|---|---|---|---|
| | people with HIV recertification status.<br>2-4.c. Monitor the ADAP enrollment sites systems to track ADAP people with HIV recertification due dates.<br>2-4.d. Provide technical assistance to those who need assistance developing or improving their system to track ADAP people with HIV recertification due dates.<br>2-4.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia ADAP Policies and Procedures manual.<br>2-4.f. Provide or coordinate ADAP related training for ADAP/ HICP enrollment site coordinators and case managers.<br>2-4.g. Conduct administrative site visits.<br>2-4.h. Communicate Georgia ADAP updates via teleconference calls, email listserv and Office of HIV/AIDS web pages. | | | | |
| 2-5 Conduct an internal audit of up to 5% of ADAP applications. | 2-5.a. Review complete audit of all active people with HIV files.<br>2-5.b. Utilize the "ADAP Documentation Checklist" to evaluate if ADAP | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager | ADAP Team<br><br>Clinical Quality Management Team | 2-5.a. Daily<br>2-5.b. Daily<br>2-5.c. As needed<br>2-5.d. Quarterly<br>2-5.e. Quarterly | |

| | | | | | |
|---|---|---|---|---|---|
| | applications and forms were correctly completed and if approved or denied according to ADAP policies and procedures.<br>2-5.c. For applications and forms that were incomplete, request and obtain required documentation.<br>2-5.d. Create quarterly Report Card from CAREWare summarizing key findings.<br>2-5.e. Share findings with ADAP district or agency enrollment sites. | | | | |
| 2-6 Monitor medication compliance and adherence to antiretroviral regimens through the third-party administration system. | 2-6.a. Review PBM compliance/ adherence reports.<br>2-6.b. Provide medication adherence training to ADAP contract pharmacies.<br>2.6.c. Conduct ACP Network audits. | HIV Pharmacy Director<br><br>ADAP Pharmacy Director<br><br>ADAP/HICP Program Manager | ADAP/HICP Assistant Manager<br><br>Clinical Quality Case Management Team | 2-6.a. Quarterly<br>2-6.b. As needed<br>2-6.c As needed | |
| 2-7 Systematically review ADAP clinical and claims data to identify inappropriate antiretroviral therapy (ART) regimens or components. | 2-7.a. Review PBM reports and pharmacy audit tools to monitor inappropriate ART regimens or components.<br>2-7.b. Utilize PBM reports and pharmacy audit tools to provide training and assistance to ACP Network regarding inappropriate ART regimens or components.<br>2-7.c. Provide access to current DHHS HIV guideline updates and other related | HIV Pharmacy Director<br><br>ADAP Pharmacy Director | HIV Medical Advisor | 2-7.a. Quarterly and as needed<br>2-7.b. As needed and during audits<br>2-7.c. As occurs and needed | |

| | | | | | |
|---|---|---|---|---|---|
| | medication guidelines and resources for ACP Network, and other clinical partners. | | | | |

## GOAL 3:

## IMPROVE EFFICIENCY OF THE GEORGIA HEALTH INSURANCE CONTINUATION PROGRAM (HICP)

| OBJECTIVES | STRATEGIES | LEAD | STAFF RESOURCES | TIMELINE | PROGRESS NOTES |
|---|---|---|---|---|---|
| 3-1 Monitor HIV viral load suppression among people with HIV enrolled in HICP to maintain viral load suppression at 90% or greater. | 3-1.a. Create quarterly report from the CAREWare database<br>3-1.b. Utilize the reports to communicate with the district and enrollment staff<br>3-1.c. Share findings with CQM Core Team as needed. | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager | CAREWare Data Team<br><br>Clinical Quality Case Management Team | 3-1.a. Quarterly<br>3-1.b. Quarterly<br>3-1.c. As needed | |
| 3-2 Monitor the percentage of new HICP applications that were determined approved in the measurement quarter at 90% or greater. | 3-2.a. Generate monthly reports to monitor this objective.<br>3-2.b. Utilize reports to communicate with district and agency staff regarding people with HIV recertification status.<br>3-2.c. Provide technical assistance on HICP applications and backup documentation to staff and agencies as needed. | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager<br><br>CAREWare Data Team | HICP Team<br><br>Clinical Quality Case Management Team | 3-2.a. Monthly<br>3-2.b. Monthly<br>3-2.c. As needed<br>3-2.d. During internal reviews as needed<br>3-2.e. As needed<br>3-2.f. Quarterly or by request<br>3-2.g. Quarterly | |

| | | | | | |
|---|---|---|---|---|---|
| | 3-2.d. Encourage adherence to the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures by the ADAP/ HICP enrollment sites.<br>3-2.e. Ensure that ADAP/HICP coordinators and case managers are aware of updates to the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures.<br>3-2.f. Provide or coordinate HICP related training for ADAP/ HICP enrollment site coordinators and case managers.<br>3-2.g. Communicate Georgia Ryan White Part B HICP updates via teleconference calls, email listserv, and Office of HIV/AIDS web pages. | | | | |
| 3-3 Monitor the percentage of HICP annual recertifications that were determined to be approved in the measurement quarter at 90% or greater. | 3-3.a. Generate quarterly reports to monitor this objective and share with the ADAP/HICP CQM Core Team as needed.<br>3-3.b. Utilize the reports to communicate with the district and enrollment staff<br>3-3.c. Provide technical assistance on HICP applications and backup documentation to staff and/or agency as needed | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager<br><br>CAREWare Data Team | HICP Team<br><br>Clinical Quality Case Management Team | 3-3.a. Quarterly<br>3-3.b. Quarterly<br>3-3.c. As needed<br>3-3.d. Daily<br>3-3.e. As needed | |

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| | 3-3.d. Ensure that HICP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures<br>3-3.e. Provide or coordinate HICP related training for ADAP/HICP enrollment site coordinators and case managers as needed. | | | | |
| 3-4 Conduct an annual audit of HICP applications and/or recertifications. | 3-4.a. Review complete audit of all active people with HIV files.<br>3-4.b. Utilize the "HICP Documentation Checklist" to evaluate if HICP applications or recertification forms were correctly completed and if approved or denied according to HICP policies and procedures.<br>3-4.c. For application forms that were incomplete, request and obtain required documentation.<br>3-4.d. Create quarterly report card from CAREWare summarizing key findings. | ADAP/HICP Program Manager<br><br>ADAP/HICP Assistant Manager | HICP Team<br><br>Clinical Quality Case Management Team | 3-4.a. Annually<br>3-4.b. Daily<br>3-4.c. As needed<br>3-4.d. Quarterly | |

# GOAL 4:
# IMPROVE THE QUALITY OF HEALTH CARE AND SUPPORTIVE SERVICES

| OBJECTIVES | STRATEGIES | LEAD | STAFF RESOURCES | TIMELINE | PROGRESS NOTES |
|---|---|---|---|---|---|
| 4-1 Monitor performance measures (PMs), including stratified core measures, in all subrecipients. | 4-1.a. Include HAB PMs in monitoring tools, chart reviews and CQM Plans.<br>4-1.b. Generate quarterly reports from CAREWare on the HAB PMs and share with HIV Coordinators.<br>4-1.c. Provide technical assistance to improve the accuracy of CAREWare HAB PM data and reports.<br>4-1.d. Conduct clinical and case management chart reviews. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers<br><br>CAREWare Data Team<br><br>HIV Medical Advisor | CQM Core Team<br><br>District Liaisons | 4-1.a. As indicated<br>4-1.b. Quarterly<br>4-1.c. As needed<br>4-1.d. Biennial or Annually | |
| 4-2 Implement CQI project to improve Linkage to Care. | 4-2.a. Develop CQI project subcommittee.<br>4-2.b Use CQI methodologies throughout the project.<br>4-2.c. Track statewide Linkage to Care rate via HAB Report.<br>4-2.d. Consult with subrecipients and CAREWare team to increase knowledge | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers<br><br>CAREWare Data Team | CQM Core Team<br><br>Care Team<br><br>Subrecipient staff and CQM committees<br><br>Consumer Representatives | 4-2.a. Ongoing<br>4-2.b. Ongoing<br>4-2.c. Quarterly<br>4-2.d. As needed<br>4-2.e. Quarterly<br>4-2.f. Ongoing<br>4-2.g. As available<br>4-2.h. As needed | |

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| | of data entry processes, ensure data integrity and provide technical assistance.<br>4-2.e. Review CQM Quarterly Reports for CQI Projects targeting these PMs.<br>4-2.f. Enlist assistance of Linkage to Care team to provide technical assistance.<br>4-2.g. Share successful practices with subrecipients.<br>4-2.h. Provide technical assistance to subrecipients in development of CQI projects to improve on measures for Linkage to Care. | | Linkage to Care team | | |
| 4-3 Continually monitor the Acuity Scale and Self-Management Model. | 4-3.a. Conduct CM Chart Reviews<br>4-3.b. Provide technical assistance to subrecipients for case management strategies and techniques to increase success from best practice methodologies. | Ryan White Part B Quality Clinical Case Managers | CQM Core Team | 4-3.a. Annually and as needed<br>4-3.b. As needed | |
| 4-4 Implement the *Georgia HIV/AIDS Case Management Standard Operating Procedures* (SOPs). | 4-4.a. Revise CM SOPs annually.<br>4-4.b. Distribute CM SOPs to subrecipient HIV Coordinators with summary of revisions and including the standard electronic forms used for CM processes.<br>4-4.c. Place revised CM SOPs on Office of HIV/AIDS web pages. | Ryan White Part B Quality Clinical Case Managers | CQM Core Team | 4-4.a. Annually<br>4-4.b. Annually<br>4-4.c. Annually<br>4-4.d. As needed | |

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| | 4-4.d. Provide technical assistance to subrecipients to assist with implementation of the CM SOPs. | | | | |
| 4-5 Participate in quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia. | 4-5.a. Attend Part A and Part D CQM Committee meetings and Part A Planning Council meetings as available.<br>4-5.b. Include across Ryan White Programs representation on the Part B CQM Core Team.<br>4-5.c. Provide quality-related training to Ryan White staff statewide based on identified needs.<br>4-5.d. Coordinate quality training efforts with GA AETC.<br>4-5.e. Participate in Integrated Planning efforts. | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers | Part A CQM Committee<br><br>Part D CQM Committee<br><br>Part B CQM Core Team<br><br>GA AETC<br><br>GPACC | 4-5.a. As scheduled<br>4-5.b. Ongoing<br>4-5.c. As needed<br>4-5.d As needed<br>4-5.e TBD | |
| 4-6 Percent of pregnant clients with HIV prescribed antiretroviral therapy will be 95% or greater. | 4-6.a. Assess care of pregnant clients with HIV during Ryan White Part B clinical chart reviews.<br>4-6.b. Monitor HAB05 Percentage of pregnant clients prescribed ART on quarterly HAB Report. | HIV Medical Advisor<br><br>QM Nurse Consultant | CQM Core Team | 4-6.a. Biennial and as needed<br>4-6.b. Quarterly | |
| 4-7 Monitor, assess and enhance perinatal systems of care for clients with HIV and their infants. | 4-7.a. Update Perinatal Guidelines on the HIV Women's Health Page.<br>4-7.b. Update the electronic reporting mechanism system to allow private and public | HIV Perinatal Coordinator | HIV Perinatal Coordinator | 4-7.a. As needed<br>4-7.b. Ongoing<br>4-7.c. Ongoing<br>4-7.d. Quarterly | |

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| | providers to report high-risk pregnant mothers and exposed infants.<br>4-7.c. Collaborate with HIV Surveillance, Ryan White Part B Program and Health Districts to obtain data.<br>4-7.d. Communicate Georgia Perinatal updates via teleconference calls, email, and perinatal web page on DPH website. | | | | |
| 4-8 Continue CQI Project to improve the statewide HIV Viral Load Suppression rate and maintain state goal of 92% or greater**.** | 4-8.a. Use CQI methodologies throughout the project.<br>4-8.b. Track statewide data for HIV Viral Load Suppression via HAB Report to inform quality improvement activities.<br>4-8.c. Consult with subrecipients and CAREWare team to increase knowledge of data entry processes, ensure data integrity and provide technical assistance.<br>4-8.d. Distribute to subrecipients the PBM report 'No Scripts Filled' to monitor ADAP utilization.<br>4-8.e. Engage CQM Peer/Consumer Representatives to provide feedback regarding barriers to accessing care, accessing medication and suggestions | QM Nurse Consultant<br><br>Ryan White Part B Quality Clinical Case Managers<br><br>CAREWare Data Team<br><br>Director of Infectious Disease Nursing<br><br>HIV Medical Advisor | CQM Core Team<br><br>Care Team<br><br>ADAP staff<br><br>Subrecipient staff and CQM Committees<br><br>Consumer Representatives<br><br>CQII | 4-8.a. Ongoing<br>4-8.b. Quarterly<br>4-8.c. As needed<br>4-8.d. Monthly<br>4-8.e. As available<br>4-8.f. Quarterly<br>4-8.g. As needed<br>4-8.h. As needed<br>4-8.i. As available<br>4-8.j. As available<br>4-8.k. As needed | |

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| | to increase adherence to ADAP.<br>4-8.f. Require subrecipients to implement clinic specific CQI projects with the aim to improve measures that are not meeting state goals.<br>4-8.g. Review CQM Quarterly Reports for CQI Projects targeting Viral Load Suppression.<br>4-8.h. Assess HIV Viral Load Suppression rates during clinical chart reviews, and provide guidance as needed.<br>4-8.i. Provide CQM Team focused technical assistance.<br>4-8.j. Refer to sources for HIV Care training.<br>4-8.k. Share successful practices with subrecipients.<br>4-8.l. Provide technical assistance to subrecipients in development of CQI projects to improve HIV Viral Load Suppression rates. | | | | |
| 4-9 Monitor measures to verify compliance with HRSA regulations related to the 'vigorous pursuit' and payer of last resort. | 4-9.a. Communicate updates as they are received.<br>4-9.b. Provide technical assistance based on identified needs, including tools to assist subrecipients with compliance. | Assistant HIV Care Manager<br><br>District Liaisons<br><br>Financial District Liaisons | HIV Care Team | 4-9.a. As needed<br>4-9.b. As needed | |
| 4-10 Monitor compliance with Ryan White Part B Program | 4-10.a. Conduct site visits and provide summary | Assistant HIV Care Manager | HIV Care Team | 4-10.a. Ongoing<br>4-10.b. Annually | |

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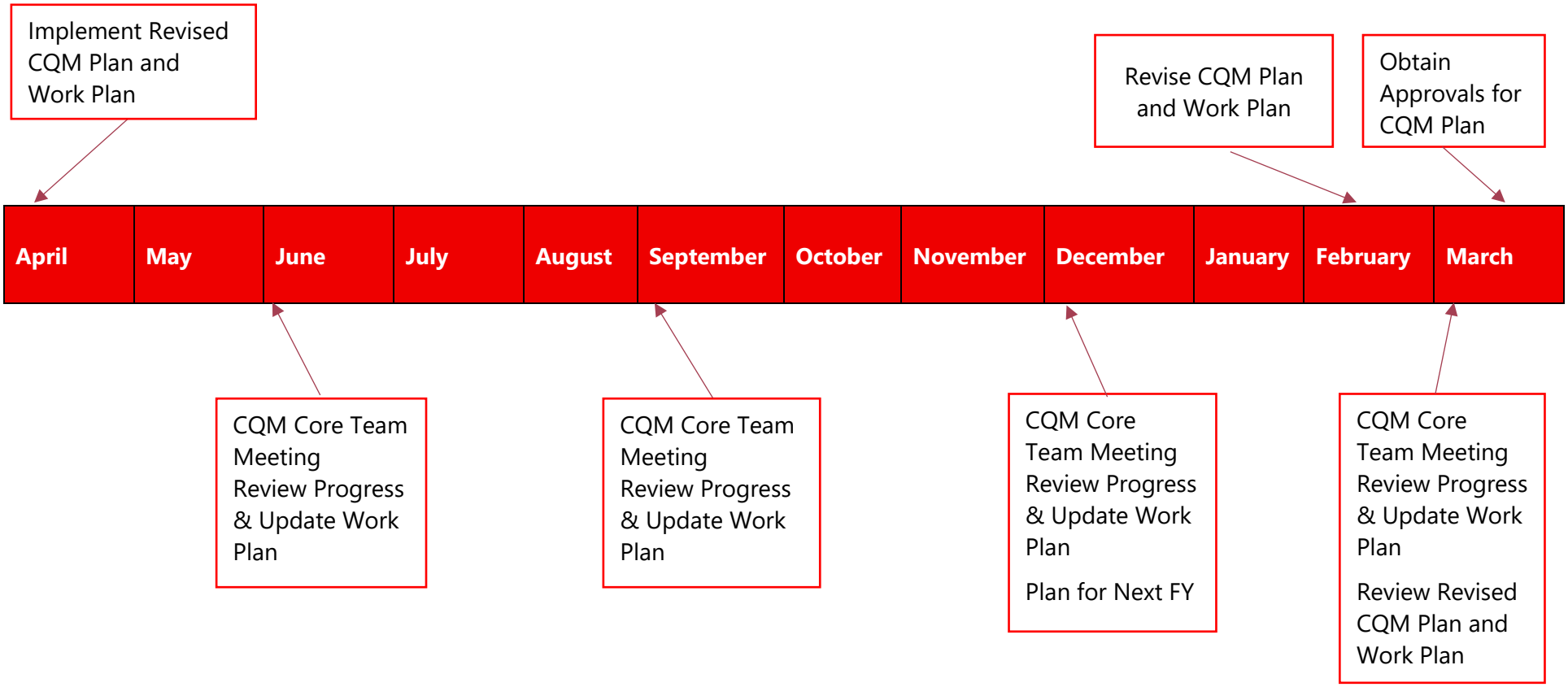
| and Emerging Communities (EC) program requirements. | reports, including feedback as appropriate.<br>4-10.b. Update site visit tools for subrecipients and contractors in accordance with federal program requirements.<br>4-10.c. Assess services provided at the district level and share common findings with the CQM Core Team.<br>4-10.d. Provide technical assistance to subrecipients in need of compliance support.<br>4-10.e. Develop processes to improve compliance with Ryan White Part B Program and EC program requirements for applicable subrecipients. | District Liaisons<br><br>Financial District Liaisons | | 4-10.c. Quarterly and as needed<br>4-10.d. As needed<br>4-10.e. As needed | |

# APPENDIX B

## CLINICAL QUALITY MANAGEMENT PLAN ANNUAL TIMELINE

# CLINICAL QUALITY MANAGEMENT PLAN TIMELINE



# APPENDIX C

## GEORGIA RYAN WHITE PART B PROGRAM
## CLINICAL QUALITY MANAGEMENT COMMITTEE

# CLINICAL QUALITY MANAGEMENT CORE TEAM MEMBERS

- Adolphus Major, Lead Consumer Advocate/ Program Assistant
- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- Analicia Arneaud, HIV Business Support Analyst 3
- Chasity Taylor, MPH BSN RN, Infectious Disease Program Director
- Chervonne Smith, FNP-C
- Christopher Pride, MSN AGPCNP-BC, Interim Director of Clinical Care Department
- Clare Bolds, Sr. Program Manager, SE AETC
- Courtney Eaton, MPA, Assistant Statewide Linkage Coordinator
- Crystal Fuller, MSW, HIV Perinatal Coordinator
- Deborah "Deb" Bauer, MPH, (Ryan White Part D)
- Derek 'D-REK' Canas, Consumer Advocate
- DeWan Green, MPA, District Liaison
- Emory Searcy, District Liaison
- Fatasia Harris, 340B Compliance Coordinator
- Harold Katner, MD, HIV Medical Advisor
- Heather Wademan, LCSW, Quality and Compliance Manager
- Janet Eberhart, RN BSN, Ryan White Program Coordinator
- Jeffery Vollman, MPA, District HIV Director
- Jennifer Burkholder, MSN MPH RN, Director of Program Operations
- Juantavious Dandridge, MS, Ryan White Part B Quality Clinical Case Manager
- Kendra Doctor, MPH, CAREWare Data Manager
- Krystle Mobley, MHS, Director HIV Office
- Laura Evans, RN MSN, Assistance Director of Clinical Care
- Malela Rozier, MSW MA BS, HIV Program Coordinator
- Marisol Cruz, DBA MS, HIV Care Manager
- Masonia Traylor, Consumer Advocate
- Mirelys M. Ramos, MPH CHES, Assistant HIV Care Manager

- Omaira ‘Maira’ Colón, Business Operations Manager (Program Manager)
- Opalantus ‘Opal’ Williams, Quality and Grants Compliance Manager
- Pamela Henry, BS, Ryan White Part B District Financial Liaison
- Pamela Phillips, MSA, Quality Management Specialist (Ryan White Part A)
- Precious Jackson, MSW, Ryan White Part B Quality Clinical Case Manager
- Roderick Newkirk, Database Analyst II
- Rolanda Hall, MPH, District Liaison
- Sandra Metcalf, MPH BSN RN ACRN, QM Nurse Consultant Team Lead
- Sarah Pair, FNP-BC APRN, Director Infectious Disease Nursing
- Satin Francis, BS ADAP/HICP Program Manager
- Shandrecka Murphy, MPH, District Liaison
- Shelby Freeman, MPH LMSW, Wellness Program Manager
- Suzette Thedford, MPH, Quality Program Analyst
- Tachara Ferguson-Reid, MPH, Director of The Hope Center
- Teresa Hritz, RN Infectious Disease Coordinator
- Vivian Momah, DrPH(c) MPH, Statewide HIV Prevention & Care Community Planning
- Zenora Sanders, M.Ed, Statewide Linkage and Retention Coordinator

# CLINICAL QUALITY MANAGEMENT ALTERNATE CORE TEAM MEMBERS

- Althea Mims-Daniels, MPA, Healthcare Program Consultant Supervisor
- Amber Singleton, MPH, Data/Quality Manager
- Amy Lanthrip, BSN RN, Clinical Coordinator
- Barbara Flowers, Patient Care Coordinator Supervisor
- Beth Spivey, BSN RN ACRN, Nursing Supervisor
- Caroline Spivey, RN Case Manager
- Chanel Scott-Dixon, MSW EdD, Director of Social Work and Supportive Services
- Raimi Ewetola, MD MPH DrPH, Program Director Infectious Disease & Ryan White CARE Centers
- Gabriel Silva, LCSW
- Katina Anthony, RN BSN, Infectious Disease Coordinator
- LaToya Robinson, MS, Healthcare Program Consultant SPV
- Michelle Reaves, RN BSN MSN, Ryan White Program Clinical Quality Manager
- Nicole Roebuck, MSW, Executive Director
- Oluwatosin Adedayo, Program Evaluation and Accreditation Specialist
- Scarlett Wilkes, RN BSN, Clinical Quality and Outcomes Support Specialist
- Veronica Jimenez, RN Case Manager

# APPENDIX D

## SERVICE CATEGORY PERFORMANCE MEASURE TABLE

# SERVICE CATEGORY PERFORMANCE MEASURE TABLE

Performance measures are assigned to funded service categories as per HRSA/HAB guidance provided in CQM Policy Clarification Notice 15-02. Additional Performance Measures are included in Appendix E.

| Service Category | Performance Measure | Description | Numerator | Denominator |
|---|---|---|---|---|
| Outpatient/Ambulatory Medical Care | HIV Viral Load Suppression | Percentage of people with a HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year | Number of people in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year | Number of people with HIV with at least one medical visit in the measurement year |
| | Prescription of HIV Antiretroviral Therapy | Percentage of people with HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year | Number of people in the denominator prescribed HIV antiretroviral therapy during the measurement year | Number of people with HIV who had at least one medical visit in the measurement year |
| AIDS Drug Assistance Program | HIV Viral Load Suppression among ADAP actively enrolled | Percentage of ADAP actively enrolled people with HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year | Number of ADAP actively enrolled people in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of end date of quarter measured | Number of ADAP actively enrolled people with HIV and any ADAP service in the quarter measured |

| Service Category | Performance Measure | Description | Numerator | Denominator |
|---|---|---|---|---|
| AIDS Drug Assistance Program | New ADAP applications that are approved or denied within five business days | Percentage of new ADAP applications that are approved or denied within five business days | Number of new applications that were approved or denied within five business days of ADAP receiving a complete application during the reporting period | Number of complete applications received during the 12-month reporting period |
| | Completion of new ADAP applications | Percentage of new ADAP applications that were determined to be complete, incomplete, pending, approved, or denied in the measurement quarter | Number of applications in the denominator that were approved in the measurement quarter | All ADAP applications received in the quarter measured |
| | | | Number of applications in the denominator that were denied in the measurement quarter | |
| | | | Number of applications in the denominator that were pending (submitted prior to end of quarter but not yet processed) in the measurement quarter | |
| | | | Number of applications in the denominator that were submitted correctly in the measurement quarter | |
| | | | Number of applications in the denominator that were submitted incorrectly in the measurement quarter | |

| Service Category | Performance Measure | Description | Numerator | Denominator |
|---|---|---|---|---|
| Health Insurance Continuation Program | HIV Viral Load Suppression among HICP enrolled | Percentage of HICP enrolled people with HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year | Number of HICP enrolled people in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of end date of quarter measured | Number of HICP enrolled people with HIV and any HICP service in the quarter measured |
| | Application Determination | The percentage of new HICP applications that were determined approved in the measurement quarter | Number of HICP applications from the denominator that were approved | Number of new HICP applications that were received in the measurement quarter |
| Medical Case Management | Annual Retention in Care | Percent of people with HIV who had at least two encounters within the measurement year. | Number of people in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges. | Number of people with HIV who had at least one HIV medical encounter within the measurement year. |

| Service Category | Performance Measure | Description | Numerator | Denominator |
|---|---|---|---|---|
| Non-Medical Case Management | Annual Retention in Care | Percent of people with HIV who had at least two encounters within the measurement year. | Number of people in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges. | Number of people with HIV who had at least one HIV medical encounter within the measurement year. |

# APPENDIX E

## CLINICAL QUALITY MANAGEMENT MONITORING TABLE

# CLINICAL QUALITY MANAGMENT MONITORING TABLE

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| GENERAL RYAN WHITE PROGRAM PERFORMANCE MEASURES | | | |
| Ryan White funds are used as payer-of-last-resort. | People with HIV screened for other health care providers and insurance.<br>Eligible people with HIV referred for enrollment into private insurance, Medicare, or Medicaid | Documentation within the medical record indicating that people with HIV are screened at intake and recertified every 12 months.<br>Documentation within the medical record that people with HIV are referred for enrollment into private insurance, Medicare, or Medicaid. | Record review |
| Eligibility documented for all people with HIV receiving Ryan White Part B Program services:<br>• HIV status<br>• Income<br>• Proof of residency<br>• Other health care coverage | Documented HIV positive status.<br>Documentation of financial screening initially then every 12 months; and income at or below 400% of Federal Poverty Level (FPL).<br>Documentation of Georgia residency.<br>Eligibility for other funding sources is vigorously and consistently pursued (i.e., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance). | Documentation within the medical record of HIV test result or physician signed statement of HIV infection.<br>Documentation within the medical record of financial screening, proof of residency, and health care coverage status at intake and every 12 months. | Record review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| Ryan White-funded providers coordinate the delivery of services and funding mechanisms with other programs or providers. | Memoranda of agreements (MOA) exist with community partners.<br>Contracts executed for subcontracted services.<br>Subrecipients conducted site visits where subcontracted services are provided. | MOA on file.<br>Contracts on file.<br>Documentation of site visits to subcontractors and evaluation of the quality of services provided by subcontractors. | Review of MOAs and contracts.<br>Site visit reports for subcontractors.<br>Evaluation of the quality of services, such as performance measure reports and people with HIV satisfaction surveys. |
| People with HIV security and confidentiality maintained. | Employees' signed confidentiality agreements.<br>Charts secured under lock.<br>Electronic records are password protected.<br>Access to areas with medical records and computers restricted. | Signed confidentiality agreements.<br>Locked storage area for people with HIV charts and other information.<br>Computers are password protected and secure while in use.<br>Layout of clinic prevents unauthorized access to records and computers. | Review of employee files.<br>Observation of security and confidentiality measures.<br>Review of written policy and procedures regarding security and confidentiality. |
| Ryan White funded providers ensure that every person with HIV is informed about policies for:<br>• HIV confidentiality<br>• Grievance procedures<br>• People with HIV rights and responsibilities | Percent of people with HIV informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities. | Documentation in chart that people with HIV are informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities initially then annually. | Record review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| People with HIV are satisfied with the Ryan White Part B Program services they receive. | Percent of people with HIV who indicate they are satisfied with the services they have received. | People with HIV responses to questions about their satisfaction with specific services. | Review of district level people with HIV annual satisfaction survey summary results. |
| Ryan White-funded providers implement CQM Plans with Continuous Quality Improvement (CQI) projects. | Percent of Ryan White Part B-funded programs with written clinical quality management plans and a current report of CQI activities and results. | Written clinical quality management plan.<br>Copies of the most current report of CQI activities and results. | Review of clinical quality management plans and reports. |
| CASE MANAGEMENT PERFORMANCE MEASURES | | | |
| All newly enrolled or reactivated case managed people with HIV will have an Intake, Acuity Scale, and Individualized Service Plan (ISP), and case note documentation completed within 15-30 days of initial intake assessment. | Percent of newly enrolled or reactivated case managed people with HIV charts with an Intake, Acuity Scale, and Individualized Service Plan (ISP), and progress/case note completed within 15-30 days of initial intake assessment based on level of acuity in accordance with the Activities by Acuity Document. | N: Number of newly enrolled or reactivated case managed people with HIV charts with an Intake, Acuity Scale, and Individualized Service Plan (ISP), and progress/case note completed within 15-30 days of initial intake assessment during the measurement year.<br>D: Number of newly enrolled or reactivated case managed people with HIV during the measurement year. | Chart Review |
| Ensure that the Acuity Scale is updated every 3-6 months in accordance with the Activities by Acuity Level Document. | Percent of charts that have an Acuity Scale updated every 3-6 months in accordance with the Activities by Acuity Level Document during the measurement period. | N: Number of charts that had an Acuity Scale updated every 3-6 months in accordance with the Activities by Acuity Level Document during the measurement year.<br>D: Number of case management charts that had an updated Acuity Scale during the measurement year. | Chart Review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| All case-managed people with HIV must have re-evaluation and adaptation of the ISP at least every 3-6 months in accordance with the Activities by Acuity Document. | Percent of case-managed people with HIV charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 3-6 months. | N: Number of case-managed people with HIV charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 3-6 months at least 3 months apart during the measurement year.<br>D: Number of case-managed people with HIV in a measurement year. | Chart review |
| Ensure that people with HIV receiving case management services have continuous monitoring to assess the efficacy of the ISP. | Percent of charts with documented evidence of ongoing monitoring to assess the efficacy of the ISP. | N: Number of charts with documented evidence of ongoing monitoring to assess the efficacy of the ISP during the measurement year.<br>D: Number of medically case-managed people with HIV in a measurement year. | Chart review |
| Ensure that people with HIV receiving Medical Case Management (MCM) services (newly diagnosed and acuity level 4) have documentation which includes coordination and follow up of medical treatment. Some newly diagnosed clients may not need MCM-self managed. | Percent of charts (newly diagnosed and acuity level 4) documentation which includes coordination and follow-up of medical treatment. | N: Number of MCM charts (newly diagnosed and acuity level 4) with documentation including coordination and follow-up of medical treatment.<br>D: Number of MCM people with HIV in a measurement year. | Chart review |
| People with HIV receiving MCM services (newly diagnosed and acuity level 4) will have treatment adherence assessed at least every 3 months. | Percent of MCM people with HIV (newly diagnosed and acuity level 4) with a documented treatment adherence visit at least 1 time not more than 3 months apart. | N: Number of MCM people with HIV (newly diagnosed and acuity level 4) with a documented treatment adherence visit at least 1 time not more than 3 months apart in a measurement year.<br>D: Number of MCM people with HIV in the measurement year. | Chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| All MCM people with HIV (newly diagnosed and acuity level 3-4) who did not have a medical visit in the last 6 months as documented by case manager. | Percent of MCM people with HIV (newly diagnosed and acuity level 3-4) charts which did not have a medical visit in the last 6 months. | N: Number of MCM people with HIV (newly diagnosed and acuity level 3-4) charts that did not have a medical visit in the last 6 months during the measurement year.<br>D: Number of case-managed people with HIV in a measurement year. | Chart review |
| All MCM people with HIV charts who had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit as documented by the case manager. | Percent of MCM people with HIV charts (newly diagnosed acuity level 3-4) that had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit. | N: Number of MCM people with HIV charts (newly diagnosed acuity level 3-4) that had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit during the measurement year.<br>D: Number of MCM people with HIV in a measurement year. | Chart review |
| All case-managed people with HIV chart documentation must reflect assistance with referrals to public or private programs, i.e., health care, psychosocial and other services, as well as assist to access other public and private programs for which people with HIV are eligible. | Percent of people with HIV chart documentation must reflect assistance with linkage to other programs for which people with HIV are eligible. | N: Number of people with HIV charts with documentation reflecting assistance with linkage to other programs for which people with HIV are eligible during the measurement year.<br>D: Number of case-managed people with HIV in a measurement year. | Chart review |
| All case-managed people with HIV (all levels of acuity) must have documented evidence of ongoing assessment of people with HIV and other key family members' needs, and personal support system as needed. | Percent of people with HIV charts (all levels of acuity) with documented evidence of ongoing assessment of people with HIV and other key family members' needs and personal support system, as needed. | N: Number of people with HIV charts (all levels of acuity) with documented evidence of ongoing assessment of people with HIV and other key family members' needs and personal support system, as needed.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| Documentation should reflect that people with HIV specific advocacy has occurred during service provision (all levels of acuity). | Percent of people with HIV charts with documented evidence of people with HIV advocacy (i.e., promotion of people with HIV needs for: transportation, housing or/and scheduling of appointments) has occurred during service provision. | N: Number of people with HIV charts with documented evidence of people with HIV advocacy (i.e., promotion of people with HIV needs for: transportation, housing or/and scheduling of appointments) has occurred during service provision in a measurement year.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |
| Case management people with HIV documentation (all levels of acuity) must ensure that housing referrals include: housing assessment, search, placement, advocacy, and financial assistance received for which people with HIV are eligible. | Percent of case-managed people with HIV charts with documented housing referrals include: housing assessment, search, placement, advocacy, and financial assistance received. | N: Number of case-managed people with HIV charts with documented housing referrals include housing assessment, search, placement, advocacy, and financial assistance received in the measurement year.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |
| Case-managed people with HIV documentation (all levels of acuity) must reflect that people with HIV received assistance in obtaining stable long-term housing as needed. | Percent of case-managed people with HIV charts with documentation reflecting that people with HIV received assistance in obtaining stable long-term housing. | N: Number of case management people with HIV chart with documentation reflecting that people with HIV received assistance in obtaining stable long-term housing in the measurement year.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |
| All case management chart documentation of services and encounters must include proof of Ryan White Part B eligibility for Part B funded services | Percent of people with HIV case management charts with documented proof of Ryan White Part B eligibility. | N: Number of people with HIV case management encounter charts with documented proof of Ryan White Part B eligibility.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| All case management case note documentation must be written in either Assessment, Plan, Intervention, and Evaluation (APIE) or Subjective, Objective, Assessment, and Plan (SOAP) format case note in accordance with the Georgia Ryan White Part B Case Management SOPs. | Percent of case notes documentation that reflect APIE or SOAP format was utilized in accordance with the Georgia Ryan White Part B Case Management Standards. | N: Number of charts that utilized APIE or SOAP format case note documentation.<br>D: Number of people with HIV charts in the measurement year. | Chart review |
| All entries in the people with HIV record by the case manager should contain the case manager's professional title, signature, and date of encounter. | Case management documentation should contain the case manager's professional title, signature, and date of encounter. | N: Number of people with HIV charts with documentation reflecting the case manager's professional title, signature, and date of encounter.<br>D: Number of people with HIV charts in the measurement year. | Chart review |
| Obtain assurances and documentation showing that case management staff are operating as part of the clinical care team. | Percent of case-managed people with HIV charts that had documentation showing that case management staff are operating as part of the clinical care team. | N: Number of case-managed people with HIV charts that had documentation showing that case management staff are operating as part of the clinical care team in the measurement year.<br>D: Number of case-managed people with HIV in the measurement year. | Chart review |
| Provide written assurances and maintain documentation showing that case management services are provided by trained professionals who are either medically credentialed or trained health care staff who are part of the clinical care team. | Review credentials and/or evidence of training of health care staff providing case management services. | N: Number of staff with credentials and/or evidence of training of health care staff providing case management services in the measurement year.<br>D: Number of staff providing case management services in your Ryan White Part B Program within your district in the measurement year. | Chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| ADAP/HICP PERFORMANCE MEASURES | | | |
| All ADAP people with HIV must recertify for ADAP annually.<br>Note: Verifying Medicaid status is part of ADAP policy. | ADAP enrollment sites have systems to track ADAP people with HIV recertification due date.<br>Percent of eligible ADAP applicants who successfully recertified according to their recertification due date. | System to track ADAP recertification.<br>N: Number of ADAP people with HIV who are reviewed for continued ADAP eligibility in the measurement period.<br>D: Number of ADAP people with HIV in the measurement period. | Review of ADAP recertification tracking systems.<br>People with HIV record review<br>Custom report from CAREWare.<br>Georgia Health Partnership Portal to verify Medicaid eligibility. |
| ADAP HIV Viral Load-People with HIV will attain/maintain HIV viral load suppression - a HIV viral load less than 200 copies/mL to preserve immune function, reduce morbidity and mortality, and prevent sexual transmission. | HIV Viral Load Suppression among ADAP actively enrolled | N: Number of ADAP actively enrolled people in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of end date of quarter measured<br>D: Number of ADAP actively enrolled people with HIV and any ADAP service in the quarter measured | Custom reports from CAREWare |
| HICP HIV Viral Load-People with HIV will attain/maintain HIV viral load suppression - a HIV viral load less than 200 copies/mL to preserve immune function, reduce morbidity and mortality, and prevent sexual transmission. | HIV Viral Load Suppression among HICP enrolled | N: Number of HICP enrolled people in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of the end date of the quarter measured<br>D: Number of HICP enrolled people with HIV and any HICP service in the quarter measured | Custom reports from CAREWare |
| Local ADAP enrollment site representatives will submit correctly completed ADAP applications to the state ADAP. | Percent of correctly completed ADAP applications submitted to the state ADAP during the reporting period. | N: Number of correctly completed ADAP applications submitted to ADAP during the reporting period.<br>D: Number of ADAP applications submitted to ADAP during the reporting period. | Custom reports from CAREWare |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| Initial ADAP applications should be correctly and completely submitted. | Percent of ADAP applications sent back for specified deficiencies. | N: Number of ADAP applications sent back to ADAP enrollment sites for a specified deficiency.<br>D: Number of ADAP applications submitted to state ADAP during the reporting period. | Custom reports from CAREWare |
| State ADAP will approve or deny people with HIV for ADAP services within five business days of receiving a complete ADAP application. | Percent of new ADAP applications approved or denied for ADAP enrollment within five business days of ADAP receiving a complete application during the 12-month reporting period. | N: Number of new applications that were approved or denied within five business days of ADAP receiving a complete application during the reporting period.<br>D: Number of complete applications received during the 12-month reporting period. | Custom reports from CAREWare |
| Local ADAP enrollment site representatives must inform the state ADAP when a person with HIV discontinues or terminates ADAP services, if the person with HIV has not picked up medications for 60 or more consecutive days and/or if the person with HIV has not recertified.<br>People with HIV are discontinued from ADAP services as disenrollment forms are received. | Local ADAP enrollment sites follow the ADAP "Procedures for Discontinuation."<br>ADAP Discontinuation Forms are completed and sent to ADAP. | Procedures for discontinuation<br>Discontinuation Forms | Review and follow-up of No Scripts Filled and Recertification lists. |
| People with HIV on ADAP will receive appropriate DHHS recommended antiretroviral (ARV) regimens. | Percent of identified ARV regimens or component prescriptions identified as DHHS 'not recommended' and resolved by ADAP during the measurement year. | N: Number of ARV regimens or component prescriptions in the denominator reviewed by ADAP and identified as DHHS 'not recommended'.<br>D: Number of ARV regimens or component prescriptions funded and reviewed by ADAP during the measurement year. | PBM reports – in process.<br>ACP Network On-Site Audits |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| ADAP will conduct an internal audit of new applications quarterly to determine if the applications and recertifications are completed and approved or denied according to ADAP policies and procedures. | Percent of ADAP new application forms that were correctly completed during the quarter. | N: Number of ADAP new applications that were correctly completed during the reporting period.<br>D: Number of ADAP new applications reviewed during the reporting period. | Internal audit of ADAP new applications |
| **CLINICAL PERFORMANCE MEASURES - GENERAL** | | | |
| People with HIV will receive ongoing risk reduction counseling as part of their medical care. | Percent of people with HIV who received HIV risk counseling within the measurement year. | N: Number of people in the denominator who received HIV risk counseling as part of their medical care.<br>D: Number of people with HIV who had at least one medical visit[1] in the measurement year. | CAREWare<br>CM Chart Review |
| People with HIV will receive substance use screening during the measurement year. | Percent of people with HIV who have been screened for substance use in the measurement year. | N: Number of people in the denominator who were screened for substance use within the measurement year.<br>D: Number of people with HIV who had at least one medical visit[1] in the measurement year. | CAREWare<br>CM Chart Review |
| People with HIV will receive behavioral health screening during the measurement year. | Percent of people with HIV who have had a behavioral health screening. | N: Number of people in the denominator who received a behavioral health screening.<br>D: Number of people with HIV who had at least one medical visit[1] in the measurement year. | CAREWare<br>CM Chart Review |
| **CLINICAL PERFORMANCE MEASURES – ORAL HEALTH SERVICES** | | | |
| People with HIV will receive oral health services at least annually. | Percent of people with HIV who received oral health services at least once during the measurement year. | N: Number of people in the denominator who received oral health services during the measurement year.<br>D: Number of people, 13 years or older, with a diagnosis of HIV with at least one medical visit[1] in the measurement year. | CAREWare |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| CLINICAL PERFORMANCE MEASURES – MEDICAL VISITS | | | |
| Newly diagnosed people with HIV will be linked to medical care within one month of diagnosis. | Percent of people with HIV who attended a routine HIV medical care visit within one month of diagnosis. | N: Number of people with HIV who attended a routine HIV medical care visit within one month of diagnosis.<br>D: Number of people with an HIV diagnosis in the measurement year. | CAREWare |
| Gap in HIV medical visits – People with HIV will receive ongoing medical care at recommended intervals. | Percent[2] of people with HIV who did not have a medical visit in the last 6 months of the measurement year. | 1) N: Number of people in the denominator who did not have a medical visit in the last 6 months of the measurement year.<br>D: Number of people with HIV who had at least one medical visit[1] in the first 6 months of the measurement year.<br>2) N: Number of people in the denominator who did not have a medical visit in the last 6 months of the measurement year.<br>D: Number of people with HIV who had at least one medical visit[4] in the first 6 months of the measurement year, excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement year. | CAREWare<br><br>Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| HIV Medical visit frequency - People with HIV will receive ongoing medical care at recommended intervals. | Percent[2] of people with HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. | 1) N: Number of people in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.<br>D: Number of people with HIV who had at least one medical visit[1] in the first 6-months of the 24-month measurement period, excluding those who died at any time during the 24-month measurement period<br>2) N: Number of people in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit4 in the subsequent 6-month period.<br>D: Number of people with HIV who had at least one medical visit[4] in the first 6-months of the 24-month measurement period, excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement period.. | CAREWare<br><br>Clinical Chart Review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| Annual Retention in Care- People with HIV will be retained in medical care. | Percent of people with HIV who had at least two encounters within the measurement year. | N: Number of people in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.<br>D: Number of people with HIV who had at least one HIV medical encounter[1] within the measurement year. | CAREWare |
| CLINICAL PERFORMANCE MEASURES – HIV VIRAL LOADS | | | |
| People with HIV will have periodic HIV viral load testing as recommended by DHHS: People with HIV should have HIV viral load repeated every 3-4 months or as clinically indicated to confirm continuous viral suppression. Clinicians may extend the interval to six months for adherent, stable people with HIV whose viral load have been suppressed for more than one year. | Percent[2] of people with HIV, with a HIV viral load test performed at least every six months during the measurement year. | N: Number of people in the denominator with a HIV viral load test performed every six months.<br>D: Number of people with HIV who had at least one medical visit[4] in the measurement year excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement year. | Clinical chart review |
| People with HIV will attain/maintain HIV viral load suppression - a HIV viral load less than 200 copies/mL to preserve immune function, reduce morbidity and mortality, and prevent sexual transmission. | Percent[2] of people with HIV, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. | N: Number of people in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.<br>D: Number of people with HIV who had at least one medical visit[1,5] in the measurement year. | CAREWare<br>Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| **CLINICAL PERFORMANCE MEASURES – ANTIRETROVIRAL THERAPY** | | | |
| People with HIV will have resistance testing before the initiation of ART or when changing ART regimens due to virologic failure/suboptimal viral load reduction. | Percent[2] of people with HIV (first visit within the review year) who had resistance testing performed before the initiation of ART or when changing ART regimens due to virologic failure/suboptimal viral load reduction. | N: Number of people in the denominator in which resistance testing was performed before the initiation of ART, or when changing ART regimens due to virologic failure/suboptimal viral load reduction.<br>D: Number of individuals with HIV who had at least one medical visit[4] in the measurement year and were initiating ART or with virologic failure/suboptimal viral load reduction. | Clinical chart review |
| Prescription of ART - People with HIV will be prescribed antiretroviral therapy for the treatment of HIV infection. | Percent[2] of people with HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. | N: Number of people in the denominator prescribed HIV antiretroviral therapy during the measurement year.<br>D: Number of people with HIV, who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |
| People with HIV will receive appropriate ART based on current DHHS guidelines. | Percent[2] of people with HIV on ART according to DHHS antiretroviral treatment guidelines in the measurement year. | N: Number of people in the denominator on ART according to DHHS guidelines in the measurement year.<br>D: Number of people with HIV on ART and who had at least one medical visit[4] in the measurement year. | Clinical chart review |
| All pregnant clients with HIV should receive ART, to prevent perinatal transmission as early in pregnancy as possible. | Percent[2] of pregnant clients with HIV who were prescribed ART. | N: Number of pregnant clients in the denominator who were prescribed ART.<br>D: Number of pregnant clients with HIV who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |
| People with HIV will have lipid profile evaluated at least annually. | Percent[2] of people with HIV who had a random or fasting lipid profile completed in the measurement year. | N: Number of people in the denominator who had a lipid profile completed in the measurement year.<br>D: Number of people with HIV on ART who had at least one medical visit[1] in the measurement year. | CAREWare |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| CLINICAL PERFORMANCE MEASURES – CERVICAL CANCER SCREENING AND SEXUALLY TRANSMITTED INFECTION (STI) SCREENING | | | |
| People with HIV should begin cervical cancer screening at 21 years of age. | 1) Percent of people with HIV who were screened for cervical cancer in the last three years.<br><br>2) Percent[2] of people with HIV who received a pap smear per DHHS guidelines. | 1) N: Number of people in the denominator who were screened for cervical cancer in the last three years.<br>D: Number of people with HIV 21 years or older who had at least one medical visit[1] in the measurement year (excludes people with HIV with hysterectomy).<br><br>2) N: Number of people in the denominator who received a pap smear per DHHS guidelines.<br>D: Number of people with HIV, who had at least one medical visit[4] in the measurement year indicated for pap smear screening per DHHS guidelines. | CAREWare<br><br>Clinical chart review |
| People with HIV with abnormal cervical cancer screening results will have documented follow-up as per DHHS guidelines. | Percent[2] of people with HIV with abnormal cervical cancer screening results and documented follow-up as per DHHS guidelines. | N: Number of people in the denominator with abnormal cervical cancer screening results and documented follow-up as per DHHS guidelines.<br>D: Number of people with HIV with abnormal cervical cancer screening results who had at least one medical visit[4] in the measurement year. (excludes client with hysterectomy for benign reason). | Clinical chart review |
| People with HIV will be screened for chlamydia at least annually. | Percent of people with HIV who had a test for chlamydia within the measurement year. | N: Number of people in the denominator who had a test for chlamydia.<br>D: Number of people with HIV, 18 years of age or older, who had at least one medical visit[1] in the measurement year. | CAREWare |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| People with HIV will be screened for gonorrhea at least annually. | Percent of people with HIV who had a test for gonorrhea within the measurement year. | N: Number of people in the denominator who had a test for gonorrhea.<br>D: Number of people with HIV, 18 years of age or older, who had at least one medical visit[1] in the measurement year. | CAREWare |
| People with HIV will be screened for syphilis at least annually. | Percent[2] of people with HIV who were screened for syphilis in the measurement year. | N: Number of people in the denominator who had a serologic test for syphilis performed in the measurement year.<br>D: Number of people with HIV, 18 years of age or older, who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |
| CLINICAL PERFORMANCE MEASURES – TUBERCULOSIS AND HEPATITIS SCREENING | | | |
| People with HIV without a history of previous tuberculosis (TB) treatment, positive TB skin (TST) test or positive Interferon-Gamma Release Assay (IGRA) will be screened for TB. | Percent of people with HIV with documentation of TB screening test performed at least once since the diagnosis of HIV infection. | N: Number of people in the denominator who had documentation that a TB screening test was performed at least once since diagnosis of HIV infection.<br>D: Number of people with HIV who had at least one medical visit[1] in the measurement year. | CAREWare |
| People with HIV will be screened for Hepatitis B infection status. | Percent of people with HIV, for whom Hepatitis B screening was performed . | N: Number of people in the denominator for whom Hepatitis B screening was performed.<br>D: Number of people with HIV who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |
| People with HIV will be screened for Hepatitis A infection status. | Percent of people with HIV for whom Hepatitis A screening was performed or for whom there is documented infection or immunity. | N: Number of people in the denominator for whom Hepatitis A screening was performed.<br>D: Number of people with HIV who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| People with HIV will be screened for Hepatitis C virus (HCV) at least once after HIV diagnosis, and more frequently if indicated. | Percent[2] of people with HIV for whom HCV screening was performed at least once since HIV diagnosis. | N: Number of people in the denominator with documentation of HCV status.<br>D: Number of people with HIV who had at least one medical visit[1,4] in the measurement year. | CAREWare<br>Clinical chart review |
| CLINICAL PERFORMANCE MEASURES – HEPATITIS, INFLUENZA AND PNEUMOCOCCAL VACCINATIONS | | | |
| People with HIV who do not have evidence of Hepatitis B (HBV) virus infection, past immunity, valid contraindications, or reasons to defer, should receive the HBV vaccination series followed by assessment of antibody response. | 1) Percent of people with HIV who completed the vaccination series for Hepatitis B.<br><br>2) Percent[2] of people with HIV who completed the vaccination series and antibody assessment for Hepatitis B according to DHHS Guidelines | 1) N: Number of people in the denominator with documentation of having ever completed the vaccination series for Hepatitis B.<br>D: Number of people with HIV who had a medical visit[1] at least once in the measurement year.<br><br>2) N: Number of people in the denominator with documentation of having completed the vaccination series and antibody assessment for Hepatitis B per DHHS Guidelines.<br>D: Number of HBV susceptible people with HIV who had a medical visit[4] at least once in the measurement year, excluding those with HIV newly enrolled during the measurement year, or with valid contraindications. | CAREWare<br><br>Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| All people with HIV who do not have evidence of Hepatitis A (HAV) virus infection, past immunity, valid contraindications, or reasons to defer, should receive the HAV vaccination series followed by assessment of antibody response. | 1) Percent of people with HIV who completed the vaccination series for Hepatitis A.<br><br>2) Percent[2] of people with HIV who completed the vaccination series and antibody assessment for Hepatitis A according to DHHS Guidelines | 1) N: Number of people in the denominator with documentation of having completed the vaccination series for Hepatitis A.<br>D: Number of people with HIV who had a medical visit[1] at least once in the measurement year.<br><br>2) N: Number of people in the denominator with documentation of having completed the vaccination series and antibody assessment for Hepatitis A per DHHS Guidelines.<br>D: Number of HAV susceptible people with HIV who had a medical visit[4] at least once in the measurement year, excluding those with HIV newly enrolled during the measurement year, or with valid contraindications. | CAREWare<br><br>Clinical chart review |
| All people with HIV without valid contraindications should receive the influenza vaccine annually. | Percent[2] of people with HIV who received influenza vaccination within the measurement period. | 1) N: Number of people in the denominator who received influenza vaccination during the current measurement period (8/1 to 9/30; 8/1 to 12/31; 8/1 to 3/31; 8/1 to 6/30).<br>D: Number of people with HIV who had a medical visit[1] during the current measurement period (8/1 to 9/30; 8/1 to 12/31; 8/1 to 3/31; 8/1 to 6/30).<br><br>2) N: Number of people in the denominator with documentation of receipt of influenza vaccination in the flu season measured.<br>D: Number of people with HIV who had a medical visit[4] in the measurement year, excluding those whose first visit was outside of the flu season measured or with valid contraindications. | CAREWare<br><br>Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|---|
| All people with HIV without valid contraindications, should receive pneumococcal vaccination per DHHS guidelines. | Percent of people with HIV who have received pneumococcal vaccines (PCV13, PCV15, PCV 20 and PPSV23). | N: Number of people in the denominator who have received pneumococcal vaccines (PCV13, PCV15, PCV20, PCV21, and PPSV23).<br>D: Number of people with HIV who had a medical visit[1] at least once in the measurement year. | CAREWare |
| All people with HIV without valid contraindications, should receive COVID-19 vaccination annually. | Percent of people with HIV who have received at least one dose of COVID-19 vaccine in current or past year vaccination season. | N: Number of people in the denominator who have received at least one dose of COVID-19 vaccine in current or past year vaccination season.<br>D: Number of people with HIV who had a medical visit[4] in the measurement year, excluding those with valid contraindications. | Clinical chart review |
| CLINICAL PERFORMANCE MEASURES – OPPORTUNISTIC INFECTION PROPHYLAXIS | | | |
| Most people with HIV with CD4 counts less than 200 cells/mm$^3$ should receive chemoprophylaxis against *Pneumocystis* pneumonia (PCP). | Percent[2] of people with HIV who were prescribed PCP prophylaxis. | 1) N: Number of people in the denominator who were prescribed PCP prophylaxis.<br>D: Number of people with HIV with CD4 counts below 200 cells/mm$^3$ and who had at least one medical visit[1] in the measurement year.<br><br>2) N: Number of people in the denominator with CD4 counts below 200 cells/mm$^3$ who were prescribed PCP prophylaxis.<br>D: Number of people with HIV with CD4 counts below 200 cells/mm$^3$ who had at least one medical visit[4] in the measurement year, excluding those who were not indicated for prophylaxis per DHHS guidelines. | CAREWare<br><br>Clinical chart review |

[1]CAREWare - Outpatient/Ambulatory Medical Care visits include i.e., primary care, lab, medication pick up.
[2]Clinical chart review percent is weighted average.
[4]Clinical chart review - medical visit with a prescribing provider before November 1st of measurement year.

# APPENDIX F

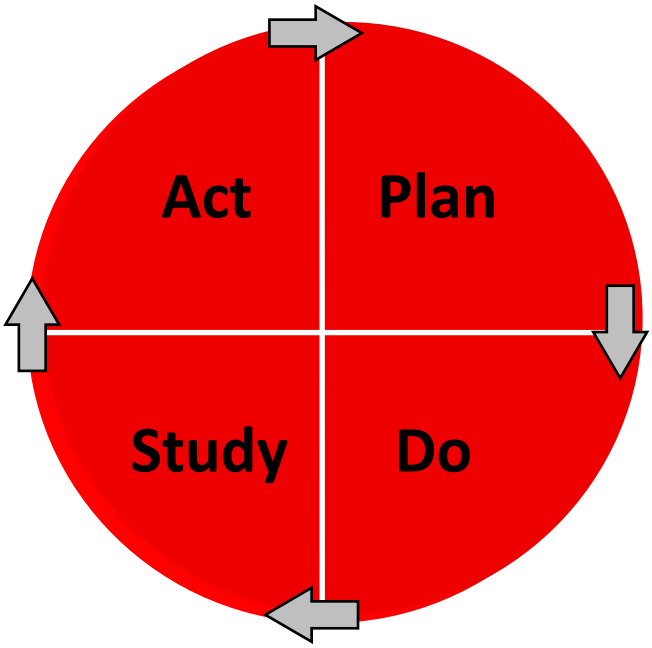
## CONTINUOUS QUALITY IMPROVEMENT METHODOLOGY

# CQI METHODOLOGY

## MODEL FOR IMPROVEMENT

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

## PLAN-DO-STUDY-ACT




| | |
|---|---|
| **ACT**<br>• What changes are to be made?<br>• Next cycle?<br>• Adapt, Adopt, Abandon? | **PLAN**<br>• Objective<br>• Questions and predictions (why)<br>• Plan to carry out the cycle (who, what, where, when) |
| **STUDY**<br>• Complete the analysis of the data<br>• Compare data to predictions<br>• Summarize what was learned | **DO (Small Scale)**<br>• Carry out the plan<br>• Document problems and unexpected observations<br>• Begin analysis of the data |

# PLAN-DO-STUDY-ACT

Date: Cycle Number: Began: Completed: Team:

PLAN (*fill out before the test/cycle*)

What is the purpose of this cycle?

Details: Who, What, Where, When, How

What do we expect (predict) will be the effect or outcome of the change?

If our expectation (prediction) is on target, what will be our next test/cycle or action?

---

DO and STUDY (fill out during and after the test/cycle)

Was the test/cycle carried out as we planned? Yes No If no, why not?

What did we observe that was not part of our plan?

How did we study and understand the result?

How did or didn't the outcome of this test/cycle agree with our expectation (prediction)?

What did we learn from this test/cycle?

---

ACT: (fill out after the test/cycle is completed)

Given the above understanding and learning, what are we going to do now?

Are there forces in our organization that will help or hinder these changes?

Source: The HAB/ National Quality Center (NQC) Ryan White Part B Program Collaborative

# APPENDIX G

## CLINICAL QUALITY MANAGEMENT PLAN APPROVAL

# GEORGIA RYAN WHITE PART B FY2026-2027 CLINICAL QUALITY MANAGEMENT PLAN APPROVAL

The FY2026-2027 CQM Plan and Work Plan are approved by the following:

Sandra Metcalf
Sandra Metcalf, MPH, RN, ACRN
on behalf of Georgia Ryan White Part B CQM Core Team

3/31/2026
1st Approval Date

Sandra Metcalf
Sandra Metcalf, MPH, RN, ACRN

6/12/2026
Revision Date

Marisol Cruz
Marisol Cruz, DBA, MS - HIV Care Manager
Georgia Department of Public Health

3/31/2026
1st Approval Date

Marisol Cruz
Marisol Cruz, DBA, MS - HIV Care Manager

6/25/2026
Revision Date

Krystle Mobley
Krystle Kirkland-Mobley, MHS - Director HIV Office
Georgia Department of Public Health

04/10/2026
1st Approval Date

Krystle Mobley
Krystle Kirkland-Mobley, MHS - Director HIV Office

06/25/2026
Revision Date


DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH