

Quality Management Plan:

HIV CARE SERVICES
Ryan White Part B Program

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Table of Contents

Introduction.....	4
Quality Statement.....	5
Quality Infrastructure.....	8
EOHHS QM Team.....	8
Subcontractors.....	8
Provision of Care Planning Body (PCPB).....	8
Rhode Island Ryan White QM Committee	9
Consumer Group.....	9
QM Program.....	10
Participation of and Communication with Stakeholders.....	12
Capacity Building.....	12
QM Plan Implementation: Standards of Care Workplan/Timeline.....	12
Selection and review of performance Measures.....	13
<u>Appendix</u>	14
I. Systems of Care Workgroup (SOCW).....	14
II. PCPB BYLAWS.....	14
III. SOC Plan.....	27

Introduction

Purpose

The purpose of this plan is to set forth a coordinated approach to addressing quality management in the Rhode Island Ryan White Program (RWP). The Quality Management Program (QMP) has established its mission to demonstrate effectiveness and quality of Ryan White Part B programs by meeting the 2006 Ryan White HIV/AIDS Treatment Modernization Act requirements for QM.

Vision

To coordinate Ryan White Part B with the efforts of the providers of care to create a network in which quality services for patients living with HIV/AIDS for a myriad of co-occurring conditions/diseases, drugs, primary, specialty, sub-specialty, social and advocacy care, referrals – linkage to needed support services, catastrophic and palliative care is affordable, available, and accessible.

Scope

Part B services are provided directly by hospitals, clinics, local health departments, and community partners selected through a competitive selection process. Eligible persons have access to a continuum of HIV medical care programs and varied supportive services through multiple points of entry. The planning and allocation of Part B services are coordinated with Parts A, C, D, HOPWA and other governmental funding sources. The EOHHS's Ryan White Part B Program serves HIV-positive persons residing in the State of Rhode Island. Part B funds are allocated to:

Core Medical Services:

- Ambulatory Outpatient Services
- Medical Case Management Program (Including Treatment Adherence Services);
- AIDS Drug Assistance Program (ADAP);
- Health Insurance Continuum Services;
- Oral Health Services;
- Mental Health Services;
- Medical Nutritional Therapy;
- Substance Abuse Outpatient;

Supportive Services:

- Case Management (Non-medical);
- Food Bank/Home Delivered Meals;
- Medical Transportation Services;
- Psychosocial Support Services;
- Emergency Financial Services;
- Home and Community-Based Care.

Definition of Quality

Quality improvement terminology is often used interchangeably, the following definitions can be found in the *Quality Management Technical Assistance Manual (1)* developed by the funder, the Health Resources and Services Administration (HRSA).

Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider (1) The quality of the inputs, (2) The quality of the service delivery process and (3) The quality of outcomes, in order to continuously improve systems of care for individuals and populations.

Quality Assurance (QA) refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards.

Quality Improvement (QI) refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others. This term generally refers to the overriding concepts of continuous quality improvement and total quality management.

Continuous Quality Improvement (CQI) is generally used to describe the ongoing monitoring, evaluation, and improvement processes. It is a patient/client driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:

- Patients/clients and other customers are first priority.
- Quality is achieved through people working in teams.
- All work is part of a process, and processes are integrated into systems.
- Decisions are based upon objective, measured data.
- Quality requires continuous improvement.

Total Quality Management (TQM) is a somewhat larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources.

Quality Statement

The Rhode Island Ryan White Part B Program is committed to developing and continually improving a quality continuum of HIV treatment and supportive services statewide that meets the identified needs of people living with HIV/AIDS (PLWH/A) and their families. The QMP supports this mission by gathering and reporting on the data and information needed to measure both program and service quality and then implementing improvement activities based upon the data analysis.

The following domains for improvement guide the QMP implementation: (1) Improving access to and retention in care, (2) Integrating data and information systems, (3) Optimizing the management of resources and (4) Aligning jurisdictions and services across the entire continuum of care.

(1) U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, *Quality Management Technical Assistance Manual*, 2003. Available at <http://hab.hrsa.gov/tools/QM/index.htm>

Purpose of Quality Management (QM)

The purpose of the Rhode Island EOHHS quality management program is to build the capacity of the state's HIV/AIDS service network to assess "The degree to which a health or social service meets or exceeds established professional standards and user expectations [HRSA quality definition]" and to implement quality improvement systems as needed. The Department is committed to a quality management program that reflects the needs of People Living With HIV (PLWH) in the state.

Quality Management activities should accomplish the following goals (HRSA priorities):

- Increase access to primary care and ancillary services. Inclusion of supportive services facilitates access to primary medical care and supports adherence to life-saving HIV treatment regimens.
- Providing improved access to and retention in care for HIV-positive individuals aware of their status.
- Help providers improve the quality of care and services they deliver to their clients.
- Enhance continuity and coordination of care by linking social support services to medical services.
- Make it possible to monitor HIV-related illnesses and trends in the local, RI epidemic through use of demographic, clinical and service utilization information.
- Using epidemiologic, quality, and outcomes data for planning and priority setting.
- Improving systems of care for individuals and populations through evaluating the quality of inputs, the quality of the service delivery process and the quality of outcomes.

To accomplish these goals, specific objectives include: 1) To develop a statewide Quality Improvement Program for HIV, with specific oversight of recipients of Ryan White Part B funded service providers, with the goal of providing a larger forum for coordinated quality improvement across all agencies. 2) To develop documentation of this quality improvement program via performance measures/indicators that meets HRSA expectations and that will inform the RFP process for part B services. 3) To build this process in a way that minimizes redundancy of effort and imposition on participating funded programs, while supporting enhanced communication and coordination of effort between service providers.

The following documents are intrinsic to this process of developing an ongoing QIP:

1) Standards of Care Document, 2) Quality Management Plan, 3) List of Performance Measures/Indicators, 4) Process for Selection of Quality Priorities, and 5) Documentation of Individual Quality Improvement Processes.

Relevancy of Standards of Care

Defining the Process of Developing Rhode Island QM Standards of Care (SOC) and Performance Measures/Indicators: A QM Sub-Committee workgroup has been formed and has developed our HRSA Project Officer pre-approved SOC's for all Ryan White Part B funded services. The QM Committee essentially is the core of developing these SOC's and was tasked with cross-walking them to the HRSA requirements found in the QM guidelines. The EOHHS is responsible for oversight and the implementation of monitoring the SOC'S set forth.

To that end funded vendors shall implement SOCS agreed upon immediately as part of their contractual agreement with EOHHS. Next, they shall utilize a pre-determined data system to input and report on selected SOC s by year of implementation.

The relevance of this document pertaining to Rhode Island's SOC's is critical to the overall QM program. Inside you shall find a) the specific services provided across all funded Ryan White areas in the state, b) the SOC relevant to the area funded, c) performance measures/indicators

that relate to outcomes and are the funded agency responsibility. The standards of care herein reflect both the intent to follow established care guidelines as well as HRSA expectations.

Rhode Island's Quality Management Plan

An overarching QW Plan for the state will be dedicated to the HRSA requirements. In addition, each funded agency is required to develop a quality management plan that describes the process through which that agency will adhere to standards of care herein. At the individual agency level and at the state level, QM Plans will include an organizational chart describing the agency and its relationship to other community partners. All agency QM Plans will include a timeline for the year. The state's QM Plan will detail and describe the process of selection and review of performance indicators. In addition, the state Plan will describe how priority indicators are selected for quality improvement team intervention, the structure and formation of quality improvement teams, the process for feedback from quality improvement teams to the quality improvement committee, and the plan for ongoing evaluation of the quality improvement process. Agency quality management plans are currently in the developmental process and will be established for all funded agencies.

List of Performance Measures/ Indicators

This SOC document includes how performance measures/indicators relate to the SOC. They are based upon the clinical guidelines and local providers of care priorities. These indicators may include HAB measures, but also may include other indicators that are considered important to the assessment of HIV care in the state. Collection of data on performance indicators is not taken to imply an obligation to achieve a specific threshold of performance against that indicator. Rather, the indicators should reflect the scope of measures which provide useful information about the quality of care and which may motivate specific efforts to improve performance, based on selected priority areas.

Contracted Agency Responsibilities

The funded agencies must adhere to all of these SOC's as they are outlined. As described above a three year phase-in plan for the input and reporting of these measures is inherent within. A data management system is under review that will allow agencies to input, and report SOC's as they are manifested.

Executive Office of Health and Human Services Responsibilities

The Executive Office of Health and Human Services, Provision of HIV/AIDS staff shall support the agencies and provide technical assistance when requested. Monitoring of these SOC's shall occur on a monthly basis and the QM Specialist shall assume responsibility of agency review, monitoring and compliance to the SOC's and the overall QM planning process.

HRSA Responsibilities

HRSA shall assist the Rhode Island Part B program by reviewing these SOC's regularly and by receiving technical assistance requests from the state regarding QM and SOC's.

Quality Infrastructure

This plan was created to comply with the statutory language associated with the Ryan White Care Act and HIV Planning Bodies. The QMP shall form under the guidance of the EOHHS and act as advisors.

HIV/AIDS Provision Of Care, Ryan White Part B QM Team:

Lead: William E. Lyman, QM Coordinator

The HIV/AIDS RWP resides under the Executive Office of Health and Human Services, Provision of Care Program. The RWP (Grantee) works to provide funding and other resources to agency and service providers to prevent and control illness and death from injury, acute and communicable diseases, sexually transmitted diseases, and environmental and occupational illnesses as it relates to HIV/AIDS.

The Manager of Systems of Care/Quality Management of the States RWP oversees the QMP. The on-going development and implementation of the QMP is coordinated and directed by the QM Coordinator. In addition to the Manager of Systems of Care/Quality Management and the QM Coordinator, the HIV QM Team within the Ryan White Program includes the following staff:

- Medical Director
- Chief of HIV/AIDS Provision of Care Program
- Administrator of the HIV/AIDS/Viral Hepatitis Division
- Assistant Administrator of the HIV/AIDS Provision of Care Program
- Director of the Ryan White Program
- ADAP Manager
- Data entry person
- CAREWare Program Consultant

Subcontractors:

This QMP provides a forum for enhanced communication and coordination of effort between all of the following service providers: Miriam Hospital, Universal Medical Group (UMG), ACOS, Agape, FSRI and Project Bridge. Participation in the QMP includes the selection of members to the committee to provide non-funded providers covering the spectrum of services for the lives of people with HIV. These are medical providing representatives of agencies overseeing other state programs as well as independent and other community agencies.

Provision of Care Planning Body (PCPB):

**** See Appendix II for PCPB BYLAWS**

This body was established by the authority of the EOHHS, in conjunction with Health Resources and Service Administration (HRSA). This body will hereinafter be referred to as PCPB.

PCPB – Mission

To specifically coordinate a seamless continuum and comprehensive system of HIV care within the state

PCPB – Vision

To provide exceptional healthcare for patients living with HIV/AIDS where provider services for a myriad of co-occurring conditions/diseases, medications, primary, specialty, sub-specialty, catastrophic and palliative care is ubiquitous, affordable, available, and accessible.

PCPB - Purpose

In compliance with the Ryan White Extension Act statutory language the group provides a forum for providers, consumers and other stakeholders around HIV care. The PCPB shall act as an advisory body to the EOHHS, QM Team/Quality Program.

Rhode Island Ryan White QM Committee:

The Rhode Island Ryan White Quality Management Committee has been formed to centralize and coordinate quality management efforts across Ryan White provider agencies statewide. The Committee is made up of representatives from Ryan White Part B Program Service Providers, key consumers; and key community agencies and providers servicing HIV patients in the community. The QM Committee is a functional committee that meets several times a year and is responsible for reviewing the QM System's Ryan White Program Part B Plan, for promoting collaboration and for establishing shared measures and standards whenever possible. The team has recognized the importance of maintaining a controlled, viable committee membership.

Expected Time Commitment:

Membership in the QM Committee is established for a year period and is contingent on meeting the expectations defined through this document. Committee members must attend at least 3 out of the 4 standing committee meetings. Members are expected to participate in QI team processes and should serve as resources to their own agencies in the development of QI team processes and the development of quality improvement processes throughout the state.

Renewal of Membership:

Active members of the committee in good standing may renew their participation on a year to year basis. Members choosing not to renew their membership are asked to give 1 months notice before termination in order to facilitate identification of a replacement member for the committee.

Consumer Group:

The Rhode Island Consumer Advisory Board is an advisory body made up of people living with HIV/AIDS in Rhode Island. The mission of the Rhode Island Consumer Advisory Board is to provide advice to the staff of the EOHHS, RWP, Provision of Care and to work collaboratively on a range of strategies, policies, and programmatic issues affecting the lives of people living with HIV/AIDS (PLWHA) in Rhode Island and those at risk.

QM Programs:

The goal of the QM program is to demonstrate effectiveness and quality of Ryan White Part B programs. Below are the 2013-2014 objectives and activities for the QM programs:

Objective 1: QM will develop and maintain the Part B Clinical Quality Management Program.

Activity 1.1: QM will request technical assistance from the National Quality Center on developing the Part B CQM.

Activity 1.2: QM will update the Part B Clinical Quality Management Program Plan.

Activity 1.3: RWP will begin collecting medical client level data and engaging Part B authorized providers in CQM.

Activity 1.4: RWP will establish updated clinical performance measures for core services.

Objective 2: QM will ensure stakeholders have access to education about quality improvement and quality assurance. Stakeholders include, but may not be limited to, RWP staff, medical and non-medical case managers, physicians, providers, state agencies, legislators, administrators, and clients.

Activity 2.1: Stakeholders will receive data on client and program outcomes, both in annual reports and per request on an as-needed basis.

Activity 2.2: QM staff will offer quality improvement trainings to stakeholders as needed.

Objective 3: QM will ensure RWP staff has access to QI services (data, consultations, analyses, etc.) to develop and improve programs to identify and meet unmet needs.

Activity 3.1: QM staff will continue to facilitate the RWP Part B QI committee on a monthly basis.

Activity 3.2: QM staff will conduct data analysis and complete programmatic reports as requested.

Activity 3.3: QM staff will develop a documentation method for tracking program improvements.

Activities:

a. Content

The QMP is designed to address quality assurance and program improvement for all programs in the following major areas:

- Compliance with Public Health Service and National Association of Social Work Guidelines
- Compliance with HRSA requirements
- Standards of care
- Patient satisfaction
- Fiscal responsibility
- Program assessment
- Program evaluation

Special focus will be given to high-volume, high-risk and problem-prone areas as well as areas with external regulatory requirements.

b. Data Collection Plan

Data collection will include:

- Data required to determine client eligibility
- Data needed to maintain client in the program
- Data required by funders
- Outcome data developed for specific programs
- Client satisfaction data
- Claims data by program
- Data to assess the needs of people living with HIV/AIDS (PLWH/A) in Rhode Island

Regular review of the data collected will be performed on a monthly basis. The RWP administration staff will coordinate these activities.

c. Assessment and Evaluation

- Evaluate the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done
- Evaluate QI activities to determine whether the annual quality goals for quality improvement activities are met
- Review performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care
- Detail when and who is performing the evaluation
- Compare annual quality goals with year-end results
- Use findings to plan next year's activities; learn and respond from past performance
- Routinely use organizational assessment tools

Assessment and evaluation of data will be performed by QM and program staff to determine if the data warrant further evaluation. Based on this ongoing review, priorities will be set and opportunities for improvement identified.

d. Multidisciplinary Team and Development of Improvement Plan

Once an opportunity for improvement has been identified, the RW QI Committee will analyze the process and develop improvement plans/team. This team includes staff members from the RWP and will also invite others who are closely associated with the process under study. Every attempt will be made to include individuals from other programs, including local and consumer representation, which may be impacted by changes made by the team and to help promote collaboration between groups.

Continuous Quality Improvement (CQI) methodology will be utilized and include following the nine-step process in the HRSA Quality Management Technical Assistance manual. CQI tools used will include, but are not limited to, PDSA (Plan/Do/Study/Act), Flow Chart Analysis and Activity Logs.

Improvement plans will be developed and implemented by the QM and program staff. Improvements may include:

- Education (local and state staff, consumers, stakeholders)
- Program guidelines review, revision or development
- Procedure and policy development or changes
- Form development or revision
- System change

All improvement plans will be communicated to all staff and to consumers if deemed appropriate. Meetings, e-mails, memos, informal verbal communication are all considered appropriate methods to communicate the team's activities and improvement plans.

e. Sustaining Improvements

Regular feedback regarding improvement projects is critical to their success in sustaining improvements over time. Once an improvement plan has been successful, a regular monitoring schedule will be implemented to determine whether the plan remains successful over time.

f. Communicate Results to Relevant Individuals and Groups

All quality activities of RWP will be reported to the appropriate inter- and intra-departments as well as local agencies and consumers as applicable.

g. Process to update QM Plan

- Identifies routine schedule to at least annually update QM Plan
- Specifies accountability – indicates who will initiate process to update/revise plan.
- Indicates a sign-off process to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders

h. Communication

- Outlines process to share information with all stakeholders at appropriate intervals
- Identifies format for communication
- Identifies communication intervals

i. Formatting

- Clear and easy to follow layout and organization of content
- Clear dating of document, including date of 'expiration'; page numbers

j. QM Plan implementation

- Specifies timelines for implementation to accomplish those goals – workplan
- Specifies accountability for implementation steps
- Provides milestones and associated measurable implementation objectives

Communication with Stakeholders:

The QM Team provides leadership for quality management initiatives and their work is based on information and input from stakeholders at many levels including guidance from the PCPB, input from CAB, input from providers and from our state colleagues.

The QM Team believes that the sharing of information serves to strengthen our relationships and, ultimately, helps to provide the highest quality service more effectively to those individuals affected by HIV/AIDS. Our values around communication are as follows:

Capacity Building:

The EOHHS QM Team focuses on two primary capacity-building aims: 1) To build the capacity of providers and other stakeholders in QI/QM systems and activities; and 2) to build the capacity of EOHHS QM Team Members in QI/QM systems and activities.

QM Plan Implementation:

Standards of Care Work Plan Timeline: **For the Entire Standards of Care Plan, See Appendix III

RI Executive Office of Health and Human Services Ryan White SOC Work Plan Year 1 (1/1/13-12/31/13)

SERVICE:

A. Ambulatory Outpatient Medical Care provided will adhere to the current DHHS/PHS Guidelines regarding on-going health care, health assessments, medical visits, PCP prophylaxis and CD4 and viral

load (VL) counts in order for the grantee (State) and sub-grantee (providers) to meet the HRSA QM Clinical Measure Requirement.

B. Medical HIV/AIDS Case Management provided will adhere to the current DHHS/PHS Guidelines regarding on-going health care, health assessments, HIV medical care frequency, gap in medical visits, viral load (VL) counts and Medical Case Management (MCM) Care Plan in order for the grantee (State) and sub-grantee (providers) to meet the HAB/HRSA QM Performance Measure Requirement.

C. Non-Medical HIV/AIDS Case Management services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services so the grantee (State) and sub-grantee (providers) can meet the HRSA QM Clinical Measure Requirement.

TASK: Ongoing review by the Statewide QM Committee on current DHHS/PHS Guidelines of clinical practice on HIV/AIDS care. Statewide QM Committee will help develop Quality Improvement Plans to address any/all deficiencies.

Selection and review of performance measures:

Quality indicators selected for review at the state level will harmonize to the greatest extent possible with established quality measures such as HAB measures, HIVQUAL, and other established care measures for case management and other ancillary care services. Measures selected for review at the state level will be chosen based on applicability to collaborative processes that require input from Rhode Island Ryan White Part B Funded Providers.

- Identify what's important
- Develop ways to measure;
- Include process, outcome, and satisfaction measures

Measures will be chosen in particular reflect the following key domains of care for persons with HIV:

- 1) Clinical HIV care
- 2) Retention in care
- 3) Substance abuse
- 4) Mental health
- 5) Consumer experience

- Develop quality indicators:
 - relevance
 - measurability
 - accuracy
 - improvability

The choice of performance measures will be reevaluated annually. Selection of priority areas for intervention will be based on measured performance, community priorities as established through the PCBC, available resources to make an impact in the selected areas, and synergy with the goals for HIV care established through the Statewide Coordinated Statement of Need.

Domains and draft performance measures for state level review:

- 1) Appendices
- 2) Standards of care
- 3) Performance measures: Standardization of collection of performance data across agencies.
- 4) Proposed initial measures include: HAB group 1 clinical measures and case management. The priority areas selected for monitoring and intervention by the statewide QI committee will be derived from these common measures.

Timeline (see attached)

Quarterly Committee Meetings:

- 1st Quarter (March) – Evaluation, develop and approve QM Plan
- 2nd Quarter (June) – Review Performance Indicators, select QI Projects, determine QI Teams, Develop Annual Action Plan
- 3rd Quarter (September) - QI Project Update
- 4th Quarter (December) – Evaluate and Update QM Plan. Determine sustainability of CQI Projects.

*RI QI Project Teams meet as needed throughout the year.

APPENDIX

I. Systems of Care Workgroup (SOCW):

Systems of Care is not a program — it is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of the individual, family and community, and seeks to promote the full potential of every Person Living With HIV/AIDS (PLWHA) by addressing their physical, emotional, intellectual, cultural and social needs.

This workgroup has been developed to establish training goals for group members regarding the Systems of Care needed by PLWH/A. The group will also serve as an advisory board to provide guidance to health department staff and one another. Communication is paramount and each member will openly discuss issues, concerns, failures and successes as tools to teach and learn from each other. The Systems of Care Workgroup (SOCW) is considered a program level quality committee with program services carried out by case managers.

II. PCPB BYLAWS:

**BYLAWS OF THE
PROVISION OF CARE PLANNING BODY**

Article I. Name

This body is established by the authority of the Rhode Island Executive Office of Health and Human Services, in conjunction with Health Resource and Services Administration (HRSA). This body will hereinafter be referred to as PCPB.

Article II. Mission, Vision and Purpose

Section A. Mission

To specifically coordinate a seamless continuum and comprehensive system of HIV care within the state of Rhode Island, such that, people living with HIV/AIDS have **accessible, available, high quality and affordable care**.

Section B. Vision

To provide exceptional healthcare for patients living with HIV/AIDS where provider services for a myriad of co-occurring conditions/diseases, medications, primary, specialty, sub-specialty, catastrophic and palliative care is ubiquitous, affordable, available, and accessible.

Section C. Purpose of PCPB

In compliance with the Ryan White Extension Act statutory language the group provides a forum for providers, consumers and other stakeholders around HIV care. The PCPB shall act as an advisory body to the Rhode Island Executive Office of Health and Human Services.

Article III. Roles and Responsibility

Section A. The Roles and Responsibilities of PCPB

The PCPB shall adhere to the federal statutory language referring to Ryan White Planning Bodies. The PCPB is charged with and authorized to:

1. Assist in the development (every three years) and review (annually) of a **comprehensive plan** in collaboration with the Rhode Island Executive Office of Health and Human Services and delivery of health services described in the Ryan White Treatment Extension Act ("Ryan White") that is compatible with existing HRSA plans, legislative mandates and statutory requirements detailing the provision of health services to individuals living with HIV/AIDS
2. Every three years assist in the development of and review (annually) of the **Statewide Coordinated Statement of Need (SCSN)**, participate in the development and implementation of the **needs assessment process**, its application to service provision and gaps, the PCPB **structure and process** associated with Ryan White, **and the overall committees/workgroups**, etc. associated with the PCPB.
3. As an advisory board to the RI Executive Office of Health and Human Services, the PCPB shall advise and **establish priorities** of Ryan White services and offer guidance as to the allocation of funds in terms of those priorities. **Review the overall allocation of these funds** by the grantee for consistency with the established priorities and the comprehensive care plan, without the review of individual contracts, and determine whether the allocations are consistent with the established priorities and the comprehensive care plan. Specifically, Section 2617(b) requires States to establish "priorities for the allocation of funds within the State." Factors to consider in setting priorities include: size and demographics of the population of individuals with HIV disease and the needs of such population (with a focus on PLWH who know their status and are not in care and on disparities in access and services

among affected subpopulations and historically underserved communities); availability of other governmental and non-governmental resources, including the State Medicaid plan and the Children's Health Insurance Program to cover health care costs of eligible individuals and families with HIV disease; capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities; and efficiency of the administrative mechanism of the State for rapidly allocating funds to the areas of greatest need within the State. The PCPB will complete an annual priority setting process, weigh needs against available resources and use results to inform the resource allocation process.

4. **Discuss the service effectiveness of all Ryan White Title funded vendors and other HIV providers of services not funded by Ryan White** so as to bring forth needs, gaps and quality concerns of system and specific programs. Service effectiveness shall be measured against the ongoing monitoring as stated in the Standards of Care, the Comprehensive Plan, through the Statewide Coordinated statement of Need, and the Quality Management Plan.
5. **Study, advise and recommend** to the Office of HIV/AIDS & Viral Hepatitis regarding provision of HIV care and treatment matters related to HIV/AIDS that are related to and/or are influenced by **the continuum of HIV care within the state of Rhode Island, as well as review and discuss the Quality Management Plan associated with the standards and system of the HIV continuum of care.** Related to this component is the role of the PCPB in reviewing the established Standards of Care.
6. Review and assist with the Needs Assessment process so as to achieve the desired HRSA outcomes for the Needs Assessment Plan.
7. Work with various PCPB Committees and community agencies to assist in the review of Rhode Island's Early Identification of Individuals with HIV/AIDS (EIIHA) as well as with the state's compliance with the National HIV/AIDS Strategy. This effort shall be as inclusive as possible so as to receive broad base input of many parties.

Article IV. Membership

Section A. Definition

A voting representative of the PCPB is any person who has first been duly nominated by the PCPB, and then voted upon by the PCPB.

Section B. Composition of Members

The membership shall not exceed twenty-three voting (23) representatives (members), and be no less than seventeen (17) voting members. The 17 shall be guided by the suggestions below. Once the minimum quota for members is achieved, additional members exceeding 17 shall be based upon the intended composition of the PCPB based upon epidemiology, geography, race, ethnicity, culture, occupation, HIV status, emergent populations and/or other stated eligibility criteria.

There will be three Co-Chairs; one a Rhode Island Health and Human Services appointed representative from the Rhode Island Executive Office of Health and Human Services,

Provision of Care Program (e.g., it is recommended that the staff member be affiliated with the Ryan White Program) and two Community Co-Chairs elected from the membership by the membership, one of which is a consumer. The following are recommendations for voting representation, and therefore offers guidance for this planning body.

- A. Five (5) members will be representative from state governmental, health and social service institutions:
 - 1. The Division of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDAH).
 - 2. The Executive Office of Health and Human Services (EOHHS).
 - 3. The Rhode Island Department of Health from the Office of HIV/AIDS Prevention & Viral Hepatitis that has experience in Ryan White programs (RIDOH).
 - 4. The Rhode Island Department of Corrections (ACI)
 - 6. The Department of Children, Youth and Families (DCYF)
- B. It is recommended that no more than 7 members composed of Ryan White funded and non-funded vendors
 - 1. Four (4) members from Part B
 - 2. Two (2) members from Part C
 - 3. One (1) member from Part D
- C. It is recommended that at least 5 of the total membership of the PCPB be unaffiliated consumers.
- D. It is recommended that the remaining representatives include a non Ryan White/State:
 - 1. An HIV medical doctor
 - 2. An HIV nurse
 - 3. A mental health provider
 - 4. A substance abuse provider

Section C. Length of Terms

All member terms of office are two years, staggered randomly from the creation date of the PCPB.

- 1. Members are limited to three consecutive terms in the same seat (for a total of 6 years), unless exempted by special vote of the PCPB.
- 2. Members leaving the group after 3 terms (or 6 years) may reapply after a one year absence. The reapplication process will include completing the application form, interview and voting process.

Section D. Appointment and Removal

1. Nominees are selected by the Co-chairs Committee presented to PCPB.
2. Criteria for selecting new members should ensure that membership reflects, as much as possible, the epidemic in the jurisdiction (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection).
3. Members may be recommended for removal for good cause by the Co-chairs Committee by approval of the entire group. Recommendations for removal must be submitted to the Co-chairs Committee in writing outlining the reasons associated with good cause.

Section E. Attendance

1. Members are expected to attend all scheduled meetings, including adhoc and other committee meetings.
2. Three unexcused absences in one year of a member's appointment related to full meetings of the PCPB are grounds for recommending removal by the Co-chairs Committee.
3. Excused absences are at the discretion of the Co-chairs. Members must directly notify the assigned Department of Health staff member prior (or as soon as possible after the meeting if there is an emergency) to any absence from a scheduled PCPB meeting, including ad-hoc and other committee meetings.

Section F. Leave of Absence

Any member in good standing may request a leave of absence from PCPB for up to six months. This request should be submitted to the Co-chairs Committee for approval to recommend such leave to the PCPB. Any request for extended leave of absences will be reviewed by said committee at the end of the 6 month period. Ordinarily it is not suggested that a member extends their leave beyond 6 months, unless extraordinary circumstances prevail.

Section G. Resignation

Members may resign at any time by providing written notification to the Co-chairs Committee.

Article V. Governance

Section A. Officers

1. There will be a **Co-chairs Committee** consisting of the officers. The PCPB officers shall consist of one (1) State Co-chair (provided by HEALTH) and two (2) Community Co-chairs (elected by the PCPB general membership). A designated support person assigned to the PCPB shall also be present so as to assist in the Co-chairs Committee's needs.

Section B. Terms of Office

1. Officers of the Co-chairs Committee are elected for one (1) two (2) year term with the exemption of the HEALTH Co-chair whose term is ongoing and serves at the discretion of the Director of Health.
2. If an officer of the Co-chairs Committee resigns or is removed before the end of their term, the Co-chairs Committee shall nominate one (1) person, and accept nominations from PCPB at large to replace the exiting Co-chairs Committee officer. A simple majority vote system will be used to

select a replacement member, to complete the remaining term. Election or reaffirmation shall then occur as per the by-laws. The exiting Co-chairs Committee member must submit their resignation in writing to the remaining PCPB Co-chairs.

3. If a vacancy occurs in a Co-chairs Committee position, PCPB shall elect a new officer no less than (30) days after resignation or removal of the previous Co-chair.

Section C. Removal of Office

1. Elected Co-chairs Committee officers may be removed for reasons of just cause (e.g. lack of effort, conflict, threats of violence, abusive language or any other behavior that impedes the work of PCPB) by a two-thirds (2/3) vote of the general PCPB membership.
2. Voting on a motion to remove an officer can be held no earlier than thirty (30) days after the motion was moved and seconded. The voting process must be done by secret ballot.
3. If for just cause, the PCPB general membership believes the State (HEALTH) Co-chair should be removed from office, the steps are as follows:
 - a. A majority vote in favor of removal shall occur no less than sixty (60) days after a motion of no confidence in the State (HEALTH) Co-chair has been moved and seconded,
 - b. After the vote of no-confidence, a committee of no less than three (3) persons, one of which being one of the Community Co-chairs shall draft a letter of grievance to HEALTH. However, the removal and subsequent replacement of the State Co-chair is entirely at the discretion of the Director of Health.

Section D. Conflict of Interest

A PCPB member shall refrain from voting on matters on which he or she has conflict of interest. To the extent permitted by law, no contract or other transaction in which the organization may enter shall be affected by the presence of a conflict of interest on the part of a member.

If a decision is to be made which may directly affect a member's personal, financial or organizational interest, then a potential conflict, or appearance of potential conflict of interest, exists or may be perceived to exist. In such cases:

1. The individual member must clearly declare early in any discussion that a potential conflict of interest exists or may be perceived to exist.
2. Other members may raise the question of conflict of interest or perceived conflict of interest of another member for discussion.
3. Members may voluntarily reclude themselves from voting or discussion on issues in which a potential conflict of interest exists or may be perceived to exist.

Section E. Standing Committees

There shall be three (3) Standing Committees: The Standing Committees are charged with the following:

1. They may develop procedures/policies that are congruent with this Charter of the full PCPB.

2. Rules, procedures and other mechanisms for operation aside for the responsibilities listed below should be decided by each standing committee.
3. Standing committee products (e.g., Nominations procedures, etc.) shall be forwarded to the full PCPB for a vote.

(1) Co-chairs Committee:

1. The membership of the Co-chairs Committee shall be composed of the co-chairs of the PCPB.
2. The PCPB co-chairs shall serve as the co-chairs of the Co-chairs Committee.
3. The Co-chairs Committee is charged with the following responsibilities:
 - a. To set the agenda and it's associated objectives and outcomes: to this end they shall review and forward items for discussion and action to the PCPB and approve the agendas associated with its various working groups so mentioned in these bylaws. Agenda items shall be solicited at the end of each full PCPB meeting. The Co-chairs Committee must approve the final agenda at least three weeks prior to the full meeting, and it shall be sent to the PCPB at least two weeks prior to the meeting;
 - b. To be the core steering body of the PCPB and act on an emergency basis on behalf of the PCPB, as necessary, between regular meetings of the PCPB;
 - c. Organize an annual meeting that reviews the year accomplishments and other special meetings;
 - d. To meet via teleconference and/or in person prior to each full PCPB meeting.
 - e. Determine the annual PCPB work plan and functional calendar of activities associated with HRSA requirements and local (Rhode Island) and national public health need;
 - f. Standing as a hearing committee for grievances/complaints;
 - g. Concurring with committees and other working bodies associated with these Bylaws;
 - h. Addressing matters related to other PCPB operations;
 - i. Other duties and responsibilities that may be designated by HRSA and/or by the Director of Rhode Island Department of Health.

(2) Nominations/Recruitment/Retention/Charter Committee (NRRCC):

- A. The membership of the NRRCC shall be composed of members of the PCPB recommended by the PCPB Co-chairs and voted upon by the PCPB.
- B. The NRRCC is charged with the following responsibilities:

1. Reviewing, at least semi-annually, the current epidemiological trends to ensure the reflective composition of the PCPB in accordance with all state, Ryan White and other policy and PCPB composition requirements;
2. Recruiting, screening, scoring and evaluating nomination applications for PCPB membership and recommending nominations to the PCPB;
3. Developing, conducting and overseeing ongoing, comprehensive training for the members of the PCPB and public to educate them on matters and topics related to the PCPB and HIV/AIDS service and related issues;
4. Conducting regular orientation meetings for, and/or provide materials to new PCPB members and interested members of the public to acquaint them with the PCPB's role, processes and functions;
5. Developing and revising, as necessary, PCPB member job descriptions and other policies associated with this topic;
6. Recommending candidates for committee, task force and other working group/body membership to the PCPB;
7. Reviewing, at least semi-annually, the current Bylaws and recommending any amendments/changes to the full PCPB. Recommend and/or may solicit from the membership amendments to or a revision of Bylaws to reflect current and future goals, requirements and/or objectives;
8. Recommending, developing and implementing PCPB policies and procedures;
9. Coordinating on-going public awareness activities to educate and engage the public in the PCPB and HIV services throughout the community;
10. Developing and revising, as necessary, PCPB Grievance, Conflict of Interest, Decision Making, Training and Group Processing (developing a Code of Conduct) Procedures/Policies;
11. Maintain a copy of these Bylaws at all meetings and act as interpreters and facilitators of discussions pertaining to these Bylaws;
12. Other duties as assigned by the PCPB and/or the Rhode Island Department of Health.

(4) Quality Management Committee (QMC) 75% Part B, 25% All Parts:

The Health Resources and Services Administration's (HRSA) and HIV/AIDS Bureau (HAB) are committed to improving the quality of care and services and ultimately the quality of life for people living with HIV and AIDS. This commitment is made evident by the variety and depth of the efforts that HIV/AIDS Bureau undertakes to address the quality of care, treatment, and training across all programs administered by the Ryan White (RW) Care Act. Initially, the QM Committee will focus upon all parts of RW by devoting approximately 75% effort to part B, such that the state meets its Part B QM obligations to HRSA. We estimate the remaining 25% will be devoted to other RW parts of QM.

The Executive Office of Health and Human Services has assumed the same basic philosophic base for quality management of Ryan White Care and Support Services, Contracted Services and HIV Case Management Services, and therefore these Bylaws exemplify the critical nature of a quality management committee that is affiliated and aligned with the efforts of the PCPB.

A. The members of the QMC shall be composed of all members of the Ryan White Part B Team, consumer and sub-contractor representation (key stakeholders), members of the PCPB and representing members of the QM Advisory Board. They can be recommended by the PCPB members and co-chairs (See By-Laws).

B. The RW QMC is charged with the following responsibilities:

1. Developing Rhode Island's RW Quality Management Plan and monitoring its implementation. This includes the Standards of Care (SOC), Performance Measures (PM), and the goals and objectives of the plan;
2. Identifying, reviewing, developing and evaluating HIV SOC. The RW Part B QM Plan is updated at least quarterly and as needed. It is envisioned that the QM Plan for the RW Part B Program will gradually expand to reflect a more statewide systems approach;
3. Recommending policy initiatives in accordance with Quality Management associated with the Rhode Island HIV comprehensive system of care and funded vendors (agencies);
4. Educating policy makers and the PCPB on Quality Improvement (QI) at the provider's level and practices in QI and understanding the QM Plan;
5. Research and integrate appropriate and pertinent QM practices that represent the HRSA and/or Part B QM Team guidelines associated with healthcare quality initiatives into the quality management plan;
6. Overseeing the implementation of a performance measure system that routinely measures quality of care and analyzes performance measurement reports;
7. Make recommendations regarding opportunities for Quality Indicators, based on Performance Measure Reports for each sub-contractor;
8. Provide opportunities for RW providers to share "best practices" that promotes the health and optimizing life for People Living With HIV/AIDS (PLWH/A) and their families;
9. Design and implement training workshops related to QI, Careware and data collection and reporting SOC's and PM's;
10. Adapting standards into tools that can be used by consumers and providers to access the appropriateness of services being provided.

Section E. Other Committees: PCPB and its committees may create such ad hoc, task forces, and/or select committees, or work groups as it deems necessary, and as appropriate. All associated working bodies must adhere to these bylaws and may assert/designate operating principle in accordance with these bylaws.

Section F. Committee Structure/Membership.

- A. In some circumstances, upon recommendation of the PCPB, members of committees may represent non-voting members of the PCPB. It is recommended that at least 50% of all Committees are PCPB voting representatives.
- B It is recommended that all committees affiliated with the PCPB utilize a consensus process when making decisions.
- A. It is recommend that at least two co-chairs are elected to each standing committee, one representing the staff of the Office of HIV/AIDS & Viral Hepatitis Rhode Island Department of Health staff, or other designated state staff and one community member. Committee Co-chairs shall be elected by the NRRCC after an open nominations period. Once recommended the names shall be submitted to the PCPB for a vote.

Section G. Ad-hoc Committees

Only the Co-chairs Committee has the authority to appoint ad-hoc committees. Ad-hoc committees shall report to the Co-chairs, the Co-chairs Committee or to the whole body of PCPB in the same manner as other committees of PCPB. To the extent possible, ad-hoc committee shall meet, as it deems necessary and at a time that shall not impede the agenda of PCPB business.

Article VI. Meetings

1. Meetings will be presided over by the Co-chairpersons of the Co-chairs Committee.
2. Members shall adhere to all PCPB Ground Rules (See Appendix I). The presiding officer shall remind the PCPB of the ground rules and be certain a posting of such ground rules is present at each meeting.
3. Meeting agendas shall be established and presented to PCPB members two weeks prior to scheduled meetings. This process is the responsibility of the Co-chairs Committee and the Department of Health assigned staff member.
4. At least nine meetings will be scheduled annually.
5. A time for introductions will be given at the beginning of every meeting.
6. Visitors are encouraged to attend as guests of a member and will be allowed to speak if time permits and at the discretion of the presiding Co-chair officers.
7. Presentations to PCPB by non-members must be approved and requested by the Co-chairs Committee.

Article VII. Voting/Decision Making

The PCPB is an advisory body that is intended to be compliant with the HRSA requirements. Therefore decision making regarding allocations, contracts and state responsibilities associated with the local Ryan White Part B program and other state obligations of HRSA (e.g., mandates) are the sole responsibility of the Office of HIV/AIDS & Viral Hepatitis. Any decisions made within the body are those related to processing the duties associated with these Bylaws.

1. The method of voting will be by hand, voice and roll call or by secret ballot at the discretion of the presiding officer.
2. A quorum must be achieved in order to vote on any matter before the body. A quorum will be 50% plus one.
3. A simple majority of votes is sufficient for all matters except changes to the by-laws.
4. Changes to the by-laws require two-thirds majority by general PCPB membership.
5. Committees, etc. are asked to consider consensus rather than voting so as to simplify the process of making decisions within committees, adhoc, task forces, etc. Consensus is defined as general agreement of those in attendance. The Co-chairs of the group should consider a question or decision about to be made and proceed to ask the group. If there is opposition, the opposition should be duly noted in the minutes, then the co-chairs should ask all those who can agree with the question/decision. If the majority agrees then consensus is achieved. If no agreement consensus was not achieved.

Article VIII. Grievance Procedure

Highlights	Policy Statement
<i>Pre- Filing</i>	PCPB investigates all grievances and complaints filed with the Co-chairs Committee. A member has 30-days from the date of the incident to file a Grievance.
Policy Interpretation and Implementation (Investigation Process)	
<i>Individual Responsible for Investigating Grievances</i>	1. The PCPB has the assigned responsibility of investigating grievances and complaints to the PCPB.
<i>Investigation Process</i>	2. Upon the receipt of a written grievance and/or a complaint report from the Co-chairs Committee will begin an investigation into the allegations. The investigation and report will include, as each may apply: <ol style="list-style-type: none"> a. The date of the alleged incident and/or removal proposal; b. The circumstances surrounding the alleged incident/removal proposal c. The location of the alleged incident; d. The names of any witnesses and their account of the alleged incident; e. The member’s account of the alleged incident; f. Accounts of any other individuals involved and g. Recommendations for corrective action.

<i>Completing the Grievance/Complaint Investigation Report Form</i>	3. The “Grievance/Complaint Investigation Report Form” must be filed by the State Co-chair of the Co-chair Committee within 30 days of the receipt of the grievance or complaint form. (Note: A sample copy of the PCPB “Grievance/Complaint Investigation Report Form” is located in Appendix II).
<i>Informing Person Filing Grievance/Complaint of Findings/Corrective Action</i>	4. The member filing the complaint will be informed of the findings of the investigation, as well as any corrective action recommended, within 45 days of the filing of the grievance or complaint.
<i>Filing of Grievance/Complaint Form</i>	5. A copy of the “Grievance/Complaint Investigation Report Form” must be attached to the “Grievance/Complain Form” and filed with the Co-chairs Committee.
<i>Provision of Reports to Person Filing Grievance/Complaint</i>	6. Copies of all reports must be signed and will be made available to the member filing the complaint or grievance. These should be available within 60-days of the initiation of the grievance. The Co-chairs Committee shall hold a Hearing and invite the involved parties. If the situation is not resolved to the satisfaction of the member filing the grievance, and/or of the member with a proposed removal, proceed to step 7.
<i>Appealing the Co-chairs Committee Decision</i>	7. The grievance will be presented by the Co-chairs Committee before the entire voting PCPB membership for mediation. Both parties involved will give a 5 minute petition. A reasonable solution to the situation will be determined by a majority vote.
<i>Closing the Grievance</i>	8. The Co-chairs Committee shall verify the grievance findings, acknowledge the quorum voting decision and declare the mediation closed. No further appeal is afforded and the issue is concluded. The closing of the Grievance Procedure should be concluded no later than 90-days from the initial filing of the Grievance, excluding a period of unscheduled PCPB voting/meeting. The Co-chair Committee shall return the file for a period of 1 year, and then it shall be destroyed.

Article IX. Amendments

These by-laws may be amended at any regular or special meeting of the PCPB. Written notice of the proposed By-laws change(s) shall be emailed or delivered to each member no less than thirty (30) days prior to meeting date. By-laws changes require a two-thirds (2/3) majority vote of a quorum.

Appendix I

Rhode Island Provision of Care Planning Body Ground Rules

1. Members will strive to arrive on time for all Group and Committee meetings.
2. Members will notify the group’s coordinator in advance of anticipated absences, and if late will enter the meeting quietly and with respect for those already present.

3. Members will listen to the authorized speaker and will avoid all side-bar conversations.
4. Members will try to remain open in what they say and listen objectively to others.
5. Members will honor the facilitator's recognition of hands, and designation of speakers, and the agenda's time line.
6. Every member's view point is valuable. Members will commit to contributing fully to activities and discussion according to their own level of comfort.
7. Members, will at all times, avoid interrupting others and avoid dominating discussions but rather encourage others to speak. If a personal, conflicting issue between two members should occur the members will excuse themselves from the meeting and return when they have achieved the right to disagree with respect.
8. Members will observe time limits on speaking when they are invoked.
9. Members who agree to take on a task will complete that task on time.
10. When discussing PCPB issues outside of the Group meeting, members will separate issues from persons or personalities.
11. Members will not use factors un-related to PCPB issues (i.e. sero-status, race, ethnicity, class, sexual orientation, religious preference or other aspects of human diversity) against other members.
12. Group decisions are reached in one or two steps respectfully:
 Step One: Attempt to reach consensus on decisions. Meaning that all group members could honestly say: "I believe that you understand my point of view and that I understand yours. Whether or not I prefer this decision, I support it because it was reached fairly and openly, and it is a viable solution for us at this time. In short, I can live with it."
 Step Two: If consensus cannot be reached, PCPB votes. A fifty (50%) plus one vote in favor means the action is taken and the issue is closed for further discussion for a period of a least six months. A less than 50% plus one vote means that the discussion continues in order to reach a consensus or a subsequent majority vote.
13. Members will refer all media inquiries to the State Co-chair.

Appendix II

PCPB: Grievance/Complaint Investigation Report Form

Date of this report: _____

Name of person filing this report: _____

Name of person filing report if not the individual injured/allegedly harmed: _____

Date incident occurred: _____ Time: _____

Was there an injury? No Yes If yes, describe: _____

Describe the incident as provided by the person making the allegation:

Describe the incident as provided by any witness:

Describe your findings of the incident:

Recommendations of corrective action:

Was the grievance/corrective action resolved to the satisfaction of all parties: ___ Yes ___ No

Date individual(s) received copy of the report: _____ Time: _____

Individual(s) Concluding the investigation and findings

X _____ Date: _____ X _____ Date: _____

III. Standards of Care (SOC)

Data Systems for Monitoring SOC Performance Measures/Indicators

Currently, vendors are collecting this data manually and have basic electronic mechanisms (forms) currently in place to collect and report the data. EOHHS is in process of establishing CAREWare systems for inputting data and analyzing this data, such that agencies can electronically input these measures/indicators in a more efficient manner. Tasks identified to establish CAREWare under EOHHS storage and blade access include the following:

1. EOHHS will get a quote for a blade server and storage per specifications provided by the HIV/AIDS group. These would be added to the DHS VM infrastructure. **DONE**
2. HIV/AIDS will finance this through their grant and a CERF will be submitted **DONE on 01/29/2014**
3. The latest version of CAREWare would be acquired from HRSA once the platform was prepared. **IN PROCESS**
4. A Fed Agency consultant, would be engaged to configure CAREWare and provide training. **IN PROCESS – Request has been submitted to HRSA Project Officer.**
5. DOH would be instructed to decommission older version of CAREWare residing on their equipment

6. The new CAREWare will have to be installed at each of the sub-grantees facilities.
 - a. Providers need to be identified.
 - b. Minimum and recommended installation requirements need to be assessed.

STANDARDS OF CARE –REQUIRED QM CLINICAL MEASURES					
STANDARD	INDICATOR	NUMERATOR	DENOMINATOR	DATA SOURCE	GOAL/BENCHMARK
A. Ambulatory Outpatient medical Care provided will adhere to the current DHHS/PHS Guidelines regarding on-going health care, health assessments, medical visits, PCP prophylaxis and CD4 and viral load (VL) counts in order for the grantee (State) and providers to meet the HRSA QM Clinical Measure Requirement.	1.1 Pregnant Women with HIV-infection are prescribed antiretroviral therapy	Number of HIV-infected pregnant women who were currently on or newly prescribed antiretroviral therapy during the 2 nd and 3 rd trimester	Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges, i.e. MD,PA, NP at least once in the measurement year	CAREWare, RSR or chart audits	90%
	1.2 Patients/Clients have CD4 counts monitored yearly	Number of Patients/Clients with one or more CD4 counts annually	Number of Patients/Clients		90% of clients have 1 or more CD4 counts annually
	1.3 Patients/Clients who meet current guidelines for ART are offered and/or prescribed ART	Number of Patients/Clients offered and/or prescribed ART	Number of Patients/Clients		90%
	1.4 Patients/Clients who have medical visits with an HIV medical provider at least every 6 months	Number of Patients/Clients with medical visits at least every 6 months	Number of Patients/Clients		90% of Patients/Clients have 2 or more medical visits in an HIV care setting at least 3 months apart every year. Core group 1

STANDARDS OF CARE – REQUIRED QM CLINICAL MEASURES

STANDARD	INDICATOR	NUMERATOR	DENOMINATOR	DATA SOURCE	GOAL/BENCHMARK
	1.5 Patients/Clients at risk for PCP are on appropriate prophylaxis	Number of Patients/Clients who are on PCP prophylaxis	Number of Patients/Clients with CD4 count <200 or <14%	CAREWare, RSR or chart audits	90% of Patients/Clients with CD4 <200 or <14% are prescribed PCP prophylaxis, excluding Patients/Clients newly enrolled in care during the last 3 months of the year.
	1.6 Viral Load Monitoring	Number of Patients/Clients with a viral load test performed at least every 6 months	Number of Patients/Clients		90% of Patients/Clients had a viral load test performed at least every 6 months during the measurement year.
	1.7 Viral Load Suppression	Number of Patients/Clients with viral load below limits of quantification (200 copies per ml) at last test during the measurement year	Number of Patients/Clients		90% of Patients/Clients with viral load suppressed to < 200 copies/ml at last test during the measurement year
	1.8 Patients/Clients will receive a health assessment and comprehensive physical exam including an oral exam on initial visit and then annually, and will include mental health and substance use/abuse histories	Number of Patients/Clients with assessment and PE	Number of Patients/Clients		100%
B. Non-Medical HIV/AIDS Case Management services that provide advice and assistance to Patients/Clients in obtaining medical, social, community, legal, financial, and other needed services so the grantee (State) and providers can meet the HRSA QM Clinical Measure Requirement.	Documents include assessments, releases, rights and responsibilities, HIPPA, Primary Care tracking form, care plan, referral documentation, current progress notes and all applicable correspondence, Including clinical quality measure documentation of CD4 Count, Viral Load, PCP, HAART and Medical Visits	Number of client records that accurately reflect the care delivered across Clinical QM measures	Number of Patients/Clients records reviewed	*On-site chart audits review only – do not send as part of quarterly report	90% of clients records will reflect the care delivered across Clinical QM measures <u>Core Group 1</u>

STANDARDS OF CARE – MEDICAL CASE MANAGEMENT PERFORMANCE MEASURES

STANDARD	INDICATOR	NUMERATOR	DENOMINATOR	DATA SOURCE	GOAL/BENCHMARK
A. Medical Case Management provided will adhere to the current DHHS/PHS Guidelines regarding on-going health care, health assessments, medical visits, viral load (VL) counts in order for the grantee (State) and sub-grantee (providers) to meet the HAB/HRSA QM Performance Measure Requirement.	1.1 Viral Load Suppression: Percentage of patients with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.	Number of patients with a diagnosis of HIV with at least one medical visit in the measurement year.	CAREWare, RSR or chart audits	85%
	1.2 HIV Medical Visit Frequency: Percentage of patients with a diagnosis of 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.	Number of patients 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.	Number of patients with a diagnosis of HIV with at least one medical visit in the first 6-months of the 24-month measurement period.	CAREWare, RSR or chart audits	90%
	1.3 Gap in HIV Medical Visits: Percentage of patients with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year.	Number of patients with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.	CAREWare, RSR or chart audits	>15%

STANDARDS OF CARE –REQUIRED QM MEDICAL CASE MANAGEMENT PERFORMANCE MEASURES

STANDARD	INDICATOR	NUMERATOR	DENOMINATOR	DATA SOURCE	GOAL/BENCHMARK
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	<p>1.4 Medical Case Management (MCM) Care Plan: Percentage of MCM patients with a diagnosis of HIV who had a MCM Care Plan developed and/or updated two or more times in the measurement year</p>	<p>Number of MCM patients who had a MCM Care Plan developed and/or updated two or more times which are at least 3 months apart in the measurement year</p>	<p>Number of MCM patients with a diagnosis of HIV who had at least one MCM encounter in the measurement year.</p>	<p>CAREWare, RSR or chart audits</p>	<p>75%</p>
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STANDARDS OF CARE – REQUIRED QM NON-MEDICAL CASE MANAGEMENT MEASURES

I. Definition/Overview

Support for HIV/AIDS Non-Medical Case Management services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services

May include:

- Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
- All types of case management encounters and communications (face-to-face, telephone contact, other)
- Transitional case management for incarcerated persons as they prepare to exit the correctional system

Note: Non-Medical Case Management does not involve coordination and follow up of medical treatments. (US Department of Health & Human Services, HRSA/HAB Division of Service Systems Program Monitoring Standards - Part B April, 2011)

II. Services

HIV/AIDS Non-Medical Case Management is a formal and professional service that links persons living with HIV/AIDS (PLWHA) with multiple service needs to a formal continuum of health and social service systems. HIV/AIDS Non-Medical Case Management services strive to ensure that clients with complex needs receive timely coordinated services that enhance a client's ability to function independently as long as it is practical. HIV/AIDS Non-Medical Case Management assesses the needs of the client, the client's family, and the client's support system, and then arranges, coordinates, monitors, evaluates, and advocates for a package of services to meet the client's specific needs.

In Rhode Island, HIV/AIDS Non-Medical Case Management services includes assisting eligible clients to obtain access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturer's Patient Assistance Programs (PAPS), and other state and local health care and supportive services) and identifying clients who have dropped out of medical or ADAP care and assisting them to reconnect with care.

Outcome:

Clients shall receive:

1. Appropriate case management intervention.
2. Continuous and informative case management services over time as the patient/client's disease progresses.

III. Eligibility

Per requirements of Eligibility in the Universal Standards of Care for all Ryan White Services section (Documented HIV status, Rhode Island resident and gross family income at or below 400% of the federal poverty level).

IV. Sections

In this document you will find:

- Personnel
- General Standards
- Quality Assurance

V. Standards of Care and Measures

#	Standard / Indicator	Measure/Evidence
1.0	PERSONNEL	
1.1	Staff Qualifications	
1.11	HIV/AIDS Non-Medical Case Management staff should demonstrate continuous professional development by earning a minimum of 10 hours of HIV-related training per year.	Personnel records/resumes/applications for employment reflect requisite experience/education. Data Collection Tool: Manual
1.12	Orientation should be provided per individual providing agency Standards.	Agency’s orientation program must require all staffers to be familiar and in compliance with all standards required by the grantee and/or state regulatory agencies. Data Collection Tool: Manual
2.0	Enrollment In Ryan White Services	
2.1	The objectives of the eligibility process are to: 1. Inform the patient/client of: • all Ryan White funded services available; • all Ryan White funded medical case management agencies available in Rhode Island; and • what the patient/client can expect if s/he enrolls in medical case management services. 2. Establish and/or verify patient/client eligibility for Services, including reassessment of clients every 6 months to determine continued eligibility. 3. Collect required state/federal patient/client data for reporting purposes.	Documentation of the objectives of the eligibility process is in Patient/Client record. Data Collection Tool: Manual
2.2	All funded HIV Non-Medical Case Management agencies must be able to: 1. Provide enrollment on a walk-in basis 2. Schedule an appointment at the patient/client	Agency policy and procedures reflect the availability of walk-in services. Documentation referral kept on file at the

	<p>convenience; and</p> <p>3. Refer the patient/client to another agency in the event of a waiting list or any capacity constraints prohibiting an agency from serving a patient/client immediately.</p>	<p>agency.</p> <p>Data Collection Tool: Manual</p>
2.3	<p>The presentation to the patient/client of information regarding the Ryan White service delivery system will include:</p> <ol style="list-style-type: none"> 1. Confidentiality, release of information, and HIPAA privacy notification as appropriate. 2. Statement of patient rights and responsibilities; and 3. Agency grievance/complaint procedures. 	<p>Documentation in patient/client record of the presentation to the patient/client of information regarding the Ryan White service delivery system.</p> <p>Data Collection Tool: Manual</p>
3.0	<p>Patients/clients will be assessed for the need of the following care/services, and referrals, if needed, will be made by a case manager:</p> <p>A. Basic Information</p> <p>Presenting problem Contact and identifying information (name, address, phone, birth date, etc.) Language Spoken/Literacy Level Demographics Emergency Contact Confidentiality Concerns Household Members Documentation of Insurance Status Documentation of HIV Status Documentation of Gross Family Income Documentation of Residence Other current Health Care and Social Service Providers, including case management providers</p> <p>B. Overview of Status and Needs Regarding:</p> <p>Medication Access Food/clothing services Financial assistance Housing Transportation Legal services Substance use Mental health Domestic violence Support system Education Employment Medical case management HIV disease, other medical concerns, access to and engagement in health services</p>	<p>Data Collection Tool: Manual – Checklist</p> <p>*On-site chart audits review only – do not send as part of quarterly report</p>

	<p>Prevention of HIV/AIDS transmission Prevention of HIV disease progression Medical nutrition therapy Oral health services</p> <p>Checklist</p>	
3.1	Patient/client will be screened for the need of case management in coordination with a medical care provider.	<p>Documentation of screening is in patient/client record.</p> <p>Data Collection Tool: Manual</p>
3.2	Intake is completed within 3 business days from requested services.	<p>Intake documentation is in patient/client record.</p> <p>Data Collection Tool: Manual</p>
3.3	Patient/client assignment to case manager and case manager contact to patient/client occurs within 5 business days from intake.	<p>Documentation of patient/client assignment to case manager and case manager contact to patient/client is in patient/client record.</p> <p>Data Collection Tool: Manual</p>
3.4	Case manager will set up an appointment with the client to start on all necessary paperwork such as, but not limited to: releases, rights & responsibilities, HIPPA, assessment, care plan, etc. Completion of all paperwork and referral to other services may not exceed 10 business days from date of intake.	<p>Documentation of the case manager and client's appointment and completion of all paperwork is in patient/client record.</p> <p>Data Collection Tool: Manual</p>
3.5	All patient/client receive mental health screening at time of assessment with case management assessment tool and it is reviewed ongoing as well as every 6 months during care plan review.	<p>Documentation of the mental health screening is in the patient/client's record.</p> <p>Data Collection Tool: Manual</p>
3.6	All patient/client receive substance abuse (alcohol & drugs) screening at time of assessment with case management assessment tool and it is reviewed ongoing as well as every 6 months during care plan review.	<p>Documentation of the substance abuse (alcohol & drugs) screening at time of assessment with case management assessment tool is in patient/client record.</p> <p>Data Collection Tool: Manual</p>
3.7	Eligible patient/client in need of medications are referred to the AIDS Drug Assistance Program (ADAP) for access to medications to treat HIV-disease and associated opportunistic infections. Patient/client is aided in process by case manager to insure all documentation is in place.	<p>Documentation of patient/client referral to the AIDS Drug Assistance Program (ADAP) is in patient/client record.</p> <p>Data Collection Tool: Manual and ADAP Access Database</p>

3.8	The RI ADAP enrollment process takes place within 2 weeks of the point of identified need.	The RI ADAP enrollment process documentation is in patient/client record. Data Collection Tool: Manual and ADAP Access Database
3.9	The RI ADAP recertification process takes place by the last day of the patient/client's birth month and every 6 months following, and does not cause an interruption in patient/client access to medications. The agency will coordinate with the State to ensure clients are recertified every 6 months.	Documentation of the RI ADAP recertification process is in the agency's program reports. Data Collection Tool: Manual and ADAP Access Database
3.10	Eligible patient/clients with dental needs are referred to dental care to receive an oral exam by a dentist at least once during the measurement year.	Documentation of referral to dental care is in patient/client record. Data Collection Tool: Careware
3.11	Patient/clients are assessed for transportation assistance needs to facilitate patient engagement in care and prevent treatment interruptions. Patient/client must demonstrate a need for transportation assistance during initial assessment and then on-going.	Documentation of the patient/client transportation assistance assessment is in patient/client record. Data Collection Tool: Manual
3.12	Documentation showing need from a landlord or utility company must be provided by patient/client.	Documentation in patient/client record. Data Collection Tool: Manual
3.13	Patient/client are assessed for nutrition and food assistance needs by case manager at the initial assessment as well as twice annually.	Documentation of the patient/client's nutrition and food assistance assessment is in patient/client record. Data Collection Tool: Manual
3.14	Patient/client are assessed for individualized food assistance by the case manager based on need and assessed on-going.	Documentation in patient/client record. Data Collection Tool: Manual
3.15	Case managers will receive a list of patient/client who have not utilized ADAP Benefits in 60 days (31 day report) and will send report update back to ADAP office within 15 days.	Documentation of the RI ADAP benefit utilization process is in the agency's program reports. Data Collection Tool: Manual and ADAP Access Database
3.16	Program staff identifies and communicate as appropriate (with documented consent of patient/client) with other service providers to support coordination and delivery of high quality care and to	Documentation of on standard consent form in patient/client record. Data Collection Tool: Manual

	prevent duplication of services.	
4.0	Patient/client's have a comprehensive individualized care plan that complies with best practices.	
4.1	Case Managers will maintain contact, at least once every three months, with all patient/clients receiving case management services.	Documentation of case manager and patient/client contact is in patient/client record. Data Collection Tool: Manual
4.2	Reassessment of the patient/client's needs and care plan revisions is conducted with the patient/client once every 6 months.	Documentation of the reassessment of the patient/client's needs is in patient/client record. Data Collection Tool: Manual
4.3	Patient/clients are discharged or inactivated from HIV Case Management services through a systematic process, including notification to medical provider case management. Documentation of outreach of at least three attempts using any combination of letter sent, phone call made, home visit, or collateral contact.	Documentation of case closure in patient/client record. Documentation of reason for discharge/case closure (e.g., case closure note). Data Collection Tool: Manual
5.0	Quality Assurance	
5.1	Service providers shall have an established HIV Case Management quality Assurance/Performance Improvement Plan. This plan shall be monitored for compliance at least twice annually.	Provider maintains a quality assurance/performance improvement plan. *On-site chart audits review only – do not send as part of quarterly report Data Collection Tool: Manual