New York State Department of Health AIDS Institute

Ryan White HIV/AIDS Part B Program

2021 – 2022

QUALITY MANAGEMENT PLAN

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New York State Department of Health
AIDS Institute

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A) Introduction

The New York State Department of Health AIDS Institute is committed to eliminating new HIV infections, improving the health and well-being of persons with HIV (PWH), and ensuring equitable access to HIV care to promote the health and wellbeing of all New Yorkers living with HIV. The mission of the AIDS Institute is to protect and promote the health of NYS's diverse population through disease surveillance and the provision of quality prevention, health care, and supportive services for those affected by HIV/AIDS, sexually transmitted infections, viral hepatitis, and related health concerns. In addition, the AIDS Institute promotes the health of LGBTQ populations, substance users, and the sexual health of all New Yorkers.

The AIDS Institute's Ryan White Part B Quality Management Program's purpose is to determine to what extent the needs of PWH are being met and to help providers better meet those needs. The Ryan White Part B Quality Management Program accomplishes this by setting standards for Part B-funded providers, measuring the performance of providers, using performance data to identify areas for improvement, implementing quality improvement projects using established tools and methodologies, and aiding providers to improve their performance.

The Quality Management Program has been established with ongoing input from stakeholders and communities affected by HIV and is fully integrated into the AIDS Institute's Quality of Care Program. The specific goals include a) improving health outcomes for PWH; b) advancing the quality of HIV supportive services across Part B-funded providers; c) ensuring that available performance data are used to monitor trends in New York State's epidemic and to create momentum for improvement; d) aligning with national public health priorities and external clinical quality management (CQM) expectations, including the HRSA HIV/AIDS Bureau Policy Clarification Notice (PCN) #15-02[1] of the Public Health Service Act; and e) contributing to the Ending the Epidemic Initiative in New York State.

The Ryan White Part B Quality Management Program is committed to carrying out its work according to the following guiding principles:

- Create a culture for continuous quality improvement across all Ryan White Part B stakeholders;
- Implement data-based decision making and robust quality improvement projects that can measurably impact the quality of care and services;
- Focus on meeting the unique needs of high risk populations;
- Address the social determinants of health to ensure equitable access to HIV care;
- Promote comprehensive and integrated services that are client-centered; and
- Adapt to the evolving needs of individuals, families, communities, and health and human service providers.

The Ryan White Part B Quality Management Plan describes the overall Quality Management Program infrastructure, goals, and activities, as well as expectations specific to Ryan White Part B-funded agencies (subrecipients). These activities are intended to improve health outcomes for PWH by ensuring access to high quality medical care, supportive services, and patient satisfaction. The Plan serves as a roadmap to implement and monitor performance measures and quality improvement efforts in the delivery of supportive services. It is a living document, with continuous activities that fit within the framework of grant administration, and its implementation is coordinated with other quality improvement program activities carried out by the New York State Department of Health AIDS Institute.

[1] HRSA HIV/AIDS Bureau. Clinical Quality Management Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020). https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf

The Quality Management Plan has been updated on January 5, 2022 and is valid through March 31, 2022.

The Quality Management Plan review is accomplished through activities including

- Interactions with AI leadership to provide guidance and direction
- Evaluation and monitoring of services delivered by Ryan White Part B-funded providers;
- Routine contract management and program monitoring activities;
- Input from Ryan White Part B service providers;
- Input from clients and community representatives on what is expected or needed when accessing services; and
- Identification, monitoring, and review of service standards and performance indicators to ensure that services are achieving desired quality outcomes.

The Ryan White Part B Quality Management Committee is responsible for developing, reviewing, revising, and coordinating the implementation of recommendations that impact delivery of services to clients by re-evaluating the plan at least annually and more frequently when needed. A detailed description of the Ryan White Part B Quality Management Committee is provided below.

B) Quality Management Plan Statement

The Part B Quality Management Program executes a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to PWH by Part B-funded providers throughout New York State. The AIDS Institute - the Ryan White Part B Program administrative agent - has developed strategies to ensure that the delivery of services to all Ryan White Part B eligible clients is equitable and adheres to the most recent Policy Clarification Notice (PCN) #15-02.

The following components are vital to the effectiveness of, and provide the overall structure for, the Ryan White Part B Quality Management Plan:

- Infrastructure: the backbone of a quality management program, detailing the roles of leadership, quality management staff, quality committee structure, resources, client and stakeholder involvement, and evaluation of the quality management program, among others.
- Performance Measurement: the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual and population level, as well as patient satisfaction.
- Quality Improvement: the development and implementation of improvement activities to make changes to the program in response to the performance-driven results.

The purpose of the Quality Management Plan is to:

- Promote a commitment to quality improvement throughout the Ryan White Part B Care Continuum;
- Describe the Part B quality management infrastructure;
- Identify Part B-specific aims for quality improvement based on health outcomes in New York State;
- Guide the development of structured activities that will enhance the delivery of services to PWH receiving care from all Ryan White Part B-funded subrecipients; and
- Communicate the roles, responsibilities, and expectations of the Ryan White Part B Program staff and quality improvement-related activities.

Quality Statement

Vision**:** Optimal health outcomes for PWH served through a continuum of Ryan White Part B-supported services in New York State.

Mission**:** To ensure all Ryan White eligible PWH in New York State have equitable access to high quality health care and supportive services by:

- Implementing an effective and sustainable Ryan White Part B Quality Management Program;
- Ensuring Ryan White Part B-funded services align with national public health priorities and internal quality management expectations, including Policy Clarification Notice #15-02;
- Providing ongoing collaboration and coordination with internal and external stakeholders, including subrecipients and clients of Ryan White Part B services; and
- Using available data to monitor health outcomes of PWH served and monitor trends in the New York State epidemic.

2021-2022 Improvement Goals

The 2021-2022 Improvement Goals of the Ryan White Part B Quality Management Program are aligned with the overall goals of the AIDS Institute, the Governor's Ending the Epidemic (ETE) initiative and the National HIV/AIDS Strategy (NHAS). The following goals were prioritized based on available data and input by internal/external stakeholders. The Ryan White Part B Quality Management Committee has selected them as the 2021-2022 Improvement Goals.

The four improvement goals are to:

- Increase health equity by focusing on key HIV populations that are disproportionally impacted by the HIV epidemic in New York State and reduce the gap in key outcome measures.
- Advance the quality improvement culture across Ryan White Part B-funded subrecipients and AIDS Institute.
- Increase client involvement and improve the service delivery experience for clients to measurably improve the quality of services.
- Enhance the HIV service delivery system by improving existing data collection systems and data management practices.

Goal 1: Increase health equity by focusing on key HIV populations that are disproportionally impacted by the HIV epidemic in New York State and reduce the gap in key outcome measures.

Measurable objective:

1) Viral suppression: increase percentage of persons living with diagnosed HIV infection in HIV care (regardless of age) who are virally suppressed to 95% percent by the conclusion of ETE (ETE metrics)[2,3] [see *Performance Measurement* for further details]
2) Viral suppression: reduce the viral suppression gap between key populations and persons living with diagnosed HIV infection in HIV care (regardless of age) by 25%.

Key strategies:

- Integrate a viral suppression focus into all Ryan White Part B Quality Management Program activities to drive improvement.

[2] Office of National AIDS Policy. *National HIV/AIDS Strategy for the United States: updated to 2020*. July 2015. Available at: https://files.hiv.gov/s3fs-public/nhas-update.pdf.
[3] Ending the Epidemic Dashboard NY. October 16, 2017. Retrieved from http://etedashboardny.org/targets/

- Produce statewide, regional, and local benchmark reports of viral suppression rates, including a data breakdown by key HIV populations, every other month to Part B-funded providers.
- Disseminate the viral suppression data for key HIV populations to all Part B-funded providers (Care Continuum QI Dashboards) every two months.
- Identify Part B-funded providers with low viral suppression rates and provide targeted technical assistance to address their low performance rates.
- Build capacity among HIV providers and clients to partner with their health care providers to improve their viral suppression rates.

Goal 2: Advance the quality improvement culture across Ryan White Part B-funded subrecipients and the AIDS Institute.

Measurable objectives:

1) QI training participation: increase the percentage of Part B-funded agencies that participate in at least one Part B-funded QI training offerings to 95% by March 31, 2022.
2) QI projects: increase the percentage of Part B-funded providers conducting quality improvement projects that focus on a 2021-2022 Ryan White Part B Quality Management Improvement Goal to 95% by March 31, 2022.

Key strategies:

- Promote the expectation that all Part B-funded providers actively participate in Part B-sponsored QI training activities and conduct a quality improvement project based on the 2021-2022 Ryan White Part B Improvement Goals.
- Offer a variety of QI training opportunities that address a wide range of QI proficiencies of providers and clients (see *Table 4. Target Audiences and Outline of QI Training Modalities*).
- Expect all Part B-funded providers to submit their quality improvement project using the AIDS Institute standardized guidance (see Appendix I for *RW Part B Quality Management Program Standards*).
- Expect all Part B-funded providers to report routine QI updates during QI Sharing Sessions (routine meetings of Part B providers to share their improvement work – see *Capacity Building*) and receive individualized feedback and guidance in response.
- Provide technical assistance and coaching to organizations, including monthly Office Hours.

Goal 3: Increase consumer involvement and improve the service delivery experience for clients to measurably improve the quality of services.

Measurable objectives:

1) Availability of client QI trainings: provide 4 client QI training sessions by June 2022 to reach a minimum of 50 clients served by Part B-funded providers.
2) Client representation in Part B Quality Management Program activities: increase the percentage of AIDS Institute-supported Part B Quality Management Program Committees with at least one client representative to 100% by December 2021.

Key strategies:

- Deliver client-specific QI training sessions to build their capacity among clients to be on local quality improvement projects (see *Table 4. Target Audiences and Outline of QI Training Modalities*).
- Include client-related agenda items during QI Sharing Session meetings (routine meetings of Part B providers to share their improvement work – see *Capacity Building*) to promote the involvement of clients on improvement projects.

- Conduct focus groups with clients to generate ideas to increase the number of clients actively participating in local quality improvement projects (see *Table 4. Target Audiences and Outline of QI Training Modalities*).
- Provide technical assistance to providers to build a culture around consumer involvement.

Goal 4: Enhance the HIV service delivery system by improving existing data collection systems and data management practices.

Measurable objectives:

1) HIV data submissions: Increase the number of accurate and completed AIRS data submissions to 95% by March 31, 2023.
2) HIV data reports: Increase the number of individualized Care Continuum QI Dashboards (individualized, provider-specific data reports issued by the AIDS Institute – see *QI Dashboards*) that are shared with each Part B-funded provider six times per year to 100% by March 31, 2023.

Key strategies:

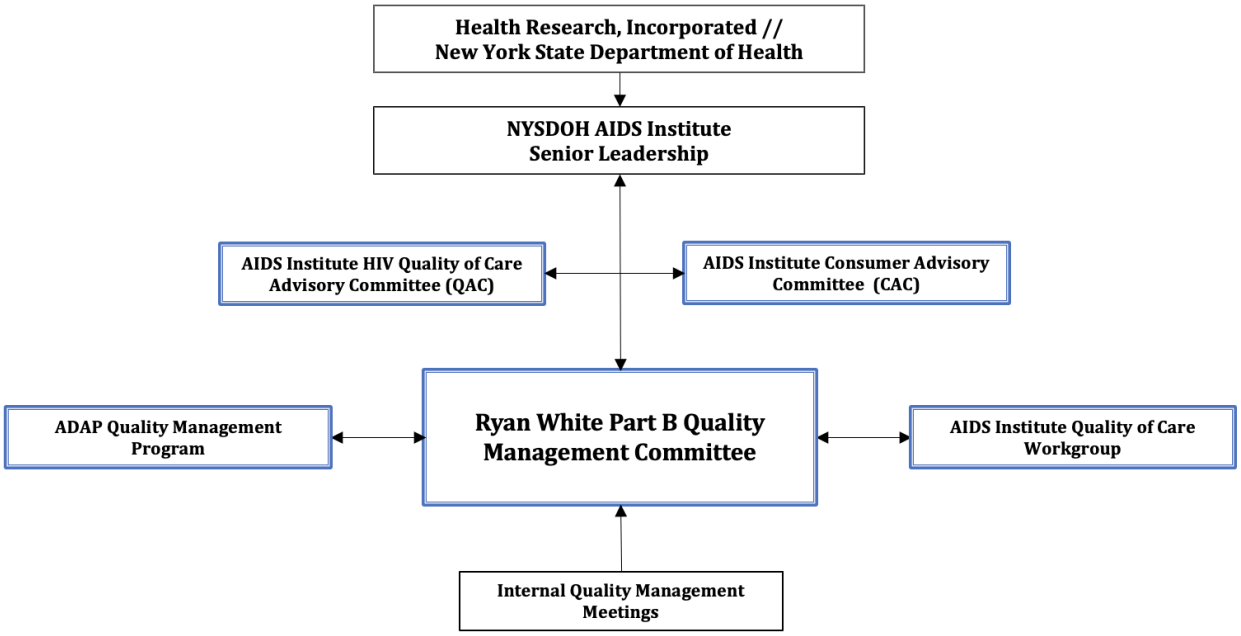
- Further develop data submission error reports that allow providers to ensure that their AIRS data reports are accurate and complete prior to their data submissions.
- Conduct routine internal meetings to review the accuracy and completeness of AIRS provider submissions and share findings during QI Sharing Sessions (routine meetings of Part B providers to share their improvement work – see *Capacity Building*).
- Convene focus groups with Part B-funded providers and clients on how to identify and address barriers to accurate and complete AIRS submissions and to maximize the impact of the Care Continuum QI Dashboards to improve HIV care and services.
- Promote the use of the QI Dashboard data by Part B-funded providers to create momentum for change and improvement.
- Update the Care Continuum QI Dashboards in response to findings of the Part B provider/client focus groups.

C) Quality Management Infrastructure

An appropriate and sufficiently supported infrastructure is vital to make the Ryan White Part B Quality Management Program a successful and sustainable endeavor and to plan, implement, and evaluate Program activities, as laid out in the Policy Clarification Notice (PCN) #15-02.

The following organizational chart provides an outline of the NYS Department of Health AIDS Institute Ryan White Part B Quality Management Program infrastructure; additional subcommittees can be formed to meet identified needs.

***Figure 1**. Ryan White Part B Organizational Chart*



a) AIDS Institute Executive Leadership

The AIDS Institute leadership team oversees the Ryan White Part B Program, State, and Centers for Disease Control and Prevention funding. Executive leadership, representative of all AIDS Institute program areas along the HIV continuum of care, provides encouragement and support for the Ryan White Part B Quality Management Program by providing direction and input on its priorities and ensuring availability of the necessary resources.

The AIDS Institute Executive Leadership includes:

- AIDS Institute Director: Ensures coordination and communication across subrecipients, stakeholders, clients, and advisory boards.
- AIDS Institute Deputy Director, HIV Health Care: Reports to the AIDS Institute Director; is the Principal Investigator for New York State Ryan White Part B funding; provides strategic direction and management to the HIV Care Programs, ADAP, and the Minority AIDS Initiative.
- Director, Office of Grants and Data Management Programs: Reports to the AI Deputy Director; is responsible for grant oversight, Ryan White HIV/AIDS Services Report (RSR), and other grant documentation and reporting requirements.

b) Ryan White Part B Quality Management Committee

The mission of the Ryan White Part B Quality Management Committee is to provide guidance for the development and implementation of the Ryan White Part B Quality Management Program, including quality improvement initiatives and projects based on available data and trends, and to address areas for improvement utilizing best practices and improvement methods, including the Model for Improvement, Plan-Do-Study-Act (PDSA) cycles, etc. The Part B Quality Management Committee meets quarterly, on the third Thursday at 3pm ET each quarter. The meetings are facilitated by the Committee's Chairperson(s). Extensive minutes are kept and archived.

This following section outlines the structure, membership, responsibilities, and requirements of the Ryan White Part B Quality Management Committee.

Membership:
The membership of the Quality Management Committee reflects the diversity of disciplines involved in the HRSA-defined Ryan White Part B Program. Additionally, community member experts from related clinical, supportive service, and quality improvement fields may be included in the Committee membership as needed.

The Committee membership consists of:

- Five to six (5-6) key AIDS Institute bureaus and departments:
  - Director, Division of HIV and Hepatitis Health Care
  - Bureau Directors - HIV Ambulatory Care Services and Community Support Services
  - DHHHC Evaluation Specialist
- two (2) AIDS Institute contract managers overseeing Part B service grants
- two (2) service providers receiving Part B funds (subrecipients)
- two to three (2-3) individuals with HIV receiving services at Part B-funded sites
- one (1) ADAP representative
- two (2) members of the AIDS Institute HIV Quality of Care Advisory Committee and Consumer Advisory Committee
- one (1) representative from the New York City Department of Health and Mental Hygiene to ensure alignment across Ryan White funding streams
- one (1) member of the AIDS Institute HIV/AIDS Advisory Committee
- one (1) evaluation specialist from the Center for Program Development, Implementation, Research and Evaluation (CPDIRE)
- three (3) Ryan White Part B Quality Management Team staff (dedicated Part B quality management staff – see Dedicated Quality Management Staff)

Membership Requirements:
Members are allowed three (3) excused absences per grant year and need to notify any Ryan White Part B Quality Management Team staff in advance of absences. Subrecipient representatives may allow other agency staff to attend in their place instead of utilizing their unexcused absence. If needed, members may contact the Ryan White Part B Quality Management Team staff to request a leave of absence from the committee, if extended absence is required. Additionally, all members are required to complete annual Confidentiality Agreements as part of their participation in the Committee.

Chairperson:
The position of Chairperson is held by a member of the Ryan White Part B Quality Management Committee, who is experienced in HIV care and quality improvement. The Chairperson, once nominated and approved by the Committee, is appointed for a two-year term at the first Committee meeting of the corresponding grant year. The Chairperson is responsible for the following activities:

- Lead quarterly Part B Quality Management Committee meetings;
- Develop, in conjunction with Ryan White Part B Quality Management Team, the agenda and structure of the Committee meetings; and
- Confer with the Part B Quality Management staff on issues related to quality improvement that may need to be addressed in future Committee meetings.

Committee Member Responsibilities:
The Part B Quality Management Committee Member is responsible for the following Committee activities:

- Actively participate in Committee meetings to address Part B service-specific quality issues and subcommittees as needed;
- Identify and prioritize Part B-wide improvement goals and performance indicators based on performance measurement results and emerging national, state, and local public health priorities;
- Annually review and provide feedback on the Ryan White Part B Quality Management Plan;
- Coordinate with other internal and external stakeholders, as needed; and
- Make recommendations for improvements in standards of care, committee process, performance measures based on available data, and the overall Quality Management Program.

Ryan White Part B Quality Management Team Responsibilities:
The Ryan White Part B Quality Management Team staff members (dedicated Part B quality management staff – see Dedicated Quality Management Staff) are responsible for assisting with the following Committee activities:

- Organize the quarterly Ryan White Part B Quality Management Committee meetings, in concert with the Chairperson, to review system-wide quality improvement issues/challenges and development of strategies to improve HIV services;
- Facilitate the Committee working process, record meeting minutes, and distribute to all Committee members prior to the next meeting;
- Review and recommend revisions of measures to reflect current US Health and Human Services (HHS) Treatment guidelines, HRSA HIV/AIDS Bureau performance measures, as well as federal and state regulations for HIV care and services;
- Review and draft updates of the Ryan White Part B Quality Management Plan;
- Review and revise assessment and data collection tools/protocols as necessary;
- Plan and develop educational opportunities for Committee members and subrecipients, which may include improving HIV care, QI knowledge, and providing clinical updates according to HHS guidelines;
- Provide input into the evaluation of the Ryan White Part B Quality Management Program conducted by the Program Evaluation Specialist;
- Distribute updated Care Continuum QI Dashboards to Committee members and subrecipients by service category six (6) times per year;
- Represent the Committee and its work to internal and external stakeholders; and
- Establish subcommittees/workgroups as needed to address service-specific quality issues.

c) Internal Quality Management Meetings

To facilitate the various internal and external Part B quality management activities and to effectively coordinate with other stakeholders, monthly internal Part B quality management meetings are held under the leadership of the Ryan White Part B Quality Management Director. Participants include the entire Ryan White Part B Quality Management Team, the Directors and Assistant Directors of all key AIDS Institute bureaus and departments, ADAP representative, and one member of the Office of the Medical Director. These meetings are held on the third Tuesday of each month and minutes are kept.

d) AIDS Institute HIV Quality of Care Advisory Committee (QAC)

The Quality of Care Advisory Committee was formally established in 1995 to advise the AIDS Institute and to ensure that the delivery of services and care, including those provided by Ryan White Part B subrecipients, is consistent with HIV treatment guidelines. Composed of clinical representatives from HIV ambulatory care facilities across NYS, including HIV service providers, with active participation by the NYC Ryan White Part A Program leadership, this Committee meets quarterly to establish priorities for monitoring quality of care and to inform the selection and prioritization of performance measures and

review criteria. Recent priorities include viral suppression; hepatitis C management; HIV aging and long-term survivor care; addressing stigma in health care settings; STI care and treatment; drug-user health; LGBTQ health; and the use of advanced electronic information systems. Health equity remains an established priority with an emphasis on eliminating disparities. Co-chairs of this committee attend Consumer Advisory Committee meetings. A joint meeting between the Quality of Care Advisory Committee and the Consumer Advisory Committee occurs annually. Members of the Quality of Care Advisory Committee are represented on the Ryan White Part B Quality Management Committee. Routine Part B updates are provided at the AIDS Institute HIV Quality of Care Advisory Committee.

e) AIDS Institute Consumer Advisory Committee (CAC)

Launched in 2002, the Consumer Advisory Committee represents the diverse communities and regions affected by the HIV epidemic in New York State. The Youth/Adolescent Consumer Advisory Committee was established subsequently to involve youth with HIV so that their specific needs would be included. These consumer committees were combined in 2015 to provide input to the AIDS Institute and ensure that client priorities are captured and integrated. Clients receiving Ryan White Part B services are included in this committee. At quarterly meetings, participants discuss quality of care issues, including performance measurement, quality improvement activities, and targeted client/provider initiatives. Co-chairs of this committee attend the Quality of Care Advisory Committee meetings. A joint meeting between the Quality of Care Advisory Committee and the Consumer Advisory Committee occurs annually. Members of the Consumer Advisory Committee are represented on the Ryan White Part B Quality Management Committee and routine Part B updates are provided at the quarterly CAC meetings.

f) AIDS Institute Quality of Care Workgroup

The Quality of Care Workgroup, led by the Quality of Care Program Manager within the AIDS Institute Office of Medical Director and through the participation of internal stakeholders, promotes, monitors, and supports the quality of HIV clinical services for people with HIV in NYS, both funded and unfunded. Ryan White Part B Quality Management staff are represented on this Workgroup to communicate and align the Part B quality management activities with other AIDS Institute units.

g) ADAP Quality Management Program

The AIDS Drug Assistance Program (ADAP) employs a multi-faceted approach to use HIV surveillance data to drive outreach strategies, quarterly quality reviews of application processes, electronic data matches with other payment sources, and electronic prospective edits to assure individuals, providers and drugs are covered and eligible for reimbursement. Data collection strategies include utilizing pharmacy and primary care claims data to generate quality review reports that compare standard of care indicators against claims data and identify outliers for follow-up intervention. As a result of data collected and information gleaned from quality management efforts, providers receive various reports and are informed of potential system updates that allow services to be refined, thereby improving overall program services and quality management activities. The ADAP Clinical Advisory Workgroup utilizes Public Health Service (PHS) guidelines to help inform medication distribution, including decisions regarding formulary and service coverage. The ADAP Quality Management Program employs a multifaceted approach to assure that its quality objectives are in line with current standards of care, including automated system edits to assure appropriate payment is made and quarterly retrospective reviews of individual and pharmacy filling patterns to determine outliers and initiate interventions with providers. All contraindicated antiretroviral drug combination reimbursements are blocked at pharmacy. Each quarter, all antiretroviral treatment regimens received by all ADAP recipients are reviewed regarding conformity to PHS guidelines. The ADAP Quality Management Program reviews electronic data matches with other payment sources to assure individuals and providers that drugs are covered and eligible for reimbursement. Quarterly retrospective reviews of individual and pharmacy filling patterns, which flag any inappropriate regimens at the point of service, are used to determine outliers, with applicable

providers receiving interventions. ADAP representatives are members of the Quality of Care Workgroup to discuss the implementation of quality measures and strategize improvement activities.

h) Dedicated Quality Management Staff

The following outlines the roles and responsibilities of each member of the Ryan White Quality Management Team and their duties. **Table 1** outlines the percent FTE each team member is funded under the quality management portion of the New York State Part B grant.

Table 1. *Ryan White Part B Quality Management Staff Positions and Funding Sources*

Ryan White Part B Quality Management Staff Positions and Funding Sources		
Position	**Funding Source**	**FTE**
Ryan White Part B Quality Management Director	RW Part B Grant (QM)	1.0
Ryan White Part B Quality Management Senior Program Coordinator	RW Part B Grant (QM)	1.0
Ryan White Part B Quality Management Program Assistant	RW Part B Grant (QM)	1.0
CPDIRE Program Evaluation Specialist	RW Part B Grant (QM)	0.5

Ryan White Part B Quality Management Director: The Director manages the allocation of resources supporting the Ryan White Part B Quality Management Program; convenes and directs committees, workgroups, focus groups, and other forums to obtain input on the design of Program activities; directs the collection and analysis of data; formulates optimal strategies for planning, prioritizing, developing, and implementing Program activities; and directs Program research and evaluation, including setting and prioritizing goals and desired outcomes.

Ryan White Part B Quality Management Senior Program Coordinator: The Senior Program Coordinator assists the Program Director in policy formulation and program planning, design, implementation, and evaluation; manages the ongoing development and modification of the Ryan White Part B Quality Management Plan, incorporating all required elements; analyzes relevant data sources for incorporation into policy proposals; conducts deliberations on policy alternatives; conducts Program planning, including development of annual improvement goals, priorities, and timelines; develops and oversees implementation plans and strategies.

Ryan White Part B Quality Management Program Assistant: The Program Assistant provides administrative support related to the planning and implementation of the Ryan White Part B Quality Management Program; assists in the coordination and enrollment of participants in Ryan White Part B meetings and trainings; assists in the development of Program documents and guidance materials; and responds to a variety of inquiries from staff, providers, clients, other stakeholders, committee members, and other agencies regarding Program activities.

CPDIRE Program Evaluation Specialist: The Evaluation Specialist is responsible for leading evaluation strategies for the Ryan White Part B program; compiling data for program quality reports, conducting analysis, identifying trends, creating reports, graphs, charts, and spreadsheets to summarize and explain data; sharing feedback and progress report data to quality committees and stakeholders; and compiling annual report summary of QI activities.

i) Dedicated Resources

National HIV/AIDS Strategy (NHAS): Updated to 2020: The NHAS details principles, priorities, and actions to guide the national and local responses to the HIV epidemic. The Strategy set these main goals: reducing new HIV infections, increasing access to care, and improving health outcomes for PWH, reducing HIV-related health disparities and inequities, and achieving a more coordinated response to the

epidemic. The identified goals and action steps are linked to measurable health outcomes to address the epidemic.

Integrated HIV Prevention and Care Plan for New York: The Integrated HIV Prevention and Care Plan, which includes the Ryan White Statewide Coordinated Statement of Need, is consistent with the National HIV/AIDS Strategy (NHAS) and the NYS Ending the Epidemic Blueprint goals: preventing new infections, broadening access to care, ensuring continuity of care, and reducing health care inequities. By maximizing rates of viral suppression, these achievements will enable New Yorkers to realize positive health outcomes and reduce transmission risk. The five-year plan for 2017–2021 was the product of collaboration among many stakeholders, including the New York City Department of Health and Mental Health, Nassau and Suffolk County Departments of Health, United Way of Long Island, and HIV Planning Bodies across New York State, together with individuals who engage in high-risk behaviors, people with HIV, service providers, and other key community stakeholders. As with the development of The Blueprint, the creation of the Integrated Plan facilitated an alignment of goals among a variety of stakeholders. Due to the COVID-19 public health emergency, submission of the plan for 2022- 2027 was postponed until December 2022.

NYLinks: NYLinks, managed by the AIDS Institute Office of the Medical Director, is part of the overall AIDS Institute's Quality of Care Program. It is composed of 11 Regional Groups of HIV clinical and non-clinical providers across New York State that meet regularly to increase their knowledge of quality improvement methods and to set regional priorities for, and share the results of, improvement work. Each Regional Group receives ongoing quality coaching and holds quarterly one-day or half-day group meetings that focus on quality management and peer exchange. A coach is assigned to each Regional Group who is responsible for ensuring that each organization receives an annual organizational assessment, for engaging all HIV providers in the regional QI work associated with NYLinks, and for introducing and following-up on all annual quality initiatives.

Learning Networks: Learning Networks, which are also managed by the AIDS Institute Office of the Medical Director, are composed of groups of HIV providers based on program (e.g., CHC) or population (e.g., youth) affinity. Members of Learning Networks receive ongoing quality coaching from the Office of the Medical Director staff and meet three or four times annually (according to agreed Learning Network meeting schedule) as a group for structured group meetings to learn about quality management and engage in peer exchange. The goals of the Learning Networks are to improve provider quality management infrastructure and increase competency in performance measurement.

Center for Quality Improvement & Innovation (CQII): The CQII – formerly the National Quality Center (NQC) - provides focused quality improvement and quality management technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients across the United States. This cooperative agreement is currently managed nationally by the AIDS Institute's Center for Program Development, Implementation, Research and Evaluation (CPDIRE). Technical assistance includes, but is not limited to, virtual/in-person quality improvement trainings, online QI tutorials, monthly QI webinars, and national learning collaboratives.

AIDS Education and Training Center (AETC): The AETC provides targeted, multi-disciplinary education and training programs for health care recipients and subrecipients treating people with HIV. These trainings include consultation and preceptorships for HIV care subrecipients, presentations on updated clinical guidelines, information on new pharmaceuticals, and chronic disease management.

j) Consumer Involvement

When people with HIV stay in care, they get the services they need, leading to healthier communities.

The involvement of individuals with lived HIV experiences is a critical hallmark of quality improvement to ensuring the successful implementation of quality improvement initiatives. Building on the long history of the AIDS Institute of including clients as equal partners, the Ryan White Part B Quality Management Program will further engage PWH as active collaborators in all program activities, as well as promote the involvement of PWH among Part B-funded subrecipients so that clients are part of agency-specific improvement activities.

The Ryan White Part B Quality Management Program incorporates client feedback and input through the use of annual and targeted needs assessments, client trainings, and the recruitment of clients in various Part B activities. **Table 2** outlines their involvement.

***Table 2**. Consumer Involvement in Ryan White Part B Quality Management Activities*

Consumer Involvement in Ryan White Part B Quality Management Activities	
Structure	**Description**
Program Manager, AI Consumer Affairs	Full time AIDS Institute staff person ensures client involvement in various AIDS Institute initiatives and manages the AIDS Institute Consumer Advisory Committee.
AIDS Institute Consumer Advisory Committee	AIDS Institute-wide Committee, which is representative of the diverse communities and regions in New York State, provides input to the AIDS Institute and ensures that client priorities are captured and integrated.
Ryan White Part B Quality Management Committee Members	At least two positions are available for clients receiving Part B services on the Part B Quality Management Committee to provide guidance as content experts.
QI Sharing Sessions	Several clients, recruited as faculty members during QI Sharing Sessions, ensure that the voices of individuals with lived experiences are heard and provide feedback in response to Part B provider presentations.
People with HIV on local QI Projects	Each Part B provider is expected to include clients within their respective quality management programs and quality improvement teams.

k) Stakeholder Involvement

While the Ryan White Part B Quality Management Committee provides leadership for quality improvement initiatives, the primary aim of the overall Quality Management Program is to provide a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to PWH throughout Part B-funded providers in New York State. Provider input is critical to every stage of planning, implementation, and evaluation through partnership, collaboration, contractual agreements, trainings, and other capacity building activities. **Table 3** lists the various stakeholders involved in QI activities, along with the type and level of involvement each has with the quality management process.

***Table 3**. Quality Management Stakeholders and Involvement Levels*

Quality Management Stakeholders and Involvement Levels	
Stakeholder	**Type of Involvement**
Clients	*System-wide level* • Participate on the Part B Quality Management Committee to provide guidance and feedback. • Participate in needs assessments and focus groups to share feedback and advice. • Participate in QI Sharing Sessions as faculty members to share their client

	perspective. *Individual Part B provider level* • Participate within their quality management programs and quality improvement teams.
Subrecipients	*System-wide level* • Participate in decision making about system-wide improvement topics. • Provide routine information about changes to the Part B Quality Management Program. • Participate in Part B Quality Management Program activities. *Individual Part B provider level* • Design their own quality improvement projects using PDSA cycles. • Routinely report and review their performance data. • Meet contract deliverables and quality standards for local quality management programs.
New York City Department of Health and Mental Hygiene	*System-wide level* • Participate on the Part B Quality Management Committee to ensure alignment across Ryan White funding streams
AIDS Institute and New York State Department of Health	*System-wide level* • Provide support and overall guidance. • Secure the necessary resources to implement the Ryan White Part B Program.
HRSA	*System-wide level* • Establish guidelines/standards for performance and program compliance.

l) Capacity Building

The Ryan White Part B Quality Management Program provides quality improvement/quality management capacity building for internal AIDS Institute staff and Ryan White Part B-funded programs and links these training audiences to external training resources as needed. The quality training and skills building efforts are an ongoing effort for Part B Quality Management Program staff, AIDS Institute contract managers, and those involved in the Part B Quality Management Program. As detailed below, a variety of training modalities are used to address different training needs, various audiences and learning styles, and diverse quality improvement proficiencies of participants. Capacity building is also carried out in routine communication, such as regular QI Sharing Sessions (routine meetings of Part B providers to share their improvement work), meetings of the Ryan White Part B Quality Management Committee, internal meetings with AIDS Institute contract managers, and routine sharing of information such as monthly reports, as well as by sharing best practices and successes in improvement projects.

The outcomes of the quality improvement/quality management trainings are evaluated by the CPDIRE Program Evaluation Specialist, and findings are utilized to determine priorities for upcoming trainings. At the beginning of each year, a QI training plan is reviewed by the Part B Quality Management Committee to make any necessary adjustments. **Table 4** outlines the targeted training audiences, the capacity building activities, and frequency.

Table 4*. Target Audiences and Outline of QI Training Modalities*

Target Audiences and Outline of QI Training Modalities				
Target Audience	**Training**	**Purpose**	**Frequency**	**Description**
Ryan White Part	Quality	Providing routine	Quarterly and as	Presentations by Part B Quality

B Quality Management Committee Members	Improvement Updates	updates on QI/QM developments and proposed changes to the Part B Quality Management Program.	needed	Management Team staff, AIDS Institute staff, or content experts.
	Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
AIDS Institute Contract Managers and Supervisors	Introductory Contract Manager QI Training Sessions	Increasing staff knowledge and comfort with quality improvement and quality management.	2x a year 100% of current and future contract managers are expected to attend this training	Three (3) training sessions - ninety (90) minutes each, covering a range of introductory topics such as Background and Rationale for QI, Improvement Models, QI Projects, QM Infrastructure, and HIV QI Coaching.
	QI Bootcamp for Contract Managers	Building their QI capacity to apply the QI learning content with their assigned Part B providers.	3x a year 100% of current and future contract managers are expected to attend this training	Six (6) sessions - ninety (90) minutes each, using a case study learning approach to provide technical assistance/training for Part B-funded providers.
	Staff Meeting Updates	Providing routine updates on QI/QM developments and changes to the Part B Quality Management Program.	Continuous throughout year	Presentations by Part B Quality Management Program staff, AIDS Institute staff, supervisors.
	Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
Part B Providers	QI Webinar Series	Introducing Part B-funded providers to "QI 101" and providing them with real-world application of QI initiatives.	6x a year All Part B providers are encouraged to attend these webinars	Six (6) webinar sessions - sixty (60) minutes each for Part B-funded service providers in need of QI training.
	QI Bootcamp for Part B Providers	Building their QI capacity to apply the QI learning content within their program.	3x a year	Six (6) sessions - ninety (90) minutes each, using a case study learning approach to apply QI/QM in a Part B provider setting.
	QI Sharing Sessions	Providing QI content presentations during QI Sharing Sessions.	4x a year during each of the 3x groups per year	15-20 min presentations on key QI topics by a QI content expert.
	Technical Assistance and Coaching by Contract Managers	Providing assistance and guidance to reach all QI milestones.	Continuously available with monthly provision anticipated based on experience	Technical assistance and coaching during contract monitoring and quality management assessments. [A *QI RW Part B Contract Manager Monitoring Tool* was

				developed. See Appendix J]
	AIRS Training	Ongoing AIRS trainings for all Part B-funded providers, including web based, and formal training, materials, conference calls, TA.	Monthly on a variety of topics and as needed	Learning how to accurately report performance data in the AIDS Institute AIRS system.
	Office Hours	Providing individualized technical assistance.	12x a year	Twelve (12) sessions – 60 min each - for all participants and providers to assist with answering their QI questions.
	NYLinks and Learning Networks	Participating in NYLinks and Learning Network meetings and webinars.	3 or 4x a year depending on NYLinks, Learning Network group	Part B-funded providers are encouraged to partake in existing NYLinks and Learning Network activities.
	Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
Clients	Client QI Webinars	Introducing clients to "QI 101" and about improving viral suppression as a key step in improving health outcomes.	4x a year	Four (4) webinar sessions - sixty (60) minutes each - for clients to increase their capacity for QI and enhance their involvement in QI activities.
	NYLinks and Learning Networks	Participating in NYLinks and Learning Network meetings and webinars.	3 or 4x a year depending on the NYLinks and Learning Network group	Part B-funded providers are encouraged to partake in existing NYLinks and Learning Network activities.
	Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
	QI Webinar Series	Introducing Part B-funded providers to "QI 101" and providing them with real-world application of QI initiatives.	6x a year	Six (6) webinar sessions - sixty (60) minutes each for Part B-funded service providers in need of QI training.
	Client Focus Groups	Generating ideas to increase the number of clients actively participating in local quality improvement projects.	2x a year	Brainstorming sessions with clients to learn more about their QI abilities and training needs.

The 2021 QI training schedule for Part B funded providers and AIDS Institute Contract Managers is available, see *Appendix T 2021 QM Training Schedule*.

m) Communication

The active and routine sharing of information strengthens the partnerships with internal and external

stakeholders and helps to provide services more efficiently to people affected by HIV. Reliable data and consistent communication are vital since they ensure transparency and accountability regarding what services are being offered and the effectiveness of those services.

The Ryan White Part B Quality Management Team ensures that each stakeholder listed below is provided the relevant education/training, as necessary, to understand the information and data that are disseminated by the Ryan White Part B Program. **Table 5** outlines regular communications with stakeholders, the frequency of the communication, and its method.

***Table 5**. Outline of Regular Quality Management Communications*

Outline of Regular Quality Management Communications			
Information	**Stakeholder**	**Frequency**	**Communication Methodology**
Ryan White Part B QM Plan	HRSA, Subrecipients, Part B QM Committee, AI Senior Staff	Annually (or as needed)	Written document, presentations, Website posting
RW Part B Quality Management Program Standards	HRSA, Subrecipients, Clients, Part B QM Committee, AI Senior Staff, Contract Managers	Annually (or as needed)	Written document, presentations, Website posting
RW Part B Quality Management Contract Language	HRSA, Subrecipients, Part B QM Committee, AI Senior Staff, Contract Managers	Annually (or as needed)	Written document, presentations, contract language, contract manager communication
Care Continuum QI Dashboard	HRSA, Subrecipients, Clients, Part B QM Committee, AI Senior Staff, Contract Managers	Every other month (or as needed)	Individual data report (pdf), data report by service category (pdf), presentations, Website posting, contract manager communication
RW Part B Organizational Assessment	Subrecipients, Contract Managers, HRSA	Annually after review	Annual Report using a standardized assessment tool
RW Part B QI Project Review Tool	Subrecipients, HRSA, Contract Managers	Three times a year	Feedback using a standardized feedback tool
Service Reports	HRSA Project Officer	Monthly	Quantitative and narrative reports
Service-specific Outcome Reports	HRSA, Subrecipients, Clients, Part B QM Committee, AI Senior Staff, Contract Managers	Annually	Annual Report
Evaluation of Administrative Mechanism	HRSA, Part B QM Committee, AI Senior Staff, Contract Managers	Annually	Narrative Report

The Part B Quality Management Committee discusses the development and implementation of all routine communication tools and data reports and shares all findings with the AIDS Institute leadership. This system will support future planning discussions. Key findings are shared with the HIV Advisory Board, HIV Quality of Care Advisory Committee, Consumer Advisory Committee, Quality of Care Workgroup, and other committees as needed; aligning topics within their committee structure, and priorities.

D) Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding client care and health outcomes and is an essential element of continuous quality improvement. Performance data are utilized to monitor quality of care, ensure adherence with best practices/standards of care guidelines, and to identify and prioritize quality improvement activities. All HIV provider agencies are expected to work with the communities they serve 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 early as possible, and have access to supportive services to promptly achieve and maintain viral suppression for better health outcomes.

Training opportunities for Part B-funded providers are provided to understand the performance measures, routinely report data, and better assess the impact of their improvement activities along the HIV care continuum. Funded providers need to make an explicit connection between a Ryan White-funded service and the intended client's HIV care and treatment.

The following **Table 6** outlines the breakdown of service categories, the number of funded agencies, and the number of clients served.

Table 6*. Part B Service Categories*

Part B Service Categories			
Service Categories	**# of Agencies**	**# of Clients Served**	**% of Clients**
Health Education/Risk Reduction	26	2819	49.9%
Case Management - Non-medical	19	997	17.6%
Nutrition and Food	9	868	15.4%
Case Management - Medical	9	670	11.9%
Emergency Financial Assistance	19	150	2.7%
Housing	2	70	1.2%
Other Professional Services	9	59	1.0%
Psychosocial Support Services	2	19	0.3%
MAI Services	11		

a) Data Collection

The AIDS Institute Reporting System (AIRS) is a relational database and important tool to collect client-level information, service data, and core indicators that assist in monitoring health outcomes of individuals served through Ryan White Part B-funded programs. The Ryan White Part B Quality Management Committee and Team determine which variables, in addition to core indicators, are required and reported by funded agencies at the start of each funding cycle. Reporting requirements for funded programs include monthly AIRS extracts, which upload the data from the provider's local installation into the AIDS Institute's data warehouse for further use. Extracted data are used for program evaluation to assist with Ryan White HIV/AIDS Services Report (RSR) reporting and Quality Management Committee Program activities. AIRS reports are routinely shared with the contract managers, AIDS Institute staff, Part B Quality Management Committee, and others. Evaluation of data quality and performance are reviewed at the agency level during technical assistance and monitoring calls and contract monitoring visits.

b) Performance Measures

Internal and external stakeholders, including AIDS Institute staff, Part B service providers, PWH, are involved in setting performance measures and determining how the data and measurable outcomes are utilized to determine progress and to create momentum for improvements. Based on the Policy

Clarification Notice (PCN) 15-02, measures for each service category are outlined and a rationale is established for how those measures have been chosen (treatment cascade, past performance, etc.) – see **Table 7**.

***Table* 7**. *Part B Performance Measures*

Part B Performance Measures			
Indicator Name	**Outcome**	**Definition**	**Data Collection Frequency**
Viral Suppression (VS)	Increase the percentage of persons living with diagnosed HIV who receive Part B funded services and are in care with a suppressed viral load	Percentage of persons living with diagnosed HIV who receive Part B funded services and receive care with a suppressed viral load. Receipt of Part B funded services is defined as receiving a service from any Part B funded direct service provider. Care is defined as evidence of any viral load, CD4, or genotype test reported to the HIV Surveillance system. Viral load suppression is defined as the last viral load within the reporting period is non-detectable or <200 copies/ml.	AIRS Data – Monthly HIV Surveillance Data - Ongoing
Receiving HIV Medical Care	Increase the percentage of persons living with diagnosed HIV who receive Part B funded services and are receiving HIV Medical Care	Percentage of persons living with diagnosed HIV who receive any care. Receipt of Part B funded services is defined as receiving a service from any Part B funded direct service provider. Care is defined as evidence of any viral load, CD4, or genotype test reported to the HIV Surveillance system within the reporting period.	AIRS Data – Monthly HIV Surveillance Data - Ongoing

c) Care Continuum QI Dashboard

To routinely share back the results with each service provider and per service category, the Office Grants and Data Management is developing the Care Continuum QI Dashboard. The individualized QI Dashboards are generated every other month for each Part B provider and additionally shared with contract managers to facilitate improvement activities (data for improvement). Those providers that do not meet pre-established performance thresholds (established by the RW Part B QM Committee) are asked to submit a written improvement plan and performance improvement is tracked over time.

This reporting template includes the following domains:

- Utilization data, breakdown by monthly and YTD
- Data breakdown for key populations and identification of any health disparities
- Ranking of service providers with averages and identification of top 25% performances
- Whether reported performance results meet key ETE goals
- Summary of key results and individualized opportunities for improvement
- All reported raw data for verification and further data analysis by provider
- Reporting of clients (using the client AIRS client ID) who are unsuppressed and/or out of care for follow-up

Table 8a and **Table 8b** provide an overview of the program's general performance measures within the framework and service category-specific performance measures, results, and goals.

***Table 8a**. Overall Performance Measurement Goals and Results*

Performance Measurement Goals and Results					
Performance Measure	**Overall Goal**	**Annual Goals**		**Review Frequency**	**Source(s)**
Viral Suppression	In 2021, 91% of all clients receiving Ryan White Part B funded services will be virally suppressed.	2020: Goal: 90% Result: 87.1%		Quarterly	AIRS Data – Monthly HIV Surveillance Data - Ongoing
		2019:	2018:		
		Goal: 89% Result: 86.0%	Goal: 88% Result: 85.6%		
Receiving HIV Medical Care	In 2021, 88% of all clients receiving Ryan White Part B funded services will receive HIV medical care.	2020: Goal: 88% Result: 79.9%		Quarterly	AIRS Data – Monthly HIV Surveillance Data - Ongoing
		2019:	2018:		
		Goal: 87% Result: 84.6%	Goal: 86% Result: 84.4%		

***Table 8b**. Part B-Specific Performance Measurement Goals and Results*

Performance Measurement Goals and Results					
Service Category	**Indicator Name**	**Indicator Definition**	**2019 Result**	**2020 Result**	**2021 Goal**
NMCM HE/RR	**Assessment**	Percentage of clients who have an Assessment completed within 7 days of enrollment.	76.00%	86.00%	100%
NMCM HE/RR	**Reassessment***	Percentage of client who receive a Reassessment every 180 days.	75.00%	51.75%	100%
NMCM HE/RR	**Service Plan Development/ Update**	Percentage of clients who have a Service Plan completed within 7 days of enrollment.	77.00%	82.00%	100%
NMCM HE/RR	**Service Plan Development/ Update***	Percentage of enrolled clients who have Service Plan Updates completed every 180 days.	75.25%	54.25%	100%
NMCM HE/RR	**Health Education Screening**	100% of clients will have a Health Education Screening completed within 7 days of enrollment.	59.00%	57.00%	100%
NMCM HE/RR	**Case Conference***	Percentage of enrolled clients who have at a minimum, one Case Conference every 180 days.	76.00%	56.50%	100%
NMCM HE/RR	**Referrals**	Percentage of referrals which have documented follow-up to determine whether the referrals resulted in successful linkage.	55.00%	62.00%	100%
Housing	**Assessment**	Percentage of clients who have an Assessment completed within 30 days.	83.00%	92.00%	100%
Housing	**Reassessment***	Percentage of clients who receive a Reassessment every 180 days.	75.33%	74.00%	100%
Housing	**Service Plan Development/ Update**	Percentage of clients who have a Service Plan completed within 30 days of enrollment.	83.00%	92.00%	100%
Housing	**Service Plan Development/ Update***	Percentage of clients who have Service Plan Updates completed every 180 days.	58.50%	76.67%	100%

Housing	**Case Conference***	Percentage of clients who have at least one Case Conference every 180 days.	41.67%	29.33%	100%
Housing	**Referrals**	Percentage of referrals which have documented follow-up to determine whether the referrals resulted in successful linkage.	N/A	N/A	100%
Housing	**Emergency Rental Assistance**	Percentage of clients who receive no more than one Emergency Rental Assistance service every 12 months.	N/A	N/A	100%
FB/HDM HE/RR	**Initial Screening**	Percentage of clients who have an Initial Screening completed within 7 days of enrollment.	90.00%	88.00%	100%
FB/HDM HE/RR	**Re-Screening***	Percentage of client who have a Re-Screening completed within 180 days of enrollment.	18.00%	45.00%	100%
FB/HDM HE/RR	**Nutrition Health Education***	Percentage of clients who receive at least one Nutrition Health Education (Individual or Group) within 30 days of enrollment.	82.00%	82.00%	100%
FB/HDM HE/RR	**Case Conference**	Percentage of clients who have at least one Case Conference within 180 days of enrollment.	56.00%	62.00%	100%
FB/HDM HE/RR	**Re-Screening**	Percentage of enrolled clients who have a rescreening every 180 days	73.50%	78.50%	100%
FB/HDM HE/RR	**Nutrition Health Education**	Percentage of clients enrolled who have at least one case conference every 180 days.	61.25%	62.25%	100%
FB/HDM HE/RR	**Referrals**	Percentage of referrals who have documented follow-up to determine whether the referrals resulted in a successful linkage.	68.00%	84.00%	100%
OPS	**Assessment**	Percentage of clients who have an Assessment completed within 7 days of enrollment.	N/A	91.40%	100%
MCM	**Retention in Care**	Percentage of patients retained in care	86.40%	91.18%	90%
MCM	**Viral Load Suppression**	Percentage of patients with a suppressed viral load (less than 200 copies/mL).	89.93%	89.52%	85%
MCM	**Viral Load Suppression**	Percentage of pregnant patients with a suppressed viral load during their third trimester.	100.00 %	85.71%	90%
MCM	**STI Screening**	Percentage of patients who receive an STI screening.	67.95%	67.97%	75%
MCM	**STI Screening**	Percentage of pregnant patients who receive an STI screen in their third trimester.	83.33%	85.71%	90%
MCM	**STI Screening**	Percentage of patients with a positive STI who receive treatment.	66.67%	28.57%	95%
MCM	**Medical Case Management Reassessments**	Percentage of patients who have a reassessment conducted semi-annually.	86.23%	97.20%	80%
MCM	**Multidisciplinary Case Conference**	Percentage of patients who receive documented multidisciplinary case conferences every 6 months.	83.33%	95.80%	80%
MCM	**Health Literacy Verification**	Percentage of patients who have health literacy verification documented in AIRS at least semi-annually.	98.08%	98.69%	80%
MCM	**Mental Health Assessment**	Percentage of patients who receive an annual MH assessment.	90.00%	64.02%	90%
MCM	**Mental Health Assessment**	Percentage of newly pregnant clients who receive a MH assessment.	100.00 %	92.86%	95%
MCM	**Assessment**	Percentage of all enrolled patients who have a completed Assessment within 30 days of intake and enrollment.	74.00%	76.00%	100%
MCM	**Reassessment***	Percentage of all enrolled patients who receive a Reassessment every 90 days.	47.00%	55.00%	100%
MCM	**Case Conference***	Percentage of all enrolled patients who have at least one Case Conference within 30 days of intake and enrollment and every 90 days thereafter.	45.00% 56.00%	64.00% 52.50%	100%
MCM	**Service Plan Development/ Update**	Percentage of all enrolled patients who have a Service Plan completed within 30 days of enrollment.	76.00%	88.00%	100%
MCM	**Service Plan Development/ Update***	Percentage of all enrolled patients who have Service Plan Updates every 90 days.	56.25%	62.50%	100%
MCM	**Referrals**	Percentage of all referrals to behavioral health services which have documented follow-up to ensure that the	78.00%	63.00%	100%

		referral was successful.			
Outreach HE/RR	**Health Care Enrollments**	Number of individuals enrolled in ADAP and other comprehensive health coverage programs.	2172	1398	1,700
Outreach HE/RR	**Client Referrals**	Number of referrals to link clients to comprehensive medical care and non-medical case management services.	389	236	350

*Note: *Indicator is reported quarterly. Percentage is an average of the four quarters.*

d) Quality Assurance

Contract and program monitoring include monthly narrative and fiscal monitoring, quarterly data review, client chart reviews, and comprehensive and targeted program monitoring reviews to ensure compliance with the HRSA National Monitoring Standards, the Service Category Standards of Care, and HRI contract requirements.

Performance data collected in AIDS Institute Reporting System (AIRS) are used to assess funded provider compliance with written standards and identify improvement opportunities for core indicators. Reports are produced every other month, reviewed, and discussed with Part B-funded providers during monitoring calls. Those providers that do not meet the established performance thresholds are asked to submit written corrective action plans to improve compliance with expectations.

<u>Subrecipient Responsibilities:</u>
The Part B subrecipient representatives, specifically, are responsible for the following list of activities:

- Plan, implement, and sustain a quality management infrastructure that is in accordance with the most current AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the Clinical Quality Management Policy Clarification Notice (PCN) #15-02.
- Establish, implement, and update an agency-specific quality management plan.
- Conduct at least one quality improvement project addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent.
- Participate in Ryan White Part B Quality Management Program activities, including, but not limited to, the timely submission of the agency-specific quality management plan and quality improvement updates, the reporting of established performance measures per the reporting schedule, and the presentations of quality improvement projects at quality improvement meetings per the timeline established by the AIDS Institute.
- Provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the AIDS Institute.
- Participate in Ryan White Part B Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and has the aptitude to participate in agency-specific quality improvement projects.

E) Quality Improvement

The ability to develop, test, and implement changes is essential to continuously improve. System-wide quality improvement activities include: the implementation of local quality improvement projects by Ryan White Part B-funded subrecipients, improvement of data collection techniques/tools, organizational assessments of quality management programs, and distribution of needs assessment/client satisfaction results.

The Ryan White Part B Quality Management Team works with individual subrecipients to develop and implement QI initiatives in partnership with the assigned AIDS Institute contract managers. Following the Plan-Do-Study-Act (PDSA) model, subrecipients are required to identify areas of improvement, perform subsequent PDSAs to address identified concerns or target populations, and present findings, challenges and implementation plans during quarterly QI Sharing Sessions using the provided reporting templates.

The goal of the Part B Quality Management Program is to ensure that PWH served by Ryan White Part B-funded providers receive the highest quality care and supportive services. To accomplish this, the Quality Management Team will ensure:

- Part B subrecipients adhere to established practice standards, national guidelines, and AIDS Institute-outlined expectations;
- HIV-related supportive services focus on retention in care and viral load suppression as defined by the Care Continuum;
- Demographic, clinical, and health care utilization information, as well as available health outcomes data, are used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic;
- The existing quality management infrastructure and quality management plans are annually reviewed and revised, as necessary;
- Technical assistance is provided to subrecipients by the contract managers as well as the Part B Quality Management Team, in the development, implementation, and maintenance of their respective quality management plans;
- Compliance with HRSA/HAB standards for core and support services, including the Policy Clarification Notice (PCN) #15-02;
- Participation in the process to assess client satisfaction; and
- QI data are collected, maintained, analyzed, and shared with appropriate stakeholders through QI Dashboards, publication, presentation, or other appropriate formats.

a) Part B Quality Improvement Projects

Prior to the beginning of each contract year, the Part B Quality Management Team outlines key annual improvement goals to be selected by each service provider in choosing their annual QI project topic. Data sources include: consultations with AIDS Institute leadership; review of past Part B performance data, NYS Ending the Epidemic metrics to identify gaps in care and service delivery; HRSA priorities; New York State HIV/AIDS Surveillance Reports; and input by internal and external stakeholders. The Ryan White Part B Quality Management Committee prioritizes and determines the most important annual improvement goals, focusing on HIV care, health outcomes, and client satisfaction. A rationale for choosing their annual priorities is outlined.

The following 2021-2022 improvement goals (see further details) are to:

- Increase health equity by focusing on key HIV populations that are disproportionally impacted by the HIV epidemic in New York State and reduce their performance gap.
- Advance the quality improvement culture across Ryan White Part B-funded subrecipients.

- Increase client involvement and improve the service delivery experience for clients that measurably improve the quality of services.
- Enhance the HIV service delivery system by improving existing data collection systems and data management practices.

As outlined in the Quality Management Program Standards (see Appendix I for the *Part B Quality Management Program Standards*) and in the Ryan White Part B contract (see Appendix K for the draft 2022 *Part B Quality Management Contract Language*), each Part B subrecipient selects one quality improvement project based on the predetermined annual focus areas and submits the QI project using the provided template (see Appendix L for the *2021-2022 Annual QI Project Submission Form*) at the beginning of each year.

Upon review by the contract manager and the Quality Management Team, the local quality improvement activities will be implemented by the subrecipient and monitored by the contract manager in alignment with the Plan-Do-Study-Act (PDSA) methodology or an equivalent quality improvement framework. Routine assistance from the Quality Management Team is available to subrecipients to design QI projects, analyze contributing factors to areas identified, set up local quality improvement teams, involve clients in improvement efforts, and coordinate quality-related activities. Service providers who need more assistance based on the quality of their submission are triaged to provide additional follow-up and guidance by the Quality Management Team.

b) QI Sharing Groups and Sessions

All Part B-funded subrecipients are divided up in three (3) QI Sharing Groups based on their funded service category. This approach allows the creation of a more intimate community of practice. **Table 8** identifies the breakdown for each group.

***Table 9**. Part B QI Sharing Groups*

=Part B QI Sharing Groups		
Group	**# of Agencies**	**Part B Subrecipients**
QI Sharing Group 1	15	AIDS Center of Queens County, Inc. AIDS Service Center of Lower Manhattan, Inc. Albany Medical Center Hospital Arnot Ogden Medical Center BronxCare Health System Community Health Project Community Health Project/M Callen and A Lorde Community Health Center Diaspora Community Services, Inc. Ellis Hospital Gay Men's Health Crisis, Inc. Housing Works, Inc. Institute for Family Health Trillium Health, Inc. William F. Ryan Community Health Center Wyckoff Heights Medical Center
QI Sharing Group 2	14	AIDS Community Resources, Inc. AIDS Council of Northeastern New York, Inc. Ali Forney Center APICHA Community Health Center BronxWorks, Inc. BOOM!Health

		CAMBA, Inc. Cornerstone Family Healthcare Education and Assistance Corporation Hudson Valley Community Services, Inc. Southern Tier AIDS Program, Inc. The Albany Damien Center, Inc. The Fortune Society, Inc. The Partnership for the Homeless
QI Sharing Group 3	14	African Services Committee, Inc. Albany Law School Catholic Charities Community Services/Diocese of Rochester Community Health Action of Staten Island, Inc. Community Healthcare Network EHS, Inc. Erie County Bar Association Volunteer Lawyers Project, Inc. Legal Services of Central New York Legal Services of the Hudson Valley Nassau Suffolk Law Services Committee, Inc. New York Council on Adoptable Children, Inc. Options for Community Living, Inc. The Family Center, Inc. Volunteer Legal Services Project of Monroe County, Inc.

Each QI Sharing Group meets quarterly for their QI Sharing Sessions with the purpose of sharing routine updates by each service provider on their QI projects using the provided slide template (see Appendix M for the *RW Part B QI Project Update Template*), in addition to routine quality improvement capacity building sessions. Each year, each subrecipient is expected to present at least three (3) times. For 2021-2022, we expect each Part B-funded provider presents at least 2 times to allow for more time to set up robust local QI projects. A faculty, which is comprised of QI expert coaches, members of the Ryan White Part B Quality Management Committee, contract managers, and clients, is assigned for each QI Sharing Group and provides feedback for each presentation using a standardized form (see Appendix N for the *Ryan White Part B QI Project Review Tool*).

At the end of each year, each Part B subrecipient submits their annual QI storyboard to reflect their work on their QI project topic using the provided reporting template (see Appendix O for the *Ryan White Part B QI Project Annual Storyboard Template*).

All report submissions are tracked to ensure on-time reporting and follow-up with non-submitters. The data are used to evaluate the overall Part B Quality Management Program activities and are summarized in an annual report to be presented to the Ryan White Part B Committee. **Table 10** outlines the available Part B-specific QI templates.

***Table 10**. Part B QI Templates*

QI Templates		
Name	**Details**	**Appendix**
Part B Annual QI Project Submission Form	To be submitted at the beginning of each year by each service provider to outline their QI project; reviewed by the contract manager and QM team	Appendix L
Part B QI Project Update Template	To be used by service providers during their presentations at least three (3) times a year during their quarterly QI Sharing Sessions	Appendix M
Part B QI Project Review Tool	To be completed by contract manager, QM team, and/or assigned faculty to assess the quality of the QI project and	Appendix N

	provide feedback	
Part B QI Project Annual Storyboard Template	To be submitted at the end of each year by each service provider; reviewed by the contract manager and QM team	Appendix O
Part B Contract Manager Monitoring Tool	To be used by contract manager during routine monitoring calls with Part B subrecipients	Appendix P
Part B Organizational Assessment Tool	To be used annually to assess the Part B subrecipient quality management program; in the year of the contract monitoring visit, the contract manager will assess the program using this tool and in the alternate years, the Part B provider will self-report their assessment findings and discuss them with their contract managers	Appendix Q
Part B Quality Management Plan Review Tool	To be used by the contract managers annually to review the Part B subrecipient quality management plan; further assistance is available by the Part B Quality Management Team	Appendix R

Table 11 provides an overview of quality improvement activities that the Part B Quality Management Team will be engaged in over the duration of the current Quality Management Plan. The outline serves as a living document, containing the current and future QI activities. Updates, revisions, and additions are expected as health outcomes and performance measurement data are reviewed on a routine basis and will inform the activities herein.

***Table 11**. Quality Improvement Activities*

Quality Improvement Activities			
Goal	**Action Steps**	**Target Date**	**Responsible**
Part B Quality Management Committee determines annual improvement goals	- QM Team gathers input from various stakeholders and reviews existing data sets and prioritizes the annual improvement goals - Part B QM Committee determines annual improvement goals in concert with QI leadership - Improvement goals and their justifications are communicated to Part B providers	June 2021	Part B Quality Management Director, Program Evaluation Specialist, Part B QM Committee
Part B Quality Management Committee annually reviews and updates the Part B Quality Management Plan	- QM Senior Program Coordinator conducts initial review and provides suggested changes to QM Quality Management Director - CQM Committee finalizes and presents QM Plan to QM Committee for review and endorsement	July 2021	Ryan White Part B Quality Management Program Assistant
Part B Quality Management Team updates all QI templates	- QM Team updates the various QI forms, tools, and QI resources - Updated QI forms, and QI resources are shared with Part B providers	June 2021	Part B Quality Management Senior Program Coordinator
Part B subrecipients conduct their QI projects and report their progress	- Part B providers submit the QI project focus area for review by AIDS Institute contract manager - Part B providers conduct their QI project and provide updates during QI Sharing Sessions	December 2021	Part B providers, Contract Managers, Program Evaluation Specialist, Part B Quality Management Director

	- QM Team tracks presentations		
Part B subrecipient's quality management program is being assessed	- In the year of a contract monitoring visit, the contract manager will assess the Part B subrecipient's quality management program using the *Part B Organizational Assessment Tool* - In the alternate years, the Part B provider self-reports their assessment findings and discusses them with their contract managers - Technical assistance needs are identified and followed-up	Ongoing	Part B providers, Contract Managers, Program Evaluation Specialist, Part B Quality Management Senior Program Coordinator
Part B subrecipients submit their Part B Quality Management Plans for review by contract managers	- During then contract year, the Part B subrecipients submit their Quality Management Plans - The contract managers annually review the Part B subrecipient quality management plans using the *Part B Quality Management Plan Review Tool* - Technical assistance is provided by contract manager; additional support is available by the Part B Quality Management Team	Ongoing	Part B providers, Contract Managers, Program Evaluation Specialist, Part B Quality Management Senior Program Coordinator
The Quality Management Team provides technical assistance and support	- QM Team provides technical assistance and support to individual Part B providers - QM Team triages providers who need more assistance based on the quality of their submission - QM Team supports contract managers to allow them to coach their Part B providers	Ongoing	Contract Managers, Part B Quality Management Director, Part B Quality Management Senior Program Coordinator

F) Quality Management Plan Evaluation

Progress toward meeting the goals of the Quality Management Plan is ongoing. The functioning of the Quality Management Plan is assessed based on outcomes of examining infrastructure, communication and collaboration, performance measurement, and quality improvement activities. Updates, findings, and adjustments are incorporated into Ryan White Part B Quality Management Committee meetings to continuously improve Ryan White Part B services through ongoing monitoring and analysis.

The annual evaluation of the Quality Management Plan will occur prior to the end of the grant year and include a review using the Quality Plan Review checklist (developed by the HRSA HIV/AIDS Bureau), performance measurement results, and findings from quality improvement projects. A summary report (Annual Progress Report) will be issued and will identify areas for improvement, and strategies to achieve improvements. It will also reflect input from the Quality Management Committee, quality management staff, and other internal and external staff. The conclusions will guide the development of the following year's Quality Management Plan.

Quality Management Performance Measure Evaluation

Performance indicators will be reviewed and evaluated by the Quality Management Team in partnership with the Ryan White Part B Quality Management Committee within the funding cycle to assess the effectiveness of measuring clinical and non-clinical HIV care. If applicable, changes will be made to performance indicators prior to the start of the next initiative funding cycle. These measures will be shared with leadership, the Quality Management Committee, and funded providers. Feedback from funded Ryan White Part B-funded providers will be incorporated into ongoing provider meetings. Performance measures are evaluated annually as part of the Annual Progress Report, and as needed during the Quality Management Committee discussions.

Internal Quality Improvement Project

If a persistent problem is identified that cannot be resolved in routine meetings, the AIDS Institute will launch an internal cross-functional quality improvement project, utilizing the same quality improvement approach and methods promoted to Part B recipients. Quality improvement projects are assigned to members according to their expertise and areas of responsibility. Quality improvement activities are evaluated and monitored in alignment with the Plan-Do-Study-Act (PDSA) methodology in an organized, systematic fashion (see Appendix C for the *Quality Improvement Model*). Quality improvement goals and deliverables will be evaluated to determine if they meet the expectations and to measure its impact on improving the health, quality, and/or access to HIV services. Quality improvement project outcomes will be documented and shared internally and externally.

Table 12 outlines the mechanisms available to evaluate the effectiveness of CQI activities and objectives.

***Table 12**. Evaluation of Quality Improvement Activities*

Evaluation of Quality Improvement Activities			
Evaluation Area	**Activities**	**Materials**	**Method Timeframe**
Assess the effectiveness of quality management infrastructure	Assess program based on organizational assessment	Quality Management Plan, Annual Progress Report, OrganizationalAssessment Tool	Annually
Review Performance Measures	Review trends, performance measurement goals/results, and other related data	Care Continuum QI Dashboards, Annual Progress Report, AIRS data Reports, ETE and disparity reports.	Annually
Evaluate Quality Improvement Activities	Review findings with the Part B Quality Management Committee	Quality Management Plan, Annual Progress Report, Summary of QI projects by Part B providers (e.g., storyboards), PDSA presentations	Annually

G) Conclusion

The purpose of this Quality Management Plan is to improve the quality of care provided to PWH served by Ryan White Part B-funded providers across New York State. The Plan is designed to address the structure, performance measurement, and improvement activities and initiatives of the Ryan White Part B Quality Management Program and to act as a roadmap for the Quality Management Team and the Committee. The document is considered to be a living document, specifically as it pertains to the performance measurement goals and quality improvement activities. Based on regular data analyses, any necessary changes, adjustments, or additions to the measures or activities will be made to ensure that both remain relevant and effective.

The 2021-2022 Ryan White Part B Quality Management Plan has been updated and approved by the leadership of the AIDS Institute on August 31, 2021, and will expire March 31, 2022.

Johanne E Morne

Johanne Morne, AI Director

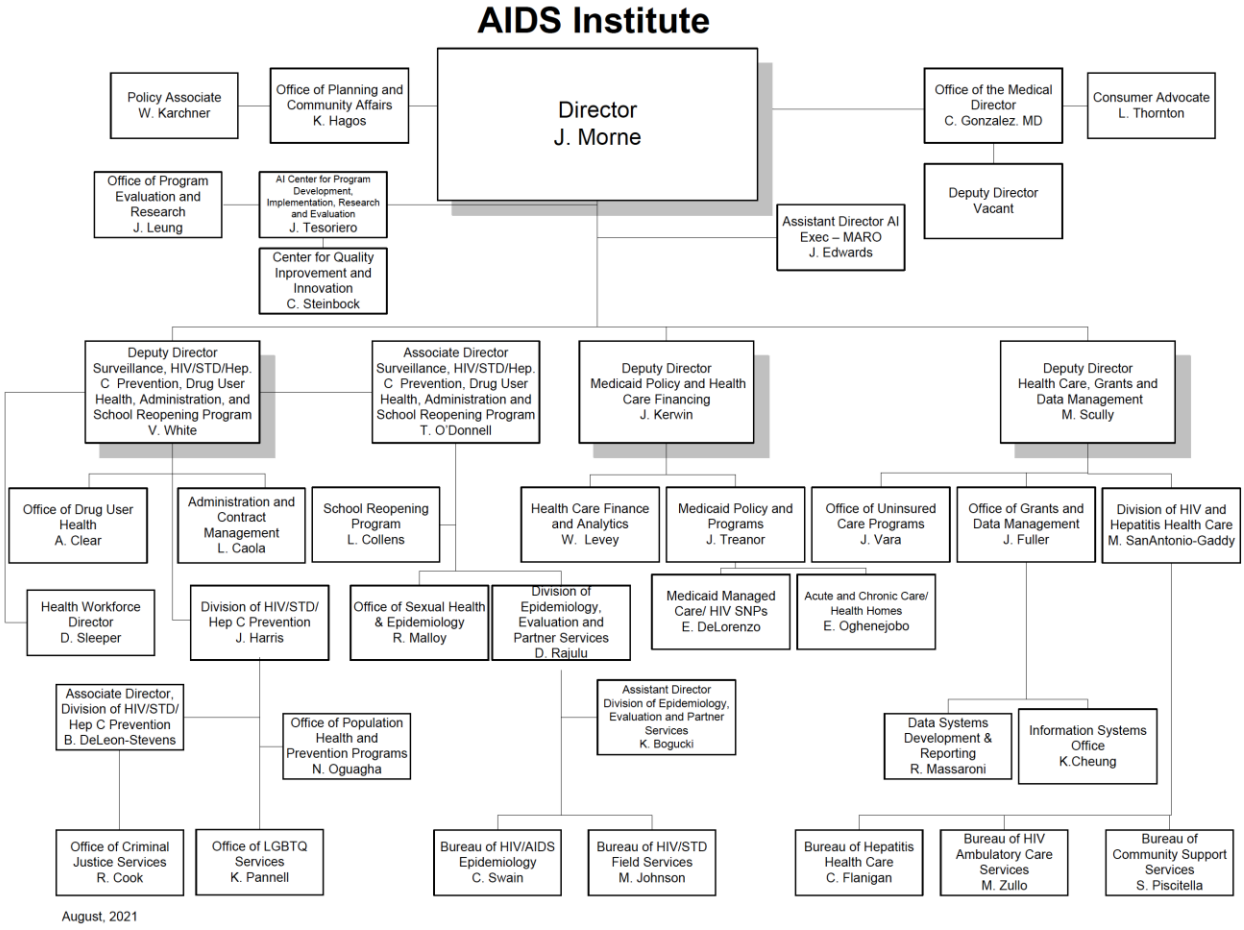
M. Scully

Mona Scully, AI Deputy Director

John a Fuller Jr

John Fuller, Director, Office of Grants and Data Management

Appendix A: AIDS Institute Organizational Chart



Appendix B: Quality Definitions

a. **Quality** – (as defined by the HRSA HIV/AIDS Bureau) the degree to which a health or social service meets or exceeds established professional standards and user expectations.

b. **Clinical Quality Management Program (CQMP)** – the coordination of activities aimed at improving clinical care for people with HIV, health outcomes, and patient satisfaction.

c. **Quality Management Plan (QMP) -** the road map to implement performance measurement and quality improvement activities and to meet key components of the quality management program.

d. **Goal -** a desired result that the team envisions, plans, and commits to achieve – descriptive, specific actions/focus, time specific, measurable, attainable, relevant, defined participants.

e. **Indicator -** a measurable variable that can be used to determine the degree of adherence to a standard such as the level of quality achieved.

f. **Performance Measure -** a numeric value representative of an event or program that quantifies the actual output and/or quality of work performed. A quantitative tool that indicates quality of a service or process.

g. **Quality Management (QM)** – a systematic approach that supports quality assessment, assurance, and improvement activities.

h. **Quality Assurance (QA) -** a broad spectrum of monitoring and evaluation activities designed to ensure consistency and compliance with minimum quality standards.

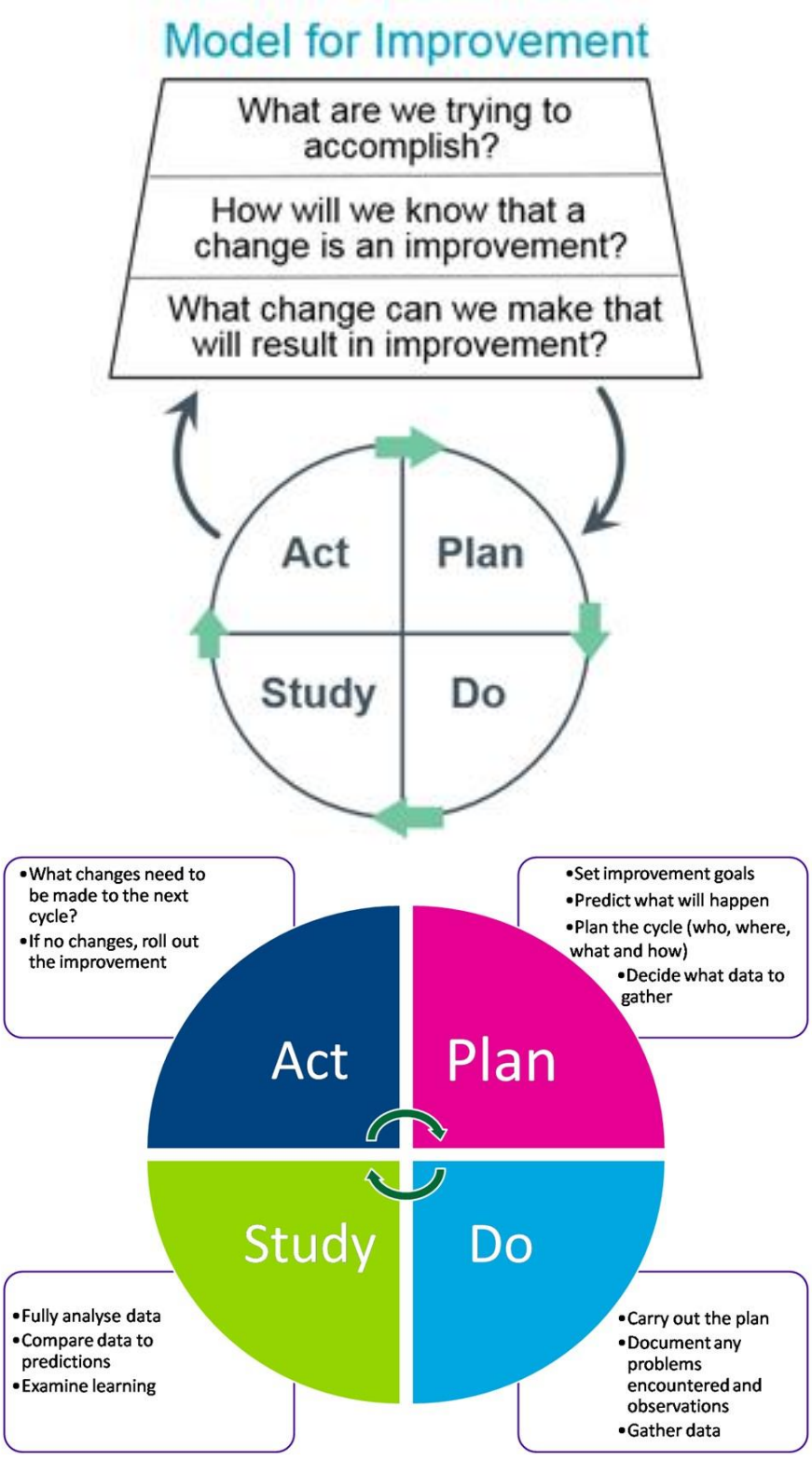
i. **Quality Improvement (QI)** – a process of ongoing monitoring, evaluation and planning to maximize quality of care.

j. **Plan-Do-Study-Act (PDSA) Cycles** – a cyclical process for the continuous quality improvement of processes; part of the Model for Improvement.

k. **Outcomes** – the results achieved by clients served related to knowledge, skills, attitudes, resources, opportunities, values, behavior, conditions, or health status.

l. **Outcome Indicator** – the defined/specific information to track program success, change, or failure toward meeting standard(s) and/or projected outcomes.

Appendix C: Quality Improvement Model (Model for Improvement and PDSA Cycle)



Appendix D: Quality Improvement Resources

I) Introduction to Quality Improvement (» = available at CQII.org; ✖ = available in hardcopy)			
a) Quality Improvement 101			
☐	**Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✖
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
b) HRSA HIV/AIDS Bureau Quality Management Expectations			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
c) Overview of Quality Improvement Resources			
☐	**CQII Website**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii	»	
☐	**HRSA HIV/AIDS Website**. Health Resources and Services Administration HIV/AIDS Bureau. https://hab.hrsa.gov/clinical-quality-management/quality-care		
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
II) Performance Measurement (» = available at CQII.org; ✖ = available in hardcopy)			
a) Introduction to Performance Measurement			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Measuring Clinical Performance: A Guide for HIV Health Care Providers**. New York State Department of Health AIDS Institute. https://targethiv.org/library/measuring-clinical-performance-a-guide-hiv-health-care-providers	»	✖
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 57-60, 142-**	»	✖

	156. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0		
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
b) Indicator Development			
☐	**HIV/AIDS Bureau Quality Indicators**. Rockville, MD: Health Resources and Services Administration. Available at https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio	»	
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Measuring Clinical Performance: A Guide for HIV Health Care Providers: Pages 15-20**. New York State Department of Health AIDS Institute. https://targethiv.org/library/measuring-clinical-performance-a-guide-hiv-health-care-providers	»	✖
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 57-60, 142-156**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✖
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
c) Data Collection			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Measuring Clinical Performance: A Guide for HIV Health Care Providers: Pages 21-29**. New York State Department of Health AIDS Institute. https://targethiv.org/library/measuring-clinical-performance-a-guide-hiv-health-care-providers	»	✖
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
d) Benchmarking			
☐	**HRSA Ryan White HIV/AIDS Program State Profiles.** Health Resources and Services Administration HIV/AIDS Bureau. http://hab.hrsa.gov/stateprofiles/		
☐	**CQII Collaboratives.** Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii	»	
III) Quality Improvement Activity (» = available at CQII.org; ✖ = available in hardcopy)			

a) Methodology/Approach			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 116-126**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✘
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
b) Quality Improvement Tools			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 102, 108, 110, 113**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✘
☐	**HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-group-learning-guide-0	»	✘
c) Quality Improvement Activity			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 61-68, 82-102**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✘
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
☐	**CQII Action Planning Guide.** New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau.	»	✘

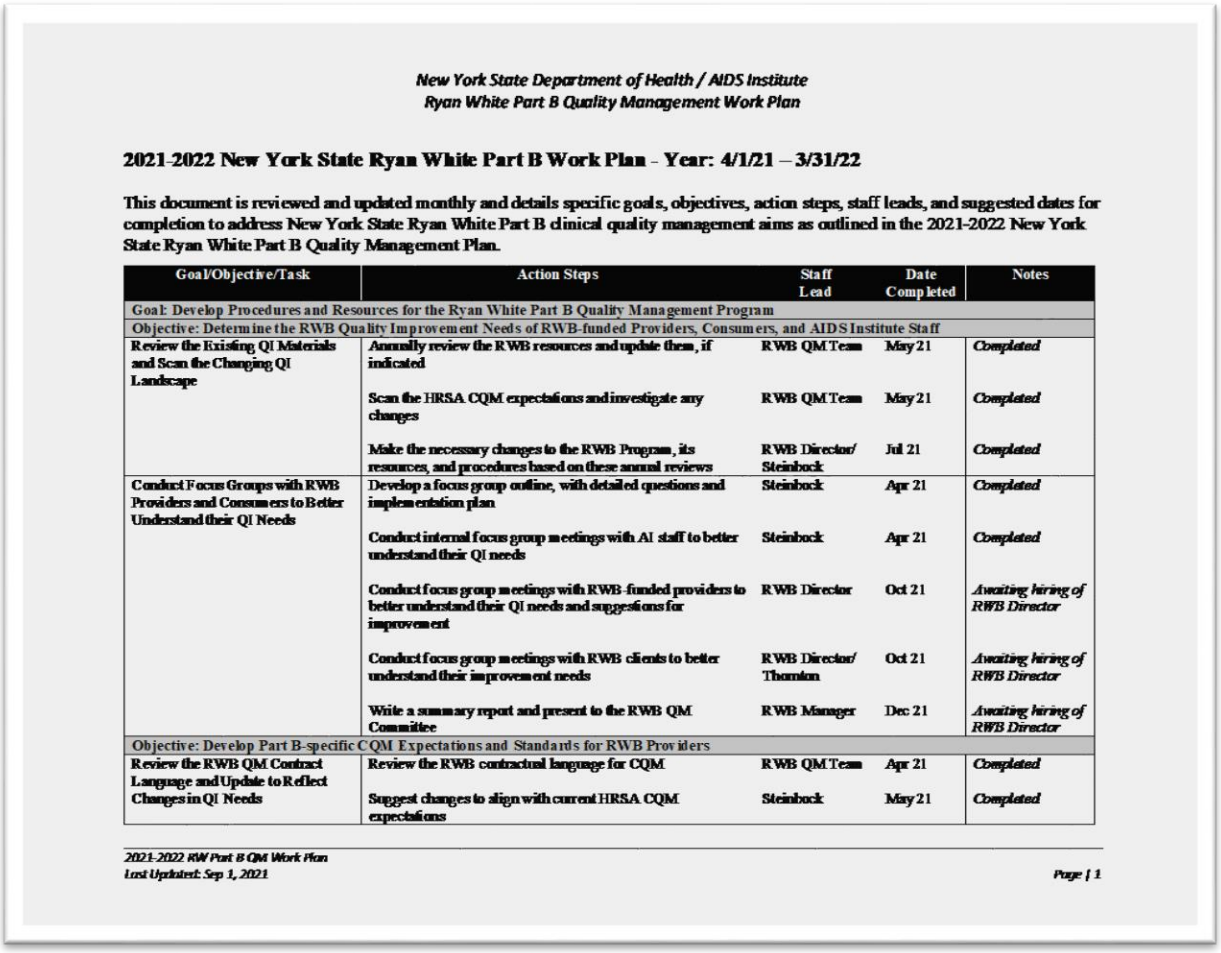
	https://targethiv.org/library/nqc-action-planning-guide-quality-improvement		
d) Cross-Part Quality Improvement Activity			
☐	**CQII Collaboratives.** Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii	»	
☐	**Planning and Implementing a Successful Learning Collaborative.** New York State Department of Health AIDS Institute. https://targethiv.org/library/planning-and-implementing-a-successful-learning-collaborative-guide-build-capacity-quality	»	✖
☐	**Building Capacity of Statewide Quality Management Programs - CQII Guide for Ryan White HIV/AIDS Program Part B Grantees.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/building-capacity-statewide-quality-management-programs-nqc-guide-ryan-white-hivaids-program	»	✖
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
IV) Quality Management Infrastructure (» = available at CQII.org; ✖ = available in hardcopy)			
a) Quality Management Program			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 30-37**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✖
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Building Capacity of Statewide Quality Management Programs - CQII Guide for Ryan White HIV/AIDS Program Part B Grantees.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/building-capacity-statewide-quality-management-programs-nqc-guide-ryan-white-hivaids-program	»	✖
b) Quality Management Plan			
☐	**HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 38-54**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0	»	✖

¨	**CQII Action Planning Guide.** New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/nqc-action-planning-guide-quality-improvement	»	✖
☐	**Audio Recordings and Presentation Slides – CQII National Technical Assistance Calls**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars	»	
☐	**Presentation Slides – CQII Training-of-Trainers (TOT) Program**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	
V) Consumer Involvement (» = available at CQII.org; ✖ = available in hardcopy)			
☐	**A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/a-guide-consumer-involvement-improving-quality-ambulatory-hiv-programs	»	✖
☐	**Patient Satisfaction Survey for HIV Ambulatory Care**. New York State Department of Health AIDS Institute. http://nationalqualitycenter.org/index.cfm/5943/14265	»	✖
☐	**Making Sure Your HIV Care is the Best It Can Be**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. English and Spanish. https://targethiv.org/library/making-sure-your-hiv-care-best-it-can-be-consumer-quality-care-training-workshop	»	✖
☐	**Making Sure HIV Patient Self-Management Works**. National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/making-sure-hiv-patient-self-management-works-training-workshop-hiv-care-providers	»	✖
☐	**CQII Quality Academy: Cultural Competence as a Quality Issue: Practical Steps to Improvement**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**CQII National Technical Assistance Calls - Audio Recordings and Slides**. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute. https://targethiv.org/cqii/webinars	»	
VI) Capacity Building and Training Resources (» = available at CQII.org; ✖ = available in hardcopy)			
☐	**CQII Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy	»	
☐	**Game Guide**. National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/game-guide-interactive-exercises-trainers-teach-quality-improvement-hiv-care	»	✖
☐	**Virtual Game Guide** - Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care Online. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau.	»	✖
☐	**CQII Training-of-Trainers (TOT) Program, Guide, and Slides**. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	✖
☐	**CQII Training-of-Trainers (TOT) Program, Guide, and Slides**. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tot	»	✖

..	**CQII Training of Quality Leaders (TQL) Program, Guide, and Slides**. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/tql	»	✘
☐	**CQII Training of Coaching Basics (TCB) Program, Guide, and Slides**. Center for Quality Improvement & Innovation (CQII). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/training-coaching-basics-program	»	✘
☐	**Planning and Implementing a Successful Learning Collaborative.** New York State Department of Health AIDS Institute. https://targethiv.org/library/planning-and-implementing-a-successful-learning-collaborative-guide-build-capacity-quality	»	✘
☐	**HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers**. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-group-learning-guide-0	»	✘
☐	**Subcontractor Guide: Partnering with Subcontractors to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/partnering-subcontractors-improve-hiv-care	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
☐	**Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care.** National Quality Center (NQC). New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve	»	
☐	**Guide to Conducting a Virtual Quality Improvement Collaborative.** Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/guide-conducting-virtual-quality-improvement-collaborative	»	
☐	**create+equity Collaborative Toolkit**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/create-equity-collaborative-toolkit	»	

Appendix E: Ryan White Part B 2021-2022 Work Plan

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health / AIDS Institute
Ryan White Part B Quality Management Work Plan

2021-2022 New York State Ryan White Part B Work Plan - Year: 4/1/21 – 3/31/22

This document is reviewed and updated monthly and details specific goals, objectives, action steps, staff leads, and suggested dates for completion to address New York State Ryan White Part B clinical quality management aims as outlined in the 2021-2022 New York State Ryan White Part B Quality Management Plan.

Goal/Objective/Task	Action Steps	Staff Lead	Date Completed	Notes
Goal: Develop Procedures and Resources for the Ryan White Part B Quality Management Program				
Objective: Determine the RWB Quality Improvement Needs of RWB-funded Providers, Consumers, and AIDS Institute Staff				
Review the Existing QI Materials and Scan the Changing QI Landscape	Annually review the RWB resources and update them, if indicated	RWB QM Team	May 21	*Completed*
	Scan the HRSA CQM expectations and investigate any changes	RWB QM Team	May 21	*Completed*
	Make the necessary changes to the RWB Program, its resources, and procedures based on these annual reviews	RWB Director/ Steinbock	Jul 21	*Completed*
Conduct Focus Groups with RWB Providers and Consumers to Better Understand their QI Needs	Develop a focus group outline, with detailed questions and implementation plan	Steinbock	Apr 21	*Completed*
	Conduct internal focus group meetings with AI staff to better understand their QI needs	Steinbock	Apr 21	*Completed*
	Conduct focus group meetings with RWB-funded providers to better understand their QI needs and suggestions for improvement	RWB Director	Oct 21	*Awaiting hiring of RWB Director*
	Conduct focus group meetings with RWB clients to better understand their improvement needs	RWB Director/ Thornton	Oct 21	*Awaiting hiring of RWB Director*
	Write a summary report and present to the RWB QM Committee	RWB Manager	Dec 21	*Awaiting hiring of RWB Director*
Objective: Develop Part B-specific CQM Expectations and Standards for RWB Providers				
Review the RWB QM Contract Language and Update to Reflect Changes in QI Needs	Review the RWB contractual language for CQM	RWB QM Team	Apr 21	*Completed*
	Suggest changes to align with current HRSA CQM expectations	Steinbock	May 21	*Completed*

2021-2022 RW Part B QM Work Plan
Last Updated: Sep 1, 2021
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Appendix F: Ryan White Part B Service Categories, Data, Assignments

Part B Contracts by Service Category

Service Category	# of Contracts*	Amount	# of Agencies*	Clients Served	Notes**	Notes
Health Education/Risk Reduction	44	$ 3,185,498	26	2819	X	49.9%
Case Management - Non-medical	23	$ 3,048,501	19	997		17.6%
Nutrition and Food	10	$ 1,288,817	9	868		15.4%
Case Management - Medical	10	$ 2,380,470	9	670		11.9%
Emergency Financial Assistance	24	$ 234,971	19	150	X	2.7%
Housing	2	$ 643,500	2	70		1.2%
Other Professional Services	9	$ 900,000	9	59		1.0%
Psychosocial Support Services	2	$ 26,063	2	19		0.3%
MAI Services	12	$ 1,326,274	11	-		
Total		**$ 13,034,094**		**5652**		**100.0%**

NOTES: Data set includes 43 unique agencies with 67 service category contracts. Data presented is as of 7/14 and may be subject to change.
*Agencies may have contracts covering multiple service categories and multiple contracts for the same service category, so sums are not provided for these columns.
**Clients served sums that include unfinalized or missing data are indicated by an X in the Notes column.

Part B Contract Agency Summary

Agency	Contract Amount	Clients Served*	# of Contracts
African Services Committee, Inc.	$ 300,000.00	87	2
AIDS Center of Queens County, Inc.	$ 158,010.00	133	1
AIDS Community Resources, Inc.	$ 647,010.00	286	3
AIDS Council of Northeastern New York, Inc.	$ 804,851.00	268	4
AIDS Service Center of Lower Manhattan, Inc.	$ 525,000.00	154	2
Albany Law School	$ 100,000.00	7	1
Albany Medical Center Hospital	$ 427,640.00	271	2
Ali Forney Center	$ 200,000.00	21	1
APICHA Community Health Center	$ 250,000.00	143	1
Arnot Ogden Medical Center	$ 177,640.00	34	1
BOOM!Health	$ 358,010.00	98	2
BronxCare Health System	$ 271,253.00	90	1
BronxWorks, Inc.	$ 200,000.00	83	1
CAMBA, Inc.	$ 200,000.00	92	1
Catholic Charities Community Services/Diocese of Rochester	$ 200,000.00	107	1
Community Health Action of Staten Island, Inc.	$ 200,000.00	110	1
Community Health Project	$ 325,000.00	39	1
Community Health Project/M Callen and A Lorde Community Health Center	$ 92,500.00	169	1
Community Healthcare Network	$ 716,020.00	645	4
Cornerstone Family Healthcare	$ 98,294.00	218	3
Diaspora Community Services, Inc.	$ 158,010.00	49	1
Education and Assistance Corporation	$ 473,064.00	338	1
EHS, Inc.	$ 836,577.00	654	4
Ellis Hospital	$ 130,000.00	32	1
Erie County Bar Association Volunteer Lawyers Project, Inc.	$ 100,000.00	8	1
Gay Men's Health Crisis, Inc.	$ 158,010.00	66	1
Housing Works, Inc.	$ 325,000.00	30	1
Hudson Valley Community Services, Inc.	$ 647,010.00	301	3
Institute for Family Health	$ 200,000.00	51	1
Legal Services of Central New York	$ 100,000.00	2	1
Legal Services of the Hudson Valley	$ 100,000.00	2	1
Nassau Suffolk Law Services Committee, Inc.	$ 100,000.00	11	1

New York Council on Adoptable Children, Inc.		$ 100,000.00	9	1
Options for Community Living, Inc.		$ 558,010.00	207	2
Southern Tier AIDS Program, Inc.		$ 200,000.00	60	1
The Albany Damien Center, Inc.		$ 411,168.00	290	2
The Family Center, Inc.		$ 100,000.00	7	1
The Fortune Society, Inc.		$ 200,000.00	57	1
The Partnership for the Homeless		$ 200,000.00	101	1
Trillium Health, Inc.		$ 1,011,017.00	168	4
Volunteer Legal Services Project of Monroe County, Inc.		$ 100,000.00	7	1
William F. Ryan Community Health Center		$ 250,000.00	54	1
Wyckoff Heights Medical Center		$ 325,000.00	93	1
	Total	$ 13,034,094.00		67

Part B Contract Managers

Contract Manager	# of Contracts	# of Part B Agencies	Part B Subrecipients
Andrews, Kwanique	7	5	Ali Forney Center, Community Health Action of Staten Island, Inc., EHS, Inc., Housing Works, Inc., Trillium Health, Inc.
Currin, Lisa	2	2	AIDS Community Resources, Inc.; Cornerstone Family Healthcare
Diaz, Francisco	4	3	Community Healthcare Network, BOOM!Health, AIDS Center of Queens County
Eveillard, Yanick	7	5	The Partnership for the Homeless, AIDS Council of Northeastern New York, Inc., African Services Committee, Inc., CAMBA, Inc., Community Healthcare Network
Godfrey, John	1	1	Community Health Project/M Callen and A Lorde Community Health Center
Griffin-Braaf, Lacey	2	2	Albany Medical Center Hospital, BronxCare Health System
Hildenbrandt, Kris	4	3	AIDS Council of Northeastern New York, Albany Damien Center, Cornerstone
Hollenbeck, Darin	4	4	EHS, Inc., AIDS Community Resources, Inc., Hudson Valley Community Services, Inc., AIDS Council of Northeastern New York, Inc., Cornerstone Family Healthcare
Ide,Kathleen	2	2	AIDS Cervice Center of Lower Manhatten, Inc., Options
Pearson, Dennis	7	7	APICHA Community Health Center, The Fortune Society, Inc., BOOM!Health, BronxWorks, Inc., Nassau Suffolk Law Services Committee, Inc., The Family Center, Inc., New York Council on Adoptable Children, Inc.
Reynolds, David	7	7	EHS, Inc., Trillium Health, Inc., Volunteer Legal Services Project of Monroe County, Inc., Legal Services of Central New York, Legal Services of the Hudson Valley, Erie County Bar Association Volunteer Lawyers Project, Inc., Albany Law School
Riviello, Andrea	2	2	Southern Tier AIDS Program, Inc., Catholic Charities Community Services/Diocese of Rochester
Timour, Karin	3	3	Diaspora Community Services, Inc., Options for Community Living, Inc., Gay Men's Health Crisis
Toney, Maryland	2	2	AIDS Community Resources, Inc., Education and Assistance Corporation
Watson, Yvette	4	4	Ellis Hospital, Arnot Ogden Medical Center, Albany Medical Center Hospital, Trillium
Williams, Joy	4	4	William F. Ryan Community Health Center, Wyckoff Heights Medical Center, Callen Lorde-Community Health Project, Institute for Family Health

Contract Manager Point of Contact	
Agency (Sorted)	**QI Contact**
African Services Committee, Inc.	Eveillard, Yanick
AIDS Center of Queens County, Inc.	Diaz, Francisco
AIDS Community Resources, Inc.	Toney, Maryland
AIDS Council of Northeastern New York, Inc.	Hildenbrandt, Kris
AIDS Service Center of Lower Manhattan, Inc.	Ide, Kathleen
Albany Law School	Reynolds, David
Albany Medical Center Hospital	Griffin-Braaf, Lacey
Ali Forney Center	Andrews, Kwanique
APICHA Community Health Center	Pearson, Dennis
Arnot Ogden Medical Center	Watson, Yvette
BOOM!Health	Diaz, Francisco
BronxCare Health System	Griffin-Braaf, Lacey
BronxWorks, Inc.	Pearson, Dennis
CAMBA, Inc.	Eveillard, Yanick
Catholic Charities Community Services/Diocese of Rochester	Riviello, Andrea
Community Health Action of Staten Island, Inc.	Andrews, Kwanique
Community Health Project	Williams, Joy
Community Health Project/M Callen and A Lorde Community H	Diaz, Francisco
Community Healthcare Network	Diaz, Francisco
Cornerstone Family Healthcare	Currin, Lisa
Diaspora Community Services, Inc.	Timour, Karin
Education and Assistance Corporation	Toney, Maryland
EHS, Inc.	Hollenbeck, Darin
Ellis Hospital	Watson, Yvette
Erie County Bar Association Volunteer Lawyers Project, Inc.	Reynolds, David
Gay Men's Health Crisis, Inc.	Timour, Karin
Housing Works, Inc.	Andrews, Kwanique
Institute for Family Health	Williams, Joy
Legal Services of Central New York	Reynolds, David
Nassau Suffolk Law Services Committee, Inc.	Pearson, Dennis
New York Council on Adoptable Children, Inc.	Pearson, Dennis
Options for Community Living, Inc.	Ide, Kathleen
Southern Tier AIDS Program, Inc.	Riviello, Andrea
The Albany Damien Center, Inc.	Hildenbrandt, Kris
The Family Center, Inc.	Pearson, Dennis
The Fortune Society, Inc.	Pearson, Dennis
The Partnership for the Homeless	Eveillard, Yanick
Trillium Health, Inc.	Watson, Yvette
Volunteer Legal Services Project of Monroe County, Inc.	Reynolds, David
William F. Ryan Community Health Center	Williams, Joy
Wyckoff Heights Medical Center	Williams, Joy

Contract Manager Point of Contact	
Agency	**QI Contact (Sorted)**
Ali Forney Center	Andrews, Kwanique
Community Health Action of Staten Island, Inc.	Andrews, Kwanique
Housing Works, Inc.	Andrews, Kwanique
BOOM!Health	Diaz, Francisco
Community Healthcare Network	Diaz, Francisco
AIDS Center of Queens County, Inc.	Diaz, Francisco
Community Health Project/M Callen and A Lorde Communit	Diaz, Francisco
African Services Committee, Inc.	Eveillard, Yanick
CAMBA, Inc.	Eveillard, Yanick
The Partnership for the Homeless	Eveillard, Yanick
Albany Medical Center Hospital	Griffin-Braaf, Lacey
BronxCare Health System	Griffin-Braaf, Lacey
AIDS Council of Northeastern New York, Inc.	Hildenbrandt, Kris
The Albany Damien Center, Inc.	Hildenbrandt, Kris
Cornerstone Family Healthcare	Currin, Lisa
EHS, Inc.	Hollenbeck, Darin
AIDS Service Center of Lower Manhattan, Inc.	Ide, Kathleen
Options for Community Living, Inc.	Ide, Kathleen
APICHA Community Health Center	Pearson, Dennis
BronxWorks, Inc.	Pearson, Dennis
Nassau Suffolk Law Services Committee, Inc.	Pearson, Dennis
New York Council on Adoptable Children, Inc.	Pearson, Dennis
The Family Center, Inc.	Pearson, Dennis
The Fortune Society, Inc.	Pearson, Dennis
Albany Law School	Reynolds, David
Erie County Bar Association Volunteer Lawyers Project, Inc.	Reynolds, David
Legal Services of Central New York	Reynolds, David
Volunteer Legal Services Project of Monroe County, Inc.	Reynolds, David
Catholic Charities Community Services/Diocese of Rocheste	Riviello, Andrea
Southern Tier AIDS Program, Inc.	Riviello, Andrea
Gay Men's Health Crisis, Inc.	Timour, Karin
Diaspora Community Services, Inc.	Timour, Karin
AIDS Community Resources, Inc.	Toney, Maryland
Education and Assistance Corporation	Toney, Maryland
Trillium Health, Inc.	Watson, Yvette
Arnot Ogden Medical Center	Watson, Yvette
Ellis Hospital	Watson, Yvette
Institute for Family Health	Williams, Joy
Community Health Project	Williams, Joy
William F. Ryan Community Health Center	Williams, Joy
Wyckoff Heights Medical Center	Williams, Joy

Appendix G: Data Sources

ADAP – The AIDS Drug Assistance Program within the AI; which has information on the clients, services, and medications to ensure health care for New York Residents that are uninsured or underinsured and living with or at risk of acquiring HIV/AIDS.

Adolescent Quality Learning Network – the Adolescent Quality Learning Network is a peer exchange platform to improve the quality of HIV services. Provider data is shared amongst the members and is used to inform DHHHC programming on both programmatic and quality measures.

AIRS – The AI System is used to enter and track all the programmatic data for the funded providers.

All Payor Database - This data set is a collaboration of individual programs within New York State Agencies to create a comprehensive and complete data set for NYS residents regardless of the funder of health care services to allow for evaluation, monitoring, planning, prioritization, coordination, and policy discussions.

Client Progress Reports (CPR) designed to share HIV surveillance care status information regarding clients served in funded agencies using AIRS. This report uses information contained within a provider's AIRS HIV/AIDS Epidemiology Extract submitted to the AI and matched to the HIV surveillance system to review the HIV care status for clients being served in the provider's funded programs.

Concurrent HIV/AIDS – HIV surveillance data match to identify individuals who are newly diagnosed with HIV and have a concurrent AIDS diagnosis within 12 months. An ETE measure, which has been consistent, a goal is for PWH to know their status asap and get medical care and treatment.

Funded agency sources (charts, interview, monitoring tools, surveys, consumer boards)
EMRs – AI RWB funded agencies represent a variety of providers that employ different data collection systems (EMR, RHIO,) beyond the use of AIRS. As a component of program monitoring DHHHC has access to all relevant data sources.

HCV Surveillance – the official epidemiologic data set for NYS compiled by the disease surveillance unit of the NYSDOH in a disease data tracking system called CDESS.

HIV Surveillance – the official epidemiologic data set for NYS compiled by BHAE in the AI; this is a live data set that is continually updated and matched to records from NYC Dept of Mental Health and Mental Hygiene (NYCDOMHH), other states, federal HIV records, and the federal death registry. This data tracking system is called NYEHMS.

IPRO – This data set is AI program specific and generated by the review and compilation of hard copy and electronic health records by the NYSDOH's quality review agent (IPRO).

Medicaid – The Medicaid program within the NYSDOH has a complete record of enrolled clients and all the associated encounters, services, test results, and prescriptions utilized by those clients for the time periods they are enrolled.

MMP - The Medicaid Match Program (MMP) is a collaboration of Medicaid data and Managed Care Organizations (MCOs) to match data by the Division of Health Care Finance within the AI and then share this information with the MCOS for enrolled individuals that may benefit from additional coordination/outreach/services to maximize their care and health outcomes.

Organizational Assessments (OA) - This tool identifies all essential elements associated with a sustainable clinical quality management (CQM) program and is in keeping with the HIV/AIDS Bureau guidance. Detailed scoring instructions are provided to identify gaps in the CQM program that are used to set improvement priorities. This assessment helps a program to evaluate their conformance to established guidelines, the organization's progress over time, and guide the development of quality management priorities.

Partner Services- Data to Care – Contact tracing for HIV and STIs, case verification for HIV, and linkage to care for provides supplemental data to the previously noted surveillance registries.

RHIOs – New York State has a series of geographically based Regional Health Information Organizations (RHIOS) that allow for participating health care providers and health agency entities to electronically share or view health information and records for clients to facilitate the improved care and coordination of individuals.

STI Surveillance – the official epidemiologic data set for NYS compiled by OSHE in the AI; which is a subset of NYSDOH health and disease data tracking system called CDESS. This data set is continually updated with records from the 48 county health units in New York State, who are directly tasked by state law with STI treatment and prevention efforts.

Appendix H: Data Management Overview

NYSDOH AIDS Institute
Data Collection and Reporting Requirements for Select Program Initiatives
(Subject to Annual Review)

Requirements are divided into 3 general types: Core Indicators; Status/Histories; and Clients/Services

CORE INDICATORS

Indicators are used to monitor desired client outcomes over time. They focus on the overall health status of the client and retention in care. This document establishes indicators and frequencies for data collection and reporting purposes only, ***it is not intended to be used for clinical quality management purposes.***

HIV Core Program Indicators	Frequency of Update	Location in AIRS
Viral Load Tests	Enter all tests and counts. There must be at least one update entered every six months.	Lab test history screen using the VL Quantitative Viral Load Tests. Must include a **count** and **test result** to be valid. If health status of the client allows for less frequent monitoring, this update requirement can be met by entering a record for the VL Quantitative Viral Load Test and selecting "Not Medically Indicated".
Dates of Medical Care Visits & HIV Medical Provider Name	Enter all Medical Care Visits	HIV Medical Provider/Medical Visit History – enter dates of **ALL** Medical Care visits.

STATUS UPDATES/HISTORIES

Status updates and histories are used to monitor the client's health status on specific issues; monitor emerging issues; monitor needs; and assess response to interventions.

Status / Histories	Frequency of Update	Location in AIRS
(S1) HIV/AIDS Status	At Least Annually, requirement to update status ends when status = "HIV Positive, CDC-Defined AIDS"	HIV Status Information History
(S2) Sexual and Other Risk Behavior	At Least Semi-annually	Risk History
(S3) Referral tracking and outcomes	As needed, must track all referrals (priority referral categories may be designated by Sections)	Referral Tracking
(S4) Housing Status	At Least Annually	Housing Information History
(S5) Household Data	At Least Semi-annually	Financial Information History using household size and total annual household income.
(S6) Insurance Status	At Least Semi-annually	Insurance/Healthcare Coverage History
(S8) Hepatitis A Status	At Least Annually, requirement to update status ends when status in Hepatitis Status / Vaccination History screen = (5) Immune due to natural infection, (6) Infected (Acute), (11) Immune due to previous vaccination, (14)	Hepatitis Status/Vaccination History

	Immune, unknown, or (16) Vaccination Completed – serology not indicated	
(S9) Hepatitis B Status	At Least Annually, requirement to update status ends when status in Hepatitis Status / Vaccination History screen = (5) Immune due to natural infection, (6) Infected (Acute), (7) Infected (Chronic), (11) Immune due to previous vaccination, (14) Immune, unknown, or (16) Vaccination Completed – serology not indicated	Hepatitis Status/Vaccination History
(S10) Hepatitis C Status	At Least Annually	Hepatitis Status/Vaccination History
(S11) Syphilis Screening	At Least Annually, sections may require more frequent updates as needed.	Lab Test History = (SY) Syphilis Test
(S12) Chlamydia Screening	At Least Annually, sections may require more frequent updates as needed.	Lab Test History = (CT) Chlamydia
(S13) Gonorrhea Screening	At Least Annually, sections may require more frequent updates as needed.	Lab Test History = (GC) Gonorrhea
(S14) ARV Status	At Least Semi-annually	Drug Regimen History
(S15) Pregnancy Status	As needed	Pregnancy Information History –For now, but this is being removed in the future and will be entered in the Lab Test History.
(S16) Substance Use History	At Least Annually	Substance Use History, or Service ID = 798 (Substance Use Assessment)
(S17) HIV Testing	Quarterly	Laboratory Test History using the test type VQ Qualitative HIV Diagnostic Tests and one of the following Test codes: 01, 02, 03, 04, 05
(S18) PrEP/PEP Adherence	As Needed	Drug Regimen History

CLIENT/SERVICE DATA

At minimum, all grant funded programs are required to collect baseline client demographics at intake *and* data on location, type of service and date of service for all funded services under their contract. Specific programs will have additional required service elements. The "# of Items" field on the service entry screen is required for Nutritional Programs to indicate the number of meals provided.

PROGRAM SPECIFIC GUIDANCE

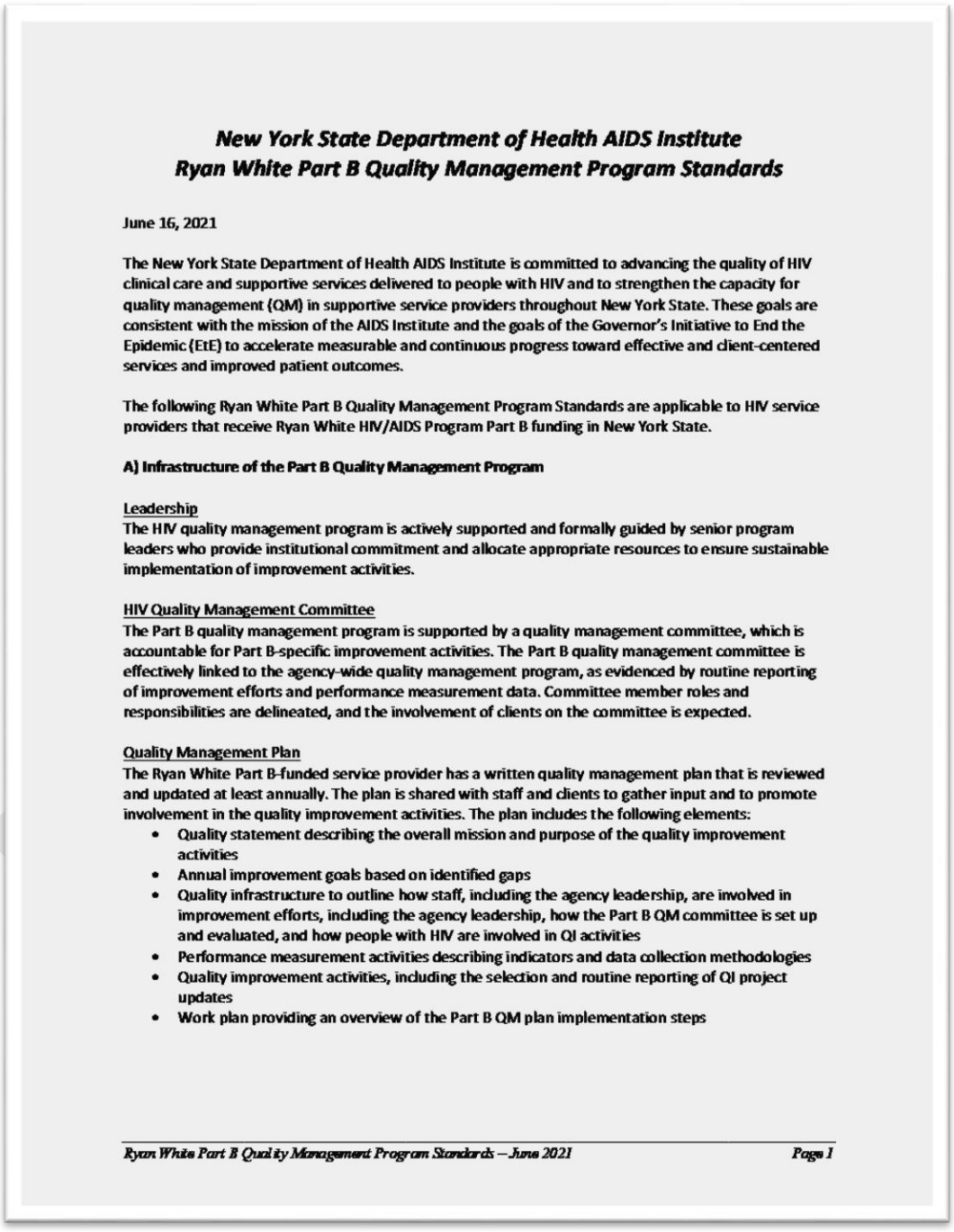
RFA/Initiative	Component	Data Requirements*
Supportive Housing (10-0002 (will be 15-0005)) & MRT Contracts		C,C/S, S1 – S6, S10
Benefits Counseling Pilot Project		C/S,S1,S3,S4,S5,S6
Nutritional Health Education Services (11-0002, 12-0003)		C,C/S, S1 - S6, S10, I
Engagement and Support Services (14-0007)	A - Case Management and Health Education	C,C/S, S1 – S6, S10

	B – Medical Transportation	C,C/S,S1,S3,S4,S5,S6,S10
	C – Emerging Communities	C,C/S, S1 – S6, S10
HIV Primary Care Retention and Adherence Services (RAP – 14-0004)		C,C/S, S1- S6, S8 - S15
PrEP Programs		All Clients - C/S, S1-S4, S6 Clients on PrEP – C/S, S1–S4, S6, S8-S13, S17, S18
Legal Services for Individuals and Families Living with HIV and Family Stabilization Support Services (15-0001)		C/S,S1,S3,S4,S5,S6
Family Focused HIV Health Care for Women (09-0006)		C,C/S, S1-S6, S8-S15
Adolescent/ Young Adult HIV Specialized Care Center (09-0006)	SCC positive SCC neg/unk	C,C/S, S1-S6, S8-S15 C/S, S1-S4, S6, S11-S13, S15, S18
Transgender Health Care Services	THCS positive THCS neg/unk	C,C/S, S1-S6, S8-S15 C/S, S1-S4, S6, S11-S13, S15, S18
Youth Access Program (09-0006)		C/S, S1-S4, S6, S11-S13, S15, S18
Outreach, Linkage to Care and Retention in Care for Substance Users (14-0002)	A (Co-located) (RAP)	C,C/S, S1- S6, S8 - S15
	B (Acute Medical Care, Disease Screening and Linkage to Medical Homes for Clients of Authorized Syringe Exchange Programs Located Outside NYC)	C/S, S1 - S6
	C (Enhanced Outreach and Linkage to Care for Active Substance Users Who Currently are Not in Drug Treatment Located Outside NYC)	C/S, S1 - S6
Minority Enrollment in to ADAP (15-0004)		C/S, S1 - S6
Improving Linkage and Access to HCV Care and Treatment (14-0003); HCV Innovative Model	HIV-negative clients HIV-positive clients	C/S, S1, S2, S4 - S10, S16 C,C/S, S1, S2, S4 - S10, S14, S16
HCV Patient Navigator Initiative	HIV-negative clients HIV-positive clients	C/S, S1, S2, S4-S6, S10, S16 C,C/S, S1, S2, S4-S6, S10, S14, S16
HCV CJI Initiative	HIV-negative clients HIV-positive clients	C/S, S1, S2, S4, S10, S16 C,C/S, S1, S2, S4, S10, S14, S16

***Key | C/S = Client/Service Data, C = Core Indicators, S = Status/Histories, I = # of Items fie**

Appendix I: Ryan White Part B Quality Management Program Standards (2021)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Quality Management Program Standards

June 16, 2021

The New York State Department of Health AIDS Institute is committed to advancing the quality of HIV clinical care and supportive services delivered to people with HIV and to strengthen the capacity for quality management (QM) in supportive service providers throughout New York State. These goals are consistent with the mission of the AIDS Institute and the goals of the Governor's Initiative to End the Epidemic (EtE) to accelerate measurable and continuous progress toward effective and client-centered services and improved patient outcomes.

The following Ryan White Part B Quality Management Program Standards are applicable to HIV service providers that receive Ryan White HIV/AIDS Program Part B funding in New York State.

A) Infrastructure of the Part B Quality Management Program

Leadership
The HIV quality management program is actively supported and formally guided by senior program leaders who provide institutional commitment and allocate appropriate resources to ensure sustainable implementation of improvement activities.

HIV Quality Management Committee
The Part B quality management program is supported by a quality management committee, which is accountable for Part B-specific improvement activities. The Part B quality management committee is effectively linked to the agency-wide quality management program, as evidenced by routine reporting of improvement efforts and performance measurement data. Committee member roles and responsibilities are delineated, and the involvement of clients on the committee is expected.

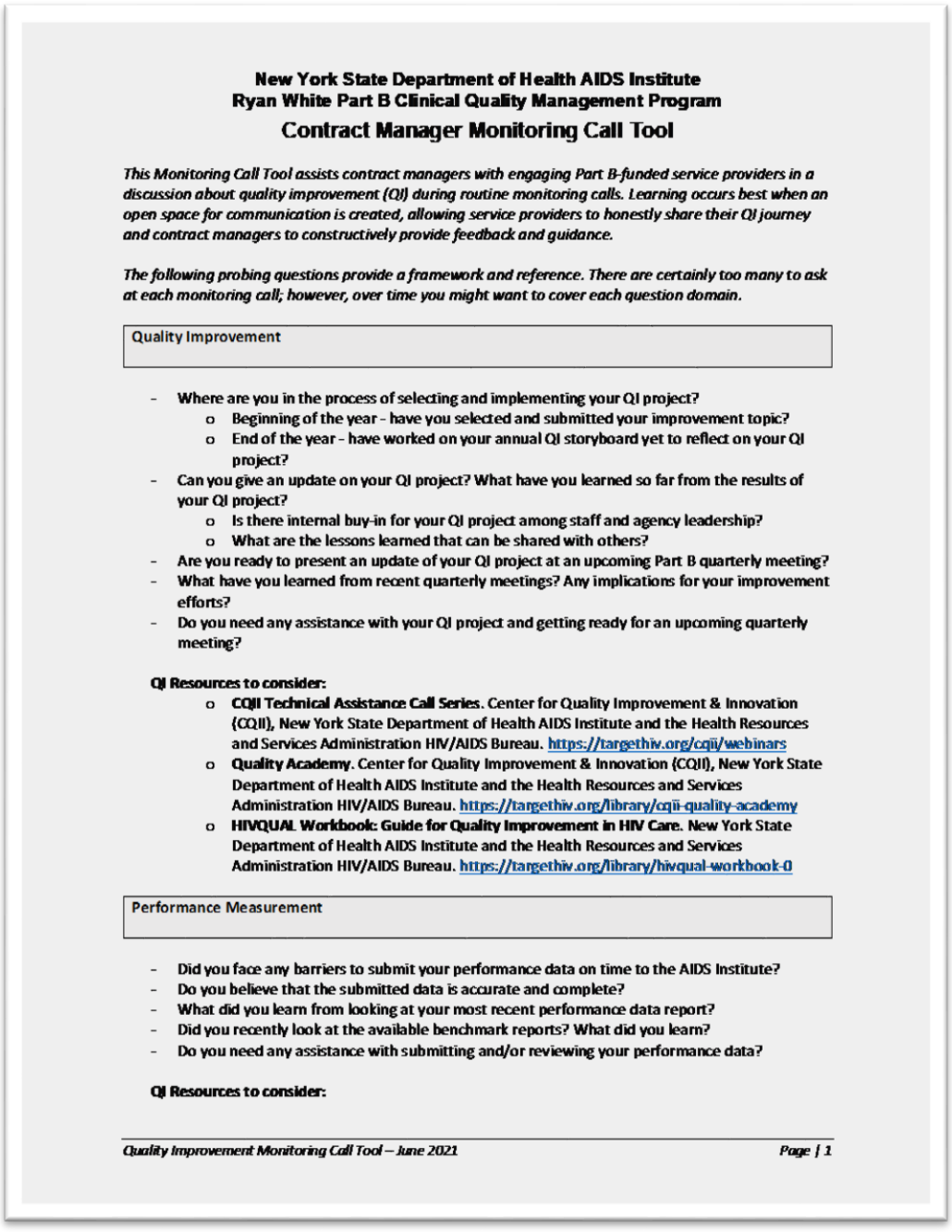
Quality Management Plan
The Ryan White Part B-funded service provider has a written quality management plan that is reviewed and updated at least annually. The plan is shared with staff and clients to gather input and to promote involvement in the quality improvement activities. The plan includes the following elements:

- **Quality statement describing the overall mission and purpose of the quality improvement activities**
- **Annual improvement goals based on identified gaps**
- **Quality infrastructure to outline how staff, including the agency leadership, are involved in improvement efforts, including the agency leadership, how the Part B QM committee is set up and evaluated, and how people with HIV are involved in QI activities**
- **Performance measurement activities describing indicators and data collection methodologies**
- **Quality improvement activities, including the selection and routine reporting of QI project updates**
- **Work plan providing an overview of the Part B QM plan implementation steps**

Ryan White Part B Quality Management Program Standards – June 2021 *Page 1*

Appendix J: Ryan White Part B Quality Improvement Contract Manager Monitoring Tool (2021)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program

Contract Manager Monitoring Call Tool

This Monitoring Call Tool assists contract managers with engaging Part B-funded service providers in a discussion about quality improvement (QI) during routine monitoring calls. Learning occurs best when an open space for communication is created, allowing service providers to honestly share their QI journey and contract managers to constructively provide feedback and guidance.

The following probing questions provide a framework and reference. There are certainly too many to ask at each monitoring call; however, over time you might want to cover each question domain.

Quality Improvement

- Where are you in the process of selecting and implementing your QI project?
  - Beginning of the year – have you selected and submitted your improvement topic?
  - End of the year – have worked on your annual QI storyboard yet to reflect on your QI project?
- Can you give an update on your QI project? What have you learned so far from the results of your QI project?
  - Is there internal buy-in for your QI project among staff and agency leadership?
  - What are the lessons learned that can be shared with others?
- Are you ready to present an update of your QI project at an upcoming Part B quarterly meeting?
- What have you learned from recent quarterly meetings? Any implications for your improvement efforts?
- Do you need any assistance with your QI project and getting ready for an upcoming quarterly meeting?

QI Resources to consider:

- **CQII Technical Assistance Call Series**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/cqii/webinars
- **Quality Academy**. Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy
- **HIVQUAL Workbook: Guide for Quality Improvement in HIV Care.** New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0

Performance Measurement

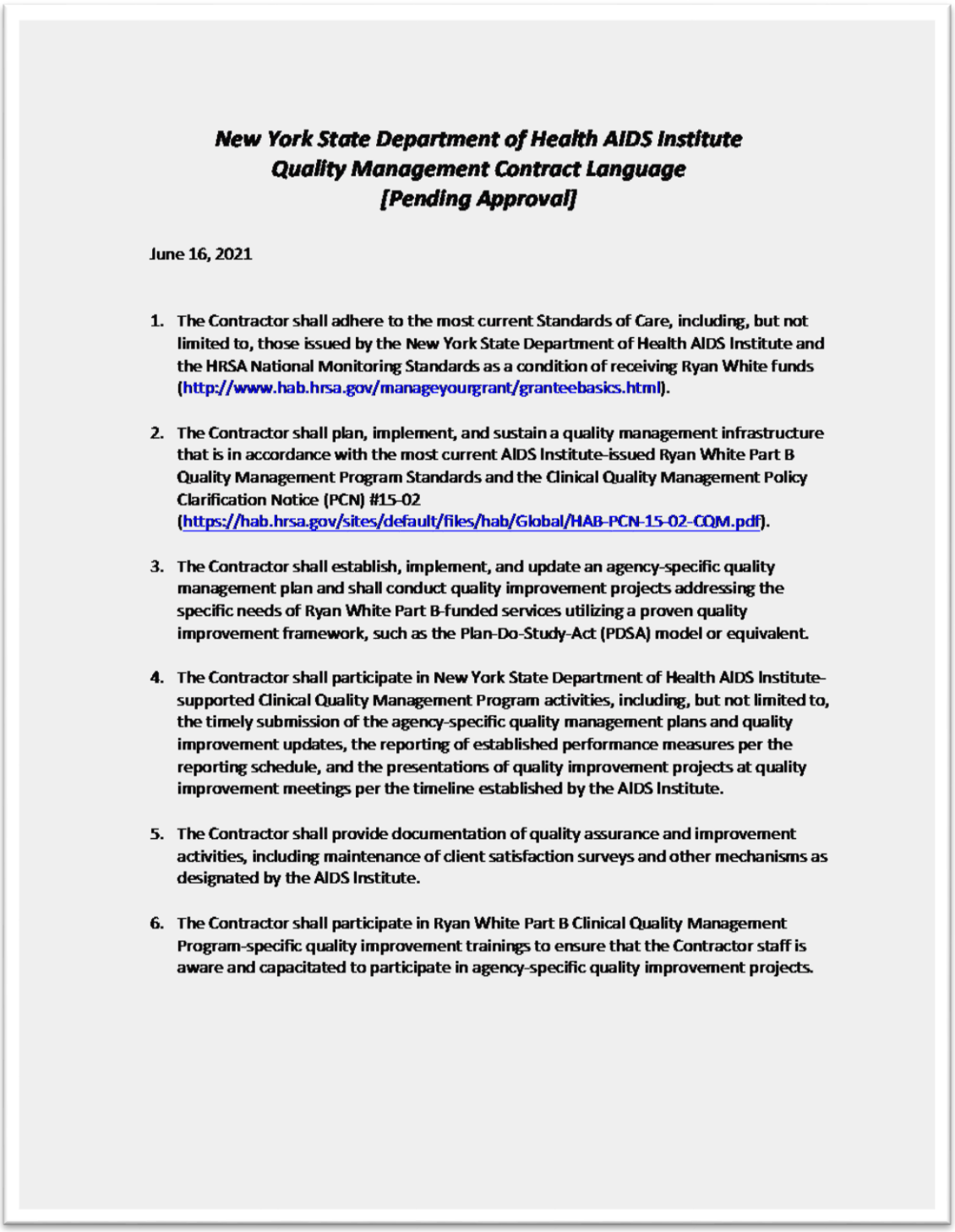
- Did you face any barriers to submit your performance data on time to the AIDS Institute?
- Do you believe that the submitted data is accurate and complete?
- What did you learn from looking at your most recent performance data report?
- Did you recently look at the available benchmark reports? What did you learn?
- Do you need any assistance with submitting and/or reviewing your performance data?

QI Resources to consider:

Quality Improvement Monitoring Call Tool – June 2021 *Page | 1*

Appendix K: Ryan White Part B Quality Management Contract Language (Draft 2022)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Quality Management Contract Language
[Pending Approval]

June 16, 2021

1. **The Contractor shall adhere to the most current Standards of Care, including, but not limited to, those issued by the New York State Department of Health AIDS Institute and the HRSA National Monitoring Standards as a condition of receiving Ryan White funds (http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html).**

2. **The Contractor shall plan, implement, and sustain a quality management infrastructure that is in accordance with the most current AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the Clinical Quality Management Policy Clarification Notice (PCN) #15-02 (https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf).**

3. **The Contractor shall establish, implement, and update an agency-specific quality management plan and shall conduct quality improvement projects addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent.**

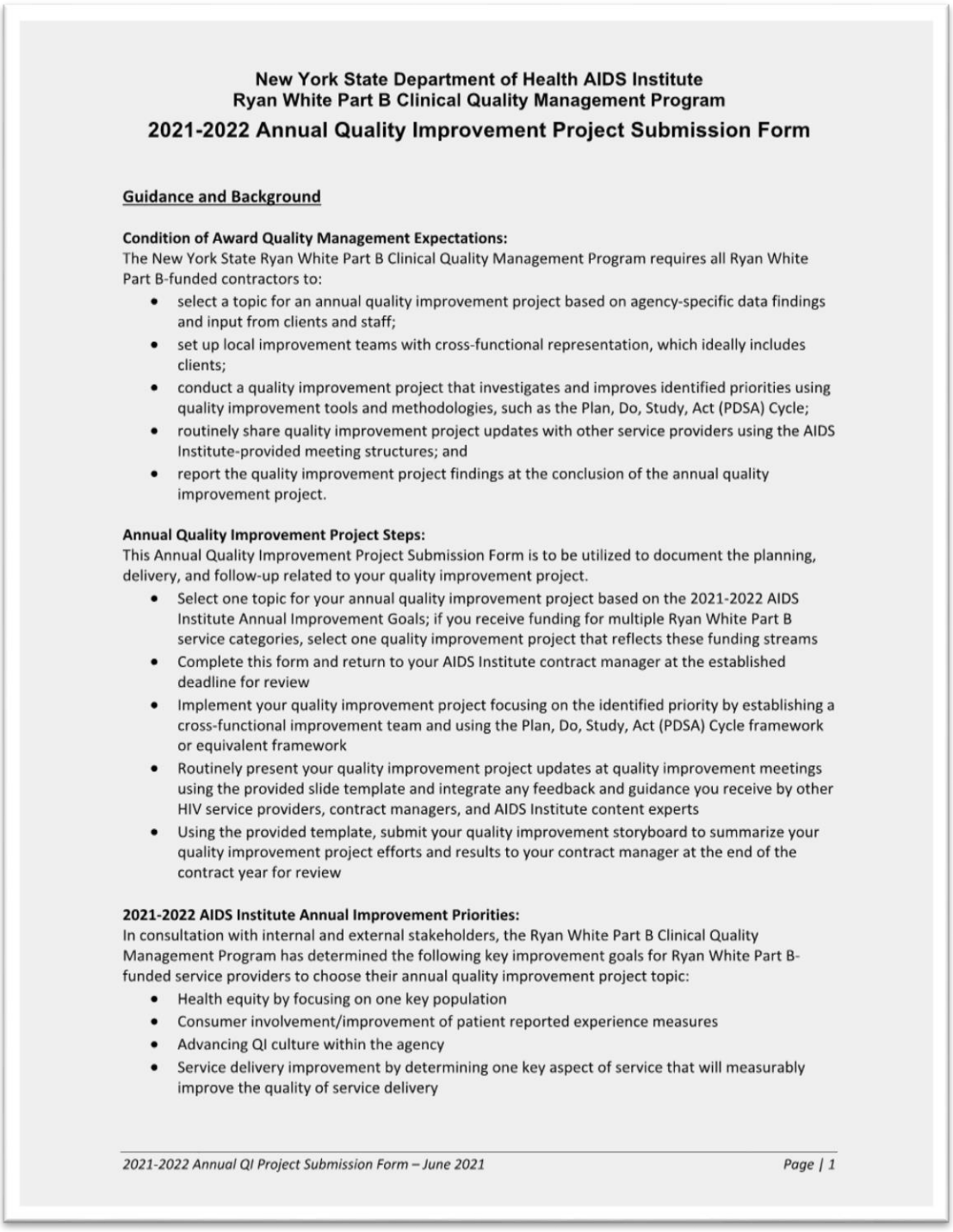
4. **The Contractor shall participate in New York State Department of Health AIDS Institute-supported Clinical Quality Management Program activities, including, but not limited to, the timely submission of the agency-specific quality management plans and quality improvement updates, the reporting of established performance measures per the reporting schedule, and the presentations of quality improvement projects at quality improvement meetings per the timeline established by the AIDS Institute.**

5. **The Contractor shall provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the AIDS Institute.**

6. **The Contractor shall participate in Ryan White Part B Clinical Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and capacitated to participate in agency-specific quality improvement projects.**

Appendix L: Ryan White Part B 2021-2022 Annual QI Project Submission Form

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program

2021-2022 Annual Quality Improvement Project Submission Form

Guidance and Background

Condition of Award Quality Management Expectations:
The New York State Ryan White Part B Clinical Quality Management Program requires all Ryan White Part B-funded contractors to:

- select a topic for an annual quality improvement project based on agency-specific data findings and input from clients and staff;
- set up local improvement teams with cross-functional representation, which ideally includes clients;
- conduct a quality improvement project that investigates and improves identified priorities using quality improvement tools and methodologies, such as the Plan, Do, Study, Act (PDSA) Cycle;
- routinely share quality improvement project updates with other service providers using the AIDS Institute-provided meeting structures; and
- report the quality improvement project findings at the conclusion of the annual quality improvement project.

Annual Quality Improvement Project Steps:
This Annual Quality Improvement Project Submission Form is to be utilized to document the planning, delivery, and follow-up related to your quality improvement project.

- Select one topic for your annual quality improvement project based on the 2021-2022 AIDS Institute Annual Improvement Goals; if you receive funding for multiple Ryan White Part B service categories, select one quality improvement project that reflects these funding streams
- Complete this form and return to your AIDS Institute contract manager at the established deadline for review
- Implement your quality improvement project focusing on the identified priority by establishing a cross-functional improvement team and using the Plan, Do, Study, Act (PDSA) Cycle framework or equivalent framework
- Routinely present your quality improvement project updates at quality improvement meetings using the provided slide template and integrate any feedback and guidance you receive by other HIV service providers, contract managers, and AIDS Institute content experts
- Using the provided template, submit your quality improvement storyboard to summarize your quality improvement project efforts and results to your contract manager at the end of the contract year for review

2021-2022 AIDS Institute Annual Improvement Priorities:
In consultation with internal and external stakeholders, the Ryan White Part B Clinical Quality Management Program has determined the following key improvement goals for Ryan White Part B-funded service providers to choose their annual quality improvement project topic:

- Health equity by focusing on one key population
- Consumer involvement/improvement of patient reported experience measures
- Advancing QI culture within the agency
- Service delivery improvement by determining one key aspect of service that will measurably improve the quality of service delivery

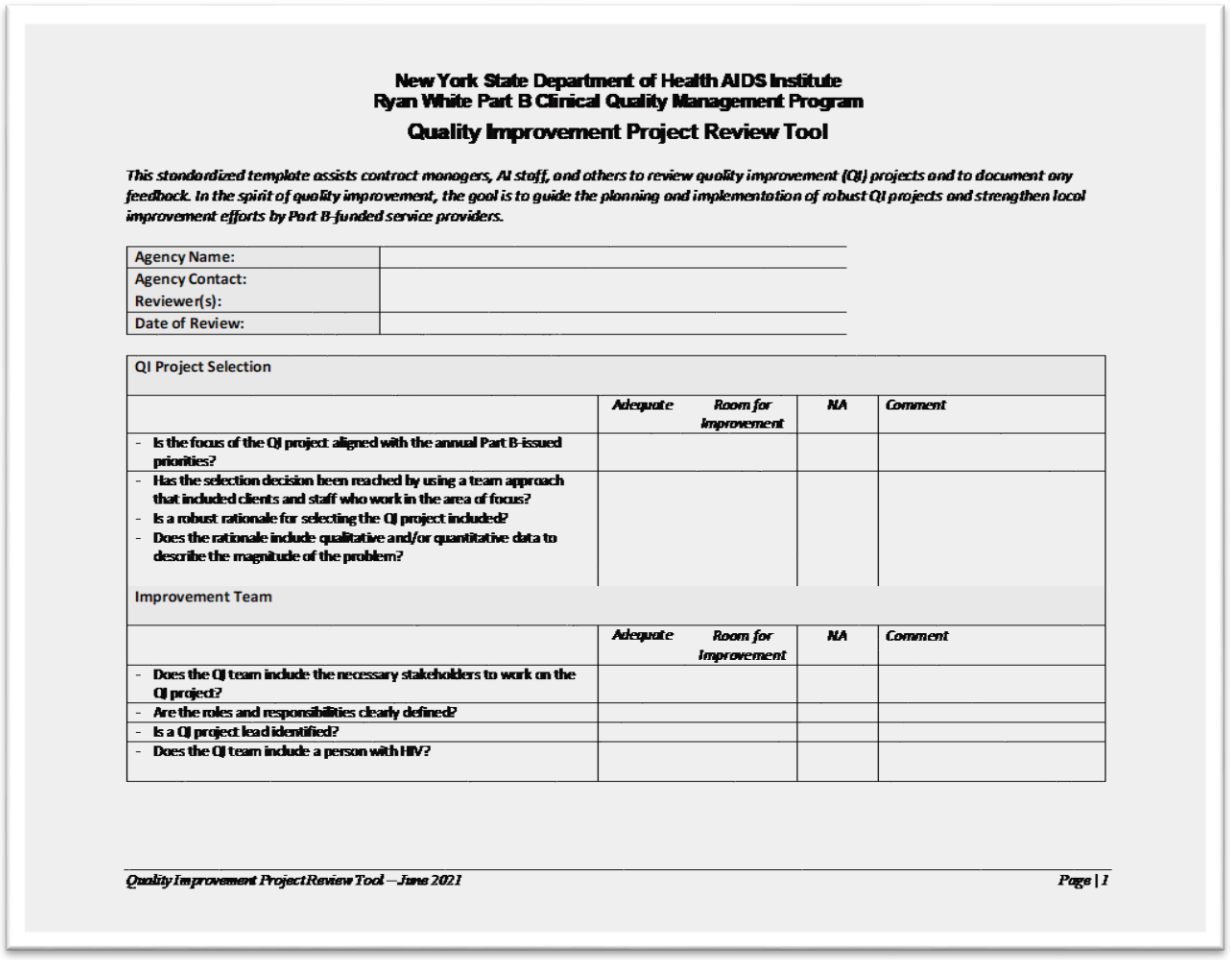
2021-2022 Annual QI Project Submission Form – June 2021 *Page | 1*

Appendix M: Ryan White Part B QI Project Update Template (2021)

[To access this file, please double click on the cover page below to open the actual document.]

Appendix N: Ryan White Part B QI Project Review Tool (2021)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program

Quality Improvement Project Review Tool

This standardized template assists contract managers, AI staff, and others to review quality improvement (QI) projects and to document any feedback. In the spirit of quality improvement, the goal is to guide the planning and implementation of robust QI projects and strengthen local improvement efforts by Part B-funded service providers.

Agency Name:	
Agency Contact: Reviewer(s):	
Date of Review:	

QI Project Selection				
	Adequate	*Room for Improvement*	*NA*	*Comment*
- Is the focus of the QI project aligned with the annual Part B-issued priorities?				
- Has the selection decision been reached by using a team approach that included clients and staff who work in the area of focus? - Is a robust rationale for selecting the QI project included? - Does the rationale include qualitative and/or quantitative data to describe the magnitude of the problem?				
Improvement Team				
	Adequate	*Room for Improvement*	*NA*	*Comment*
- Does the QI team include the necessary stakeholders to work on the QI project?				
- Are the roles and responsibilities clearly defined?				
- Is a QI project lead identified?				
- Does the QI team include a person with HIV?				

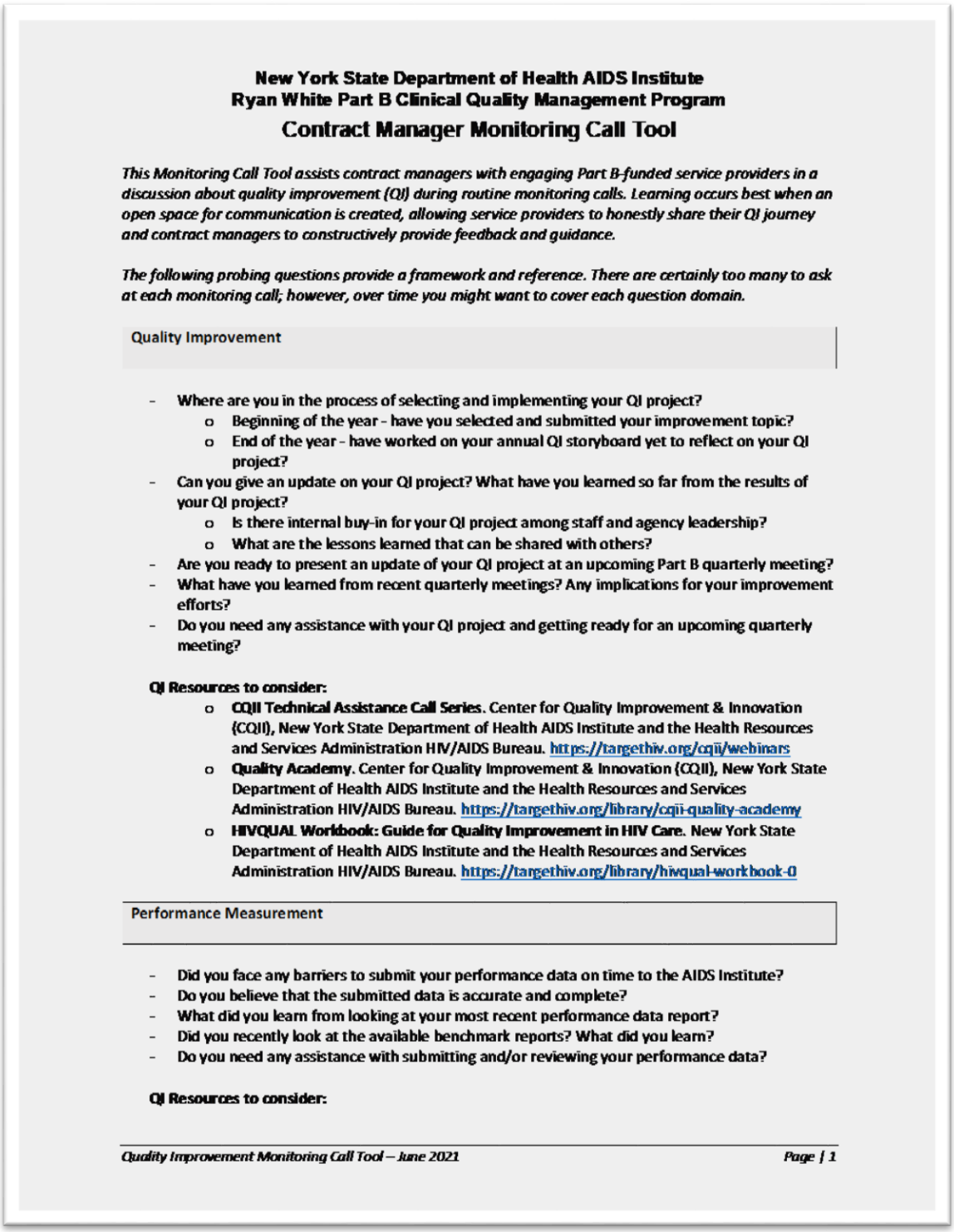
Quality Improvement Project Review Tool – June 2021 *Page | 1*

Appendix O: Ryan White Part B QI Project Annual Storyboard Template (2021)

[To access this file, please double click on the cover page below to open the actual document.]

Appendix P: Ryan White Part B Contract Manager Monitoring Tool (2021)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program

Contract Manager Monitoring Call Tool

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The following probing questions provide a framework and reference. There are certainly too many to ask at each monitoring call; however, over time you might want to cover each question domain.

Quality Improvement

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  - End of the year - have worked on your annual QI storyboard yet to reflect on your QI project?
- Can you give an update on your QI project? What have you learned so far from the results of your QI project?
  - Is there internal buy-in for your QI project among staff and agency leadership?
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- What have you learned from recent quarterly meetings? Any implications for your improvement efforts?
- Do you need any assistance with your QI project and getting ready for an upcoming quarterly meeting?

QI Resources to consider:

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- **Quality Academy.** Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/cqii-quality-academy
- **HIVQUAL Workbook: Guide for Quality Improvement in HIV Care.** New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. https://targethiv.org/library/hivqual-workbook-0

Performance Measurement

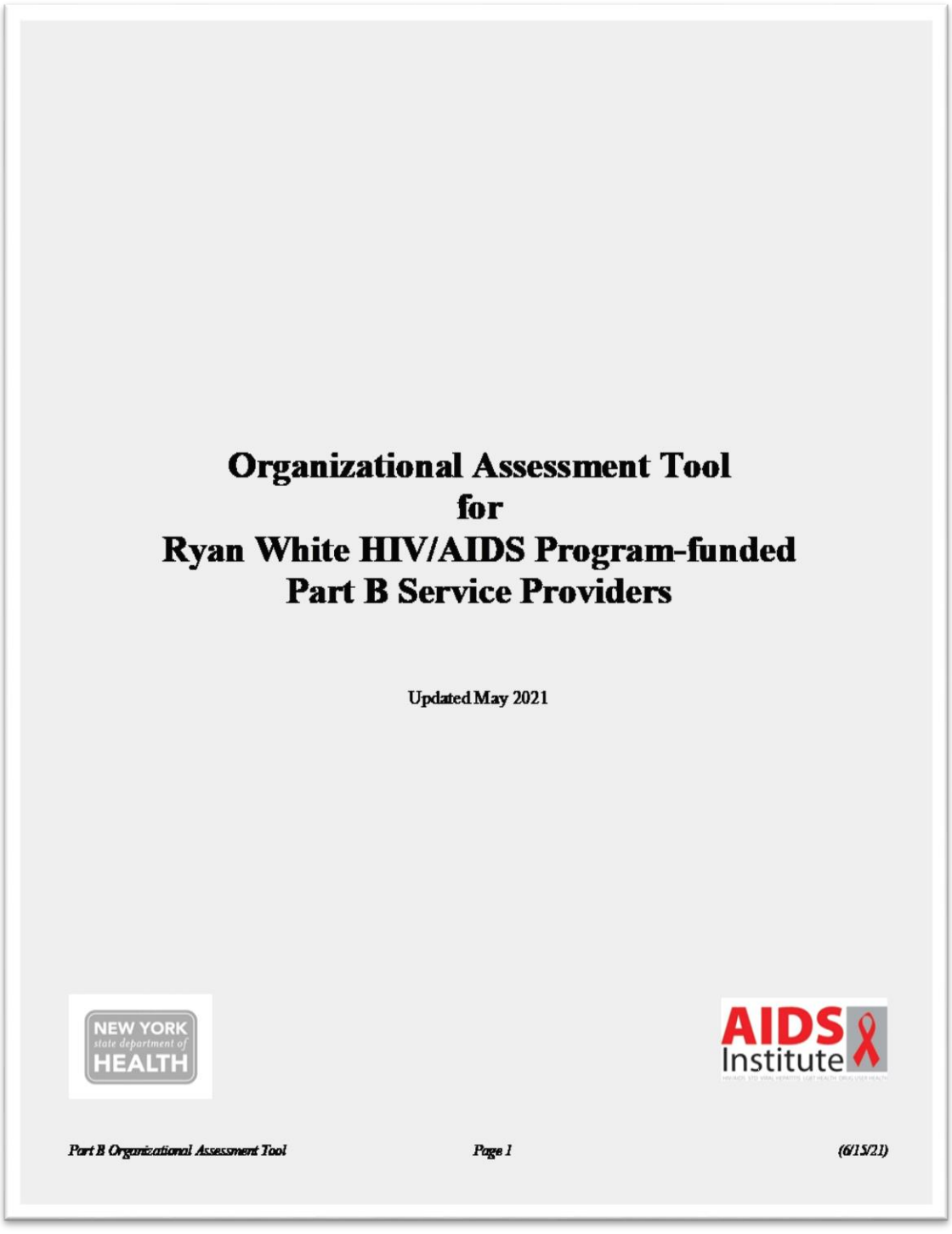
- Did you face any barriers to submit your performance data on time to the AIDS Institute?
- Do you believe that the submitted data is accurate and complete?
- What did you learn from looking at your most recent performance data report?
- Did you recently look at the available benchmark reports? What did you learn?
- Do you need any assistance with submitting and/or reviewing your performance data?

QI Resources to consider:

Quality Improvement Monitoring Call Tool – June 2021 *Page | 1*

Appendix Q: Ryan White Part B Quality Management Organizational Assessment Tool (2021)

[To access this file, please double click on the cover page below to open the actual document.]



Organizational Assessment Tool
for
Ryan White HIV/AIDS Program-funded
Part B Service Providers

Updated May 2021

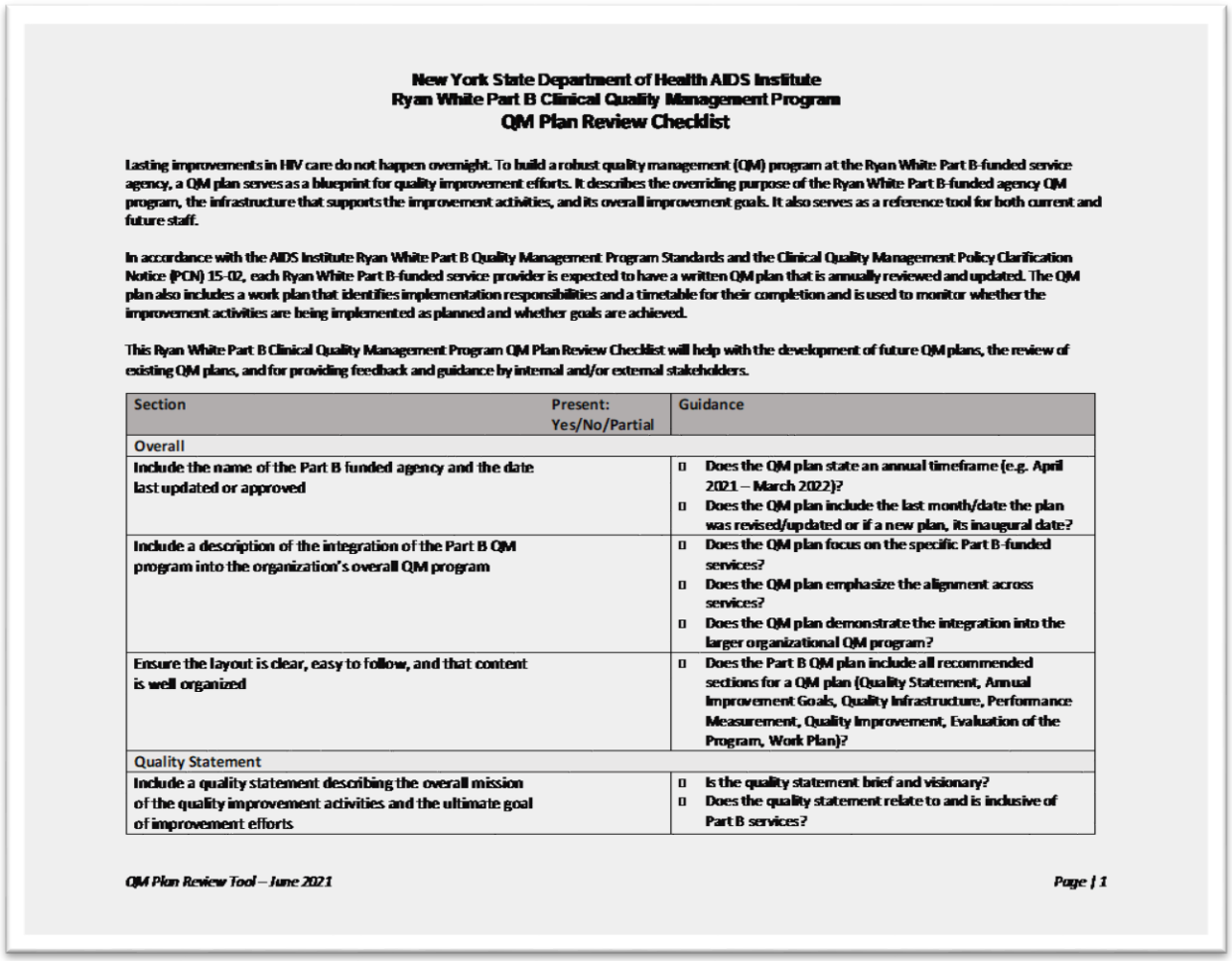
NEW YORK state department of HEALTH

AIDS Institute

Part B Organizational Assessment Tool *Page 1* *(6/15/21)*

Appendix R: Ryan White Part B Quality Management Plan Review Tool (2021)

[To access this file, please double click on the cover page below to open the actual document.]



New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program
QM Plan Review Checklist

Lasting improvements in HIV care do not happen overnight. To build a robust quality management (QM) program at the Ryan White Part B-funded service agency, a QM plan serves as a blueprint for quality improvement efforts. It describes the overriding purpose of the Ryan White Part B-funded agency QM program, the infrastructure that supports the improvement activities, and its overall improvement goals. It also serves as a reference tool for both current and future staff.

In accordance with the AIDS Institute Ryan White Part B Quality Management Program Standards and the Clinical Quality Management Policy Clarification Notice (PCN) 15-02, each Ryan White Part B-funded service provider is expected to have a written QM plan that is annually reviewed and updated. The QM plan also includes a work plan that identifies implementation responsibilities and a timetable for their completion and is used to monitor whether the improvement activities are being implemented as planned and whether goals are achieved.

This Ryan White Part B Clinical Quality Management Program QM Plan Review Checklist will help with the development of future QM plans, the review of existing QM plans, and for providing feedback and guidance by internal and/or external stakeholders.

Section	Present: Yes/No/Partial	Guidance
Overall		
Include the name of the Part B funded agency and the date last updated or approved		▯ Does the QM plan state an annual timeframe (e.g. April 2021 – March 2022)? ▯ Does the QM plan include the last month/date the plan was revised/updated or if a new plan, its inaugural date?
Include a description of the integration of the Part B QM program into the organization's overall QM program		▯ Does the QM plan focus on the specific Part B-funded services? ▯ Does the QM plan emphasize the alignment across services? ▯ Does the QM plan demonstrate the integration into the larger organizational QM program?
Ensure the layout is clear, easy to follow, and that content is well organized		▯ Does the Part B QM plan include all recommended sections for a QM plan (Quality Statement, Annual Improvement Goals, Quality Infrastructure, Performance Measurement, Quality Improvement, Evaluation of the Program, Work Plan)?
Quality Statement		
Include a quality statement describing the overall mission of the quality improvement activities and the ultimate goal of improvement efforts		▯ Is the quality statement brief and visionary? ▯ Does the quality statement relate to and is inclusive of Part B services?

QM Plan Review Tool – June 2021 *Page | 1*

Appendix S: AIDS Institute Confidentiality Agreement

[To access this file, please double click on the cover page below to open the actual document.]

New York State Department of Health
AIDS Institute

Authorization for Release of Health Information and Confidential HIV-Related Information*

This form authorizes release of health information including HIV-related information. You may choose to release only your non-HIV health information, only your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood; or by special court order. Under New York State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to $5,000 and a jail term of up to one year. However, some re-disclosures of health and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for more information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019. You may also contact the NYS Division of Human Rights at 1-888-392-3644.

By checking the boxes below and signing this form, health information and/or HIV-related information can be given to the people listed on page two (and on additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your health information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply):
- ☐ My HIV-related information
- ☐ My non-HIV health information
- ☐ Both (non-HIV health and HIV-related information)

Name and address of facility/person disclosing HIV-related information:

Name of person whose information will be released:

Name and address of person signing this form (if other than above):

Relationship to person whose information will be released:

Describe information to be released:

Reason for release of information:

Time Period During Which Release of Information is Authorized: From: To:

Exceptions to the right to revoke consent, if any:

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits
(Note: Federal privacy regulations may restrict some consequences):

Please sign below **only** if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services.

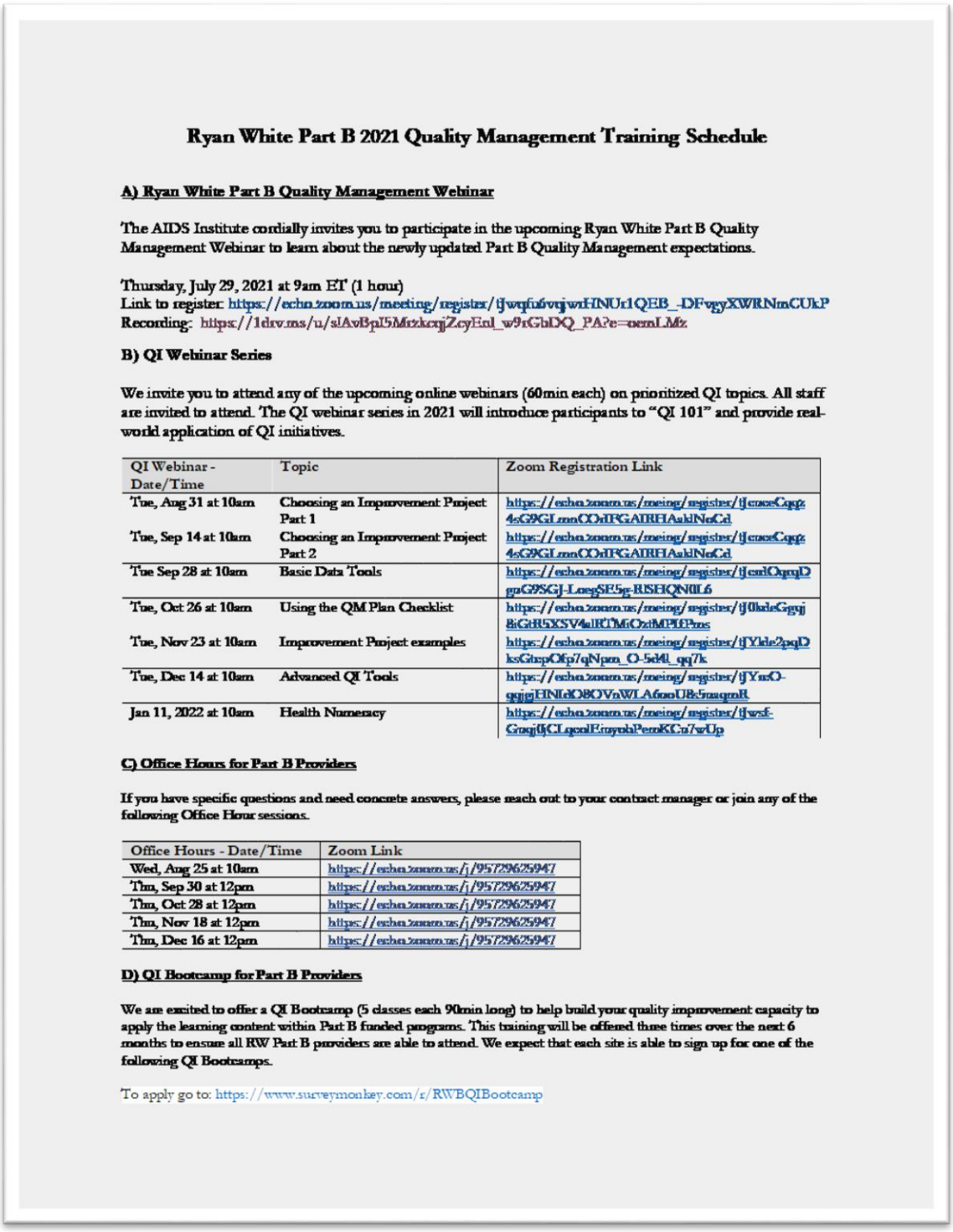
Signature Date

*** This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

DOH-2557 (2/11) Page 1 of 3

Appendix T: Ryan White Part B 2021 Quality Management Training Schedule (2021)

[To access this file, please double click on the cover page below to open the actual document.]



Ryan White Part B 2021 Quality Management Training Schedule

A) Ryan White Part B Quality Management Webinar

The AIDS Institute cordially invites you to participate in the upcoming Ryan White Part B Quality Management Webinar to learn about the newly updated Part B Quality Management expectations.

Thursday, July 29, 2021 at 9am ET (1 hour)
Link to register: https://echo.zoom.us/meeting/register/tJwqfu6vqjwrHNUr1QEB_-DFvgyXWRNmCUkP
Recording: https://1drv.ms/u/sIAvBpI5MrzkcqjZcyEnl_w9rGbDQ_PA?e=oemLMz

B) QI Webinar Series

We invite you to attend any of the upcoming online webinars (60min each) on prioritized QI topics. All staff are invited to attend. The QI webinar series in 2021 will introduce participants to "QI 101" and provide real-world application of QI initiatives.

QI Webinar - Date/Time	Topic	Zoom Registration Link
Tue, Aug 31 at 10am	Choosing an Improvement Project Part 1	https://echo.zoom.us/meeing/register/tJcuceCqqz4sG9GLmnCOrIFGAIRHAaklNoCd
Tue, Sep 14 at 10am	Choosing an Improvement Project Part 2	https://echo.zoom.us/meeing/register/tJcuceCqqz4sG9GLmnCOrIFGAIRHAaklNoCd
Tue Sep 28 at 10am	Basic Data Tools	https://echo.zoom.us/meeing/register/tJcrdOqrqDgnG9SGJ-LoegSE5g-RISHQN0L6
Tue, Oct 26 at 10am	Using the QM Plan Checklist	https://echo.zoom.us/meeing/register/tJ0kdeGgqj8iGtR5XSV4alRTMiOztMPIfPms
Tue, Nov 23 at 10am	Improvement Project examples	https://echo.zoom.us/meeing/register/tJYlde2pqDksGtcpOfp7qNpm_O-5d4l_qq7k
Tue, Dec 14 at 10am	Advanced QI Tools	https://echo.zoom.us/meeing/register/tJYrcO-qqjgjHNIdO8OVnWLA6ooU8c5naqmR
Jan 11, 2022 at 10am	Health Numeracy	https://echo.zoom.us/meeing/register/tJwsf-Gnqj0jCLqcolEiuyobPemKCu7wUp

C) Office Hours for Part B Providers

If you have specific questions and need concrete answers, please reach out to your contract manager or join any of the following Office Hour sessions.

Office Hours - Date/Time	Zoom Link
Wed, Aug 25 at 10am	https://echo.zoom.us/j/95729625947
Thu, Sep 30 at 12pm	https://echo.zoom.us/j/95729625947
Thu, Oct 28 at 12pm	https://echo.zoom.us/j/95729625947
Thu, Nov 18 at 12pm	https://echo.zoom.us/j/95729625947
Thu, Dec 16 at 12pm	https://echo.zoom.us/j/95729625947

D) QI Bootcamp for Part B Providers

We are excited to offer a QI Bootcamp (5 classes each 90min long) to help build your quality improvement capacity to apply the learning content within Part B funded programs. This training will be offered three times over the next 6 months to ensure all RW Part B providers are able to attend. We expect that each site is able to sign up for one of the following QI Bootcamps.

To apply go to: https://www.surveymonkey.com/r/RWBQIBootcamp

Appendix U: Ryan White Part B FAQ Document (2021)

[To access this file, please double click on the cover page below to open the actual document.]

AIDS Institute Ryan White Part B Quality Management
Frequently Asked Questions (FAQ)

QI Project

All Ryan White Part B funded agencies are expected to conduct an annual quality improvement project. Can you please clarify the timeframe when to complete the project?

All Part B-funded agencies are expected to determine the focus of their annual quality improvement project and write an initial aim statement by the end of 2021. Multiple provider training opportunities are offered by the AIDS Institute for providers and contract managers are available for technical assistance. The first completed annual quality improvement project will be required for the 2022-23 contract year.

Our agency is funded for multiple Part B grants. Do we have to conduct a QI project for each funded Part B service category?

No. Each Part B-funded agency is expected to conduct at least one annual quality improvement project that reflects one of the 2021-2022 priorities that is applicable across all Part B funded service categories.

What are the 2021-2022 priority focus areas for selecting the agency-specific QI project?

The 2021-2022 priorities for quality improvement projects include:

- Increase health equity by focusing on key HIV populations that are disproportionately impacted by the HIV epidemic in New York State and reduce their performance gap
- Advance the quality improvement culture across Ryan White Part B-funded subrecipients
- Increase client involvement and improve the service delivery experience for clients that measurably improve the quality of services
- Enhance the HIV service delivery system by improving existing data collection systems and data management practices

What Part B templates are available to assist me to document my quality improvement project? Where can I find them?

The following templates have been developed to assist your QI project. They will be posted on the Part B QM webpage, which will be released very soon. If you want to receive a copy at this time, simply email Shaymey Gonzalez at Shaymey.Gonzalez@health.ny.gov.

Tool	Details
Part B Annual QI Project Submission Form	To be submitted at the beginning of each year by each service provider to outline their QI project; reviewed by the contract manager
Part B QI Project Update Template	To be used by service providers during their presentations at least 3 times a year during their quarterly QI Sharing Sessions

AIDS Institute Ryan White Part B Quality Management FAQ (Aug 25, 2021) *Page | 1*