



New York State Department of Health AIDS Institute

Ryan White HIV/AIDS Part B Program

2024 - 2025

QUALITY MANAGEMENT PLAN

Prepared by:
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 living with HIV (PLWH), and ensuring equitable access to HIV care to promote the health and well-being 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 PLWH 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 providers' performance, using performance data to identify areas for improvement, implementing quality improvement projects using established tools and methodologies, and aiding providers in improving performance.

The Quality Management Program has been established with ongoing input from stakeholders and communities affected by HIV. It is fully integrated into the AIDS Institute's Quality of Care Program. The specific goals include a) improving health outcomes for PLWH; 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, activities, and expectations specific to Ryan White Part B-funded agencies (sub-recipients). The activities are intended to improve health outcomes for PLWH 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 delivering supportive services. It is a living document with continuous

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>

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activities that fit within the framework of grant administration. The New York State Department of Health AIDS Institute coordinates its implementation with other quality improvement program activities.

The Quality Management Plan is valid through March 31, 2025.

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 reviewing service standards and performance indicators to ensure services achieve their 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 the 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 PLWH 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 leadership roles, quality management staff, quality committee structure, resources, client and stakeholder involvement, and evaluation of the quality management program, among others.
- Performance Measurement: collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual and population level, and 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

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- PLWH receiving care from all Ryan White Part B-funded sub-recipients; and
- Communicate the roles, responsibilities, and expectations of the Ryan White Part B Program staff and quality improvement-related activities.

i. Quality Statement

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

Mission: To ensure all Ryan White eligible PLWH 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 sub-recipients and clients of Ryan White Part B services; and
- Using available data to monitor health outcomes and strategize improvement activities to end the epidemic.

ii. 2024-2025 Improvement Goals

The 2024-2025 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 2024-2025 Improvement Goals.

The four improvement goals are to:

- Increase health equity by focusing on key HIV populations disproportionately 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 sub-recipients, New Yorkers with HIV, and AIDS Institute staff.
- Increase client involvement and measurably enhance their experience of the services they receive through Ryan White Part B-funded sub-recipients.
- Enhance the HIV service delivery system by addressing a social determinant of health domain or emerging theme associated with health disparities.

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

Measurable objective:

- 1) Viral suppression: increase the percentage of persons living with HIV infection in HIV care (regardless of age) who are virally suppressed to 92%, from a baseline of 89% in 2021 (ETE metrics)²³ [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.
- Produce statewide, regional, and local benchmark reports of viral suppression rates, including a data breakdown by key HIV populations, every quarter to Part B-funded providers.
- Disseminate the viral suppression data for key HIV populations to all Part B-funded providers every quarter.
- Identify Part B-funded providers that perform in the lowest quartile for viral suppression and provide targeted technical assistance and support 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 sub-recipients, New Yorkers with HIV, and AIDS Institute staff.

Measurable objectives:

- 1) QI training participation: increase the percentage of Part B-funded agencies that participate in at least one Part B-funded QI trainings offering to 95% by March 31, 2025.
- 2) QI projects: increase the percentage of Part B-funded providers conducting quality improvement projects that focus on a 2024-2025 Ryan White Part B Quality Management Improvement Goal to 95% by March 31, 2025.

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 2024-2025 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 5. 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 G for *RW Part B Quality Management Program Standards*).

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/>

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- Expect all Part B-funded providers to report routine QI updates during QI Sharing Groups (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 check-in meetings.

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 training: provide four client QI training sessions by March 31, 2025, 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 March 31, 2025.

Key strategies:

- Deliver client-specific QI training sessions to build their capacity among clients to be on local quality improvement projects (see [Table 5. Target Audiences and Outline of QI Training Modalities](#)).
- Include client-related agenda items during QI Sharing Group meetings (routine meetings of Part B providers to share their improvement work – see [Capacity Building](#)) to promote clients' involvement in 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 5. 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 addressing a social determinant of health domain or emerging theme associated with health disparities.

Measurable objectives:

- 1) HIV data submissions: Increase the number of timely AIRS data submissions to 95% by March 31, 2025.
- 2) HIV data reports: Increase the number of individualized care continuum QI reports that include provider-specific quarterly feedback by March 31, 2025.

Key strategies:

- Further develop data submission error reports that allow providers to ensure that their AIRS data reports are accurate and complete.
- Conduct routine internal meetings to review the accuracy and completeness of AIRS provider submissions and share findings during QI Sharing Groups (periodic sessions of Part B providers to share their improvement work – see [Capacity Building](#)).
- Convene focus groups with Part B-funded providers and clients on identifying and addressing barriers to accurate and complete AIRS submissions and maximizing the impact of care continuum QI reports to improve HIV care and services.
- Promote the use of the care continuum QI reports data by Part B-funded providers to create momentum for change and improvement.

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- Update care continuum QI reports in response to findings of the Part B provider/client focus groups.

Table 1. Overview of Measurable Objectives and their Outcomes

Overview of Measurable Objectives and their Outcomes			
Goal	Measurable Objective	Outcome	Next Steps
1	1. Viral suppression: increase the percentage of persons living with HIV infection in HIV care (regardless of age) who are virally suppressed to 92%, from a baseline of 89% in 2021 (ETE metrics) ²³ [see Performance Measurement for further details].	Increased to 95.3%	Continuing efforts to sustain results
	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%.	To be determined	In Progress
2	1. QI training participation: increase the percentage of Part B-funded agencies that participate in at least one Part B-funded QI trainings offering to 95% by March 31, 2025.	Increased to 100%	Continuing efforts to sustain results
	2. QI projects: increase the percentage of Part B-funded providers conducting quality improvement projects that focus on a 2024-2025 Ryan White Part B Quality Management Improvement Goal to 95% by March 31, 2025.	Increased to 100%	Continuing efforts to sustain results
3	1. Availability of client QI training: provide four client QI training sessions by March 31, 2025, to reach a minimum of 50 clients served by Part B-funded providers.	23 clients reached	Conducting another PDSA cycle to increase client participation
	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 March 31, 2025.	To be determined	Conducting Organizational Assessments and/or developing another mechanism to accurately assess subrecipients' QI structures
4	1. HIV data submissions: Increase the number of timely AIRS data submissions to 95% by March 31, 2025.	To be determined	In Progress
	2. HIV data reports: Increase the number of individualized care continuum QI reports to include provider-specific quarterly feedback by March 31,	To be determined	In Progress

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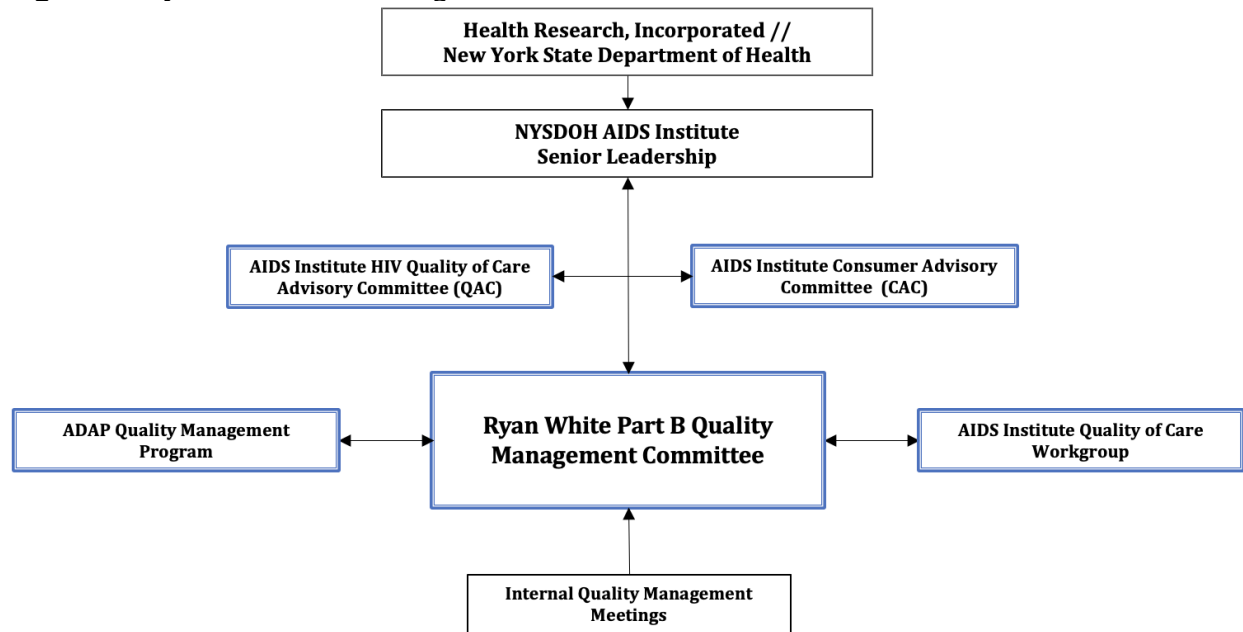
	2025.		
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C) Quality Management Infrastructure

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 outlines 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



i. 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, and representatives of all AIDS Institute program areas along the HIV continuum of care, provide encouragement and support for the Ryan White Part B Quality Management Program by providing direction and input on its priorities and ensuring the availability of the necessary resources.

The AIDS Institute Executive Leadership includes:

- AIDS Institute Director: Ensures coordination and communication across sub-recipients, stakeholders, clients, and advisory boards.
- AIDS Institute Deputy Director, Grants, Data Management and Quality: 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, is responsible for grant oversight, the Ryan

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White HIV/AIDS Services Report (RSR), and other grant documentation and reporting requirements.

- Director, Office of Quality Initiatives: Reports to the AIDS Institute Deputy Director and is responsible for all AIDS Institute Quality Initiatives.

ii. 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 three times per year, primarily on the third Thursday of each month from 2pm-4pm pm ET. The meetings are facilitated by the Committee's Chairperson(s). Extensive minutes are kept and archived.

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

a. Membership:

The membership of the Quality Management Committee reflects the diversity of disciplines involved in the HRSA-defined Ryan White Part B Program. Additionally, the Committee members may include community member experts from related clinical, supportive service, and quality improvement fields. Some members may serve in multiple roles on the committee, representing more than one area of expertise or stakeholder group.

The Committee membership consists of:

- Eight (8) leadership staff from AIDS Institute bureaus and departments that represent:
 - The Division of HIV and Hepatitis Health Care
 - The Bureaus of HIV Ambulatory Care Services and Community Support Services
 - The Office of Quality Initiatives
- Three (3) AIDS Institute contract managers overseeing Part B service grants
- Eight (8) service providers receiving Part B funds (sub-recipients)
- Five (5) individuals with HIV receiving services at Part B-funded sites
- Two (2) ADAP representatives
- One (1) member of the AIDS Institute HIV Quality of Care Advisory committee
- Two (2) members of the AIDS Institute 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)
- Two (2) Ryan White Part B Quality Management Team staff (dedicated Part B quality management staff – see [Dedicated Quality Management Staff](#))

b. Membership Requirements:

Members are allowed one (1) excused absence per grant year and need to notify any Ryan White Part B Quality Management Team staff in advance of absences. Subrecipient

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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 an extended absence is required.

c. Co-Chairs:

Co-Chairperson positions are held by an appointed member of the Ryan White Part B Quality Management Committee who is experienced in HIV care and quality improvement and a designated AIDS Institute staff. The appointed Chairperson, once nominated and approved by the Committee, is set for a two-year term at the first Committee meeting of the corresponding grant year. The Co-Chairpersons are 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.

d. 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 improved standards of care, the committee process, performance measures based on available data, and the overall Quality Management Program.

e. 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 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 them to all Committee members before 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.

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- Plan and develop educational opportunities for Committee members and sub-recipients, 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.
- Represent the Committee and its work to internal and external stakeholders; and
- Establish subcommittees/workgroups as needed to address service-specific quality issues.

iii. 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, and an ADAP representative.

iv. 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 sub-recipients, 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.

v. 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 a variety of quality of care issues, including performance measurement, quality improvement activities, and targeted client/provider initiatives. The Co-chairs of this committee attend the QAC meetings, and the QAC and CAC hold annual joint meetings. Members of the Consumer Advisory Committee are represented on the Ryan White Part B Quality Management Committee. Routine Part B updates are provided at the quarterly CAC meetings.

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vi. AIDS Institute Quality of Care/Office of Quality Initiatives Workgroup

The Office of Quality Initiatives Workgroup, formerly the Quality of Care Workgroup, is led by the Quality of Care Program Manager within the Office of Quality Initiatives 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 in this Workgroup to communicate and align the Part B quality management activities with other AIDS Institute units.

vii. 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 prospective electronic 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 the standard of care indicators against claims data and identify outliers for follow-up intervention. As a result of data collection and information gleaned from quality management efforts, providers receive various reports. These reports highlight 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 formulary and service coverage decisions. The ADAP Quality Management Program employs a multifaceted approach to assure that its quality objectives align with current standards of care, including automated system edits to ensure appropriate payment is made. 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 the 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 inappropriate regimens at the point of service, are used to determine outliers, with applicable providers receiving interventions. ADAP representatives are members of the Office of Quality Initiatives Workgroup to discuss the implementation of quality measures and strategize improvement activities.

viii. Dedicated Quality Management Staff

Below is an outline of the roles and responsibilities of each Ryan White Quality Management team member and their duties. **Table 2** summarizes the percent FTE for each member funded under the quality management portion of the New York State Part B grant.

Table 2. Ryan White Part B Quality Management Staff Positions and Funding Source

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

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- a. 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 leads Program research and evaluation, including setting and prioritizing goals and desired outcomes.
- b. 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 the development of annual improvement goals, priorities, and timelines; develops and oversees implementation plans and strategies.
- c. 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.
- d. 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, and 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.

Although the designated quality infrastructure remained structurally unchanged, the program experienced staffing challenges throughout the year. The Program Director position was vacant from October 2023 until June 2024. Upon filling this role in June 2024, a subsequent vacancy was created in the Senior Program Coordinator position. Additionally, the Program Assistant role, which had been vacant since April 2024, was filled in October 2024. At the close of the contract year, the Senior Coordinator role remained vacant. The plan for FY25 is to include an additional Program Coordinator to accommodate the program doubling in size.

ix. Dedicated Resources

- a. National HIV/AIDS Strategy 2022-2025 (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, improving health outcomes for PLWH, 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.

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- b. 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 2022–2026 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, creating the Integrated Plan facilitated an alignment of goals among various stakeholders.

- c. NYLinks: NYLinks: managed by the AIDS Institute Office of Quality Initiatives, is part of the overall AIDS Institute’s Quality of Care Program. NYLinks is a statewide program that works on a regional basis by dividing the state into 11 Regional areas. Services are provided to HIV clinical and non-clinical providers, consumers, state, city, and county health departments, and consumers. The goal is to introduce and support quality improvement work that improves linkage to care, engagement in care, viral load suppression and the reduction of siloization between HIV, HCV, STI, and Drug User Health systems. Quality Improvement Coaching, Technical assistance, training as well as the development of regional improvement efforts are regularly offered. NYLinks work closely with local county health departments, the NYC DOHMH, Part A, Part B and HRSA as part of a wide effort of quality improvement.

- d. Learning Networks and Collaboratives: Learning Networks and Collaboratives, managed by the AIDS Institute Office of Quality Initiatives, are composed of groups of HIV providers based on the program (e.g., CHC), population (e.g., youth) or other affinity (e.g., social isolation, housing, etc.). Members of Learning Networks and Collaboratives receive ongoing quality coaching from the Office of Quality Initiatives staff and meet up to four times annually (according to the agreed meeting schedule) as a group for structured group meetings to learn about quality management and engage in peer exchange. The Learning Networks and Collaboratives aim to improve provider quality management infrastructure and increase competency in performance measurement.

- e. 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 sub-recipients across the United States. This cooperative

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agreement is managed nationally by the AIDS Institute’s Office of Quality Initiatives. Technical assistance includes, but is not limited to, virtual/in-person quality improvement trainings, online QI tutorials, monthly QI webinars, and national learning collaboratives.

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

x. Consumer Involvement

When people with HIV stay in care, they get the necessary services that lead to healthier communities. The involvement of individuals with lived HIV experiences is a critical hallmark of quality improvement. It ensures 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 PLWH as active collaborators in all program activities, as well as promote the involvement of PLWH among Part B-funded sub-recipients so that clients are part of agency-specific improvement activities.

The Ryan White Part B Quality Management Program incorporates client feedback and input using annual and targeted needs assessments, client trainings, and the recruitment of clients in various Part B activities. **Table 3** outlines their involvement.

Table 3. 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 four positions are available for clients receiving Part B services on the Part B Quality Management Committee to provide guidance as content experts.
QI Sharing Groups	Part B staff set the expectation that consumers should be involved in all aspects of quality improvement project development during QI Sharing Groups to ensure that the voices of individuals with lived experiences are included in 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.

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xi. 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 offered to PLWH 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 4** lists the various stakeholders involved in QI activities, along with the type and level of involvement each has with the quality management process.

Table 4. Quality Management Stakeholders and Involvement Levels

Quality Management Stakeholders and Involvement Levels	
Stakeholder	Type of Involvement
Clients	<p><i>System-wide level</i></p> <ul style="list-style-type: none"> • Participate in the Part B Quality Management Committee to provide guidance and feedback. • Participate in needs assessments and focus groups on sharing feedback and advice. <p><i>Individual Part B provider level</i></p> <ul style="list-style-type: none"> • Participate in their quality management programs and quality improvement teams.
Subrecipients	<p><i>System-wide level</i></p> <ul style="list-style-type: none"> • Participate in decision-making about system-wide improvement topics. • Provide routine information about their programs to the Part B Quality Management Program. • Participate in Part B Quality Management Program activities. <p><i>Individual Part B provider level</i></p> <ul style="list-style-type: none"> • Design their 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	<p><i>System-wide level</i></p> <ul style="list-style-type: none"> • Participate in the Part B Quality Management Committee to ensure alignment across Ryan White funding streams • Meet quarterly to discuss opportunities for alignment
AIDS Institute and New York State Department of Health	<p><i>System-wide level</i></p> <ul style="list-style-type: none"> • Provide support and overall guidance. • Secure the necessary resources to implement the Ryan White Part B Program.
HRSA	<p><i>System-wide level</i></p> <ul style="list-style-type: none"> • Establish guidelines/standards for performance and program compliance.

xii. Capacity Building

The Ryan White Part B Quality Management Program provides quality improvement/management capacity building for internal AIDS Institute staff, Ryan White Part B-funded

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programs and consumers, and links stakeholders to external training resources as needed. The quality training and skills-building efforts are ongoing for Part B Quality Management Program staff, AIDS Institute contract managers, and those involved in the Part B Quality Management Program. As detailed below, various training modalities address different training needs, audiences, learning styles, and a range of quality improvement proficiencies. Capacity building is also carried out in routine communication, such as quarterly QI Sharing Groups, triannual Ryan White Part B Quality Management Committee meetings, monthly 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 CPDIRE Program Evaluation Specialist evaluates the outcomes of the quality improvement/management activities, and findings are utilized to determine priorities for upcoming activities. At the beginning of each contract year, a QI training plan is reviewed by the internal planning group to make any necessary adjustments. **Table 5** outlines the targeted training audiences, capacity-building activities, and training frequency.

Table 5. 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 B Quality Management Committee Members	Quality Improvement Updates	Providing routine updates on QI/QM developments and proposed changes to the Part B Quality Management Program.	3x per year and as needed	Presentations by Part B Quality 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 and QI resource listings.
AIDS Institute Contract Managers and Supervisors	QI Bootcamp for Contract Managers	Building QI capacity to apply the QI learning content with their assigned Part B providers.	3x per year 100% of current and future contract managers are expected to attend this training	Five (5) 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 using a case study learning approach to provide technical assistance/training for Part B-funded providers.
	New Contract Manager Orientation	Introducing new contract managers to the Part B Quality Management Program	As needed	A one-hour introduction to the Part B Quality Management Program's structure and the role of contract managers as QI contacts.

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	Contract Manager QI Check-ins	Providing routine updates on program expectations, opportunities for peer sharing on QI/QM issues, and training	Monthly	Twelve 60-minute sessions led by the Part B team for contract managers and their supervisors.
	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, and 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 and QI resource listings.
Part B Providers	QI Webinar Series	Ongoing webinar series in conjunction with Ryan White Part A to keep providers abreast of current QI topics.	4 - 6x a year All Part B providers are encouraged to attend these webinars	Sixty (60) minute webinar sessions for Part B-funded service providers needing QI training.
	Provider Orientation	Introducing Part B-funded providers to the Quality Management Program including reviewing program standards and expectations for quality improvement work.	As needed	One (1) to two (2) hour presentation of Part -B QMP standards, expectations and available technical assistance at the start of new contract year as new initiatives solicit contracts
	QI Bootcamp for Part B Providers	Building their QI capacity to apply the QI learning content within their program.	3x per year	Five (5) sessions - ninety (90) minutes each, using a case study learning approach to apply QI/QM in a Part B provider setting.
	QI Sharing Groups	Providing QI content presentations during QI Sharing Groups.	4x 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 H]
	AIRS Training	Ongoing AIRS trainings for all Part B-funded providers, including web-based,	Monthly on a variety of topics and as needed	Learning how to report performance data in the AIDS Institute AIRS system accurately.

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		and formal training, materials, conference calls, and TA.		
	Check-in Meetings	Providing individualized technical assistance.	Monthly	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.	Three or 4x per 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 and QI resource listings.
Clients	Client QI Webinars	Introducing clients to “QI 101” and how to increase their involvement in their care sites’ QI activities.	4x per year	Four (4) webinar sessions - ninety (90) 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.	Three or 4x per 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 and QI resource listings.
	Client Focus Groups	Generating ideas to increase the number of clients actively participating in local quality improvement projects.	2x per year	Brainstorming sessions with clients to learn more about their QI abilities and training needs.

The 2024-25 QI training schedules for Part B funded providers and AIDS Institute Contract Managers are attached, see *Appendix Q Ryan White Part B 2024-25 Quality Management Training and Check-Ins Schedule*.

xiii. 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

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data that the Ryan White Part B Program disseminates. **Table 6** outlines regular communications with stakeholders, the frequency of the communication, and its method.

Table 6. Outline of Regular Quality Management Communications

Overview 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 documents, presentations, Website postings
RW Part B Quality Management Program Standards	HRSA, Subrecipients, Clients, Part B QM Committee, AI Senior Staff, Contract Managers	Annually (or as needed)	Written documents, presentations, Website postings
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 reports: Benchmarking Report, CPR Report, Performance Evaluation Report, Indicators Report, Viral Load Suppresion Summary Report)	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	Written documents, presentations
RW Part B QI Project Review Tool	Subrecipients, HRSA, Contract Managers	Up to 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 developing and implementing all communication tools and data reports and shares all findings with the AIDS Institute leadership. This system will support future planning discussions in alignment with the AIDS Institute's priorities. Key results are shared with the HIV Advisory Board, the HIV Quality of Care Advisory Committee, the Consumer Advisory Committee, the Office of Quality Initiatives Workgroup, and other ad hoc committees.

D) Performance Measurement

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Performance measurement requires collecting, analyzing, and reporting data regarding client care and health outcomes and is an essential element of continuous quality improvement. Performance data is utilized to monitor the quality of care, ensure adherence to best practices/standards of care guidelines, and 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 achieve and maintain viral suppression for better health outcomes promptly.

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 must make an explicit connection between a Ryan White-funded service and the intended client's HIV care and treatment.

The following Table (**Table 7**) outlines the breakdown of service categories, the number of funded agencies, and the number of clients served between April 1, 2024, to March 31, 2025.

Table 7. Part B Service Categories

Part B Service Categories (2024-25)			
Service Categories	# of Agencies	# of Clients Served	% of Clients
Case Management - Medical	9	1,085	19%
Case Management - Non-medical	23	1,425	25%
Emergency Financial Assistance	5	57	1%
Health Education/Risk Reduction	24	982	17%
Housing	7	106	2%
Nutrition and Food	17	789	14%
Supportive Counseling	0	0	0%
Other Professional Services	2	31	1%
Psychosocial Support Services	11	123	2%
MAI Services	10	1,177	20%
TOTAL		5,775	100.0%

i. Data Collection

The AIDS Institute Reporting System (AIRS) is a relational database and an essential tool for collecting client-level information, service data, and core indicators that assist in monitoring the 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

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Management Committee, and others. Data quality and performance evaluation are reviewed at the agency level during technical assistance, monitoring calls, and contract monitoring visits.

ii. Performance Measures

Internal and external stakeholders, including AIDS Institute staff, Part B service providers, and PLWH, are involved in setting performance measures and determining how the data and measurable outcomes are utilized to determine progress and 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 8**.

Table 8. 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 being 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

iii. Care Continuum QI Reports

To support quality improvement across the HIV care continuum, the Office of Grants, Data Management, and Quality generates and distributes multiple reports that provide insights to each service provider on performance. These care continuum QI reports are produced throughout the year for each service provider and contract managers review them with the providers to facilitate improvement activities. **See Table 9** for a description of each report.

Those providers that do not meet pre-established performance thresholds (established by the AIDS Institute senior leadership) are asked to submit a written improvement plan, and performance improvement is tracked over time.

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Table 9: Care Continuum QI Reports

Report	Description	Key Domains
Client Progress Report (CPR)	Identifies clients who may need additional viral load follow-up and facilitates communication between the AIDS Institute and service providers.	Data breakdown for key populations and identification of any health disparities Summary of key results and individualized opportunities for improvement
Benchmarking Report	Compares service providers' viral suppression and in-care rates, using risk-adjusted data to account for differences in client populations.	Data breakdown for key populations and identification of any health disparities Ranking of service providers with averages and identification of top performers
Performance Evaluation Report	Provides an overview of client enrollment, referrals, and service activity during the reporting period. Used to monitor client engagement and program performance across funded services.	Utilization data, breakdown by month and YTD
Division Indicators Report	Service provider-level summary showing the percentage of clients with current data for key selected indicators.	Utilization data, breakdown by month and YTD Performance data showing progress toward key ETE goals
Viral Load Suppression Summary Report	Tracks client viral load suppression outcomes to monitor service provider performance and assess progress towards program goals.	Performance data showing progress toward key ETE goals

See Appendix S - Care Continuum QI Reports

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Table 10 Provides an overview of the program’s general performance measures within the framework and service category-specific performance measures, results, and goals.

Table 10. Overall Performance Measurement Goals and Results

Performance Measure	Overall Goal	Historical Target Goals	Results	Review Frequency	Source(s)
Viral Suppression	In 2024, 92% of all clients receiving Ryan White Part B funded services will be virally suppressed. <i>ETE Goal = 95% (2024)</i>	2024 QM Plan Goal: 92% 2022 QM Plan Goal: 92% 2021 QM Plan Goal: 91% 2020 QM Plan Goal: 91%	95.3%	Quarterly	AIRS Data – Monthly HIV Surveillance Data - Ongoing
Receiving HIV Medical Care	In 2024, 90% of all clients receiving Ryan White Part B funded services will receive HIV medical care. <i>ETE Goal = 90% (2024)</i>	2024 QM Plan Goal: 90% 2022 QM Plan Goal: 90% 2021 QM Plan Goal: 88% 2020 QM Plan Goal: 88%	90.78%	Quarterly	AIRS Data – Monthly HIV Surveillance Data - Ongoing

iv. Quality Assurance

Contract and program monitoring includes 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 routinely produced, 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.

Subrecipient Responsibilities:

The Part B sub-recipient representatives, specifically, are responsible for the following list of activities:

- Plan, implement, and sustain a quality management infrastructure following 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.

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- 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 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

Developing, testing, and implementing changes is essential to improve continuously. System-wide quality improvement activities include the implementation of local quality improvement projects by Ryan White Part B-funded sub-recipients, 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 sub-recipients to develop and implement QI initiatives in partnership with the assigned AIDS Institute contract managers. Following the Plan-Do-Study-Act (PDSA) model, sub-recipients 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 Groups using the provided reporting templates.

The Part B Quality Management Program aims to ensure that PLWH 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 sub-recipients 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 sub-recipients 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 reports, publications, presentations, or other appropriate formats.

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i. 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; a 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 from 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 2024-2025 improvement goals are to:

- Increase health equity by focusing on key HIV populations disproportionately 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 sub-recipients, New Yorkers with HIV, and AIDS Institute staff.
- Increase client involvement and measurably enhance their experience of the services they receive through Ryan White Part B-funded sub-recipients.
- Enhance the HIV service delivery system by addressing a social determinant of health domain or emerging theme associated with health disparities.

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

Upon review by the contract manager and the Quality Management Team, the local quality improvement activities will be implemented by the sub-recipient 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 sub-recipients 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 submissions are triaged to provide additional follow-up and guidance by the Quality Management Team.

ii. QI Sharing Groups and Sessions

All Part B-funded sub-recipients are divided up into four (4) QI Sharing Groups based on their funded service category, initiative, and other factors. This approach allows the creation of a more intimate community of practice. **Table 11** identifies the breakdown for each group as of May 2024.

Table 11. Part B QI Sharing Groups

Part B QI Sharing Groups		
Group	# of	Part B Subrecipients

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	Agencies	
QI Sharing Group 1	9	African Services Committee AIDS Service Center of Lower Manhattan, Inc. (Alliance for Positive Change) Catholic Charities CHASI Housing Works, Inc. NY Council on Adoptable Children The Family Center Trillium Health, Inc. Volunteer Legal Services Project
QI Sharing Group 2	9	AIDS Center of Queens County Community Healthcare Network Cornerstone Family Healthcare Diaspora Community Services EHS, Inc. Gay Men's Health Crisis Options for Community Living St. John's Riverside Hospital Westchester County Health Care Corporation
QI Sharing Group 3	9	AIDS Healthcare Foundation Ellis Hospital Institute for Family Health-Bronx Institute for Family Health-Manhattan Sun River Health-Inwood Sun River Health-Poughkeepsie Sun River Health-The Hub Sun River Health-Wyandanch Wyckoff Heights Medical Center
QI Sharing Group 4	9	ACR Health Albany Damien Center AIDS Council of Northeastern New York, Inc. (Alliance for Positive Health) APICHA Community Health Center BOOM! Health BronxWorks, Inc. CAMBA, Inc. Education and Assistance Corporation Southern Tier AIDS Program

QI Sharing Groups convene quarterly for service providers to present routine updates on their QI projects using the provided slide template (see Appendix K for the *RW Part B QI Project Update Template*). Sub-recipients are expected to present two (2) times in a contract year. QI experts from the Ryan White Part B Quality Management team and Contract Managers provide QI feedback and coaching after each presentation. Providers offer advice and resources to enhance each other's projects. A record of all feedback is sent to everyone in attendance after the sharing groups. A standardized form is also available to use to forward feedback to the providers (see Appendix L for the *Ryan White Part B QI Project Review Tool*).

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At the end of each funding year, each Part B sub-recipient submits their annual QI storyboard to reflect their work on their QI project topic using the provided reporting template (see Appendix M 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 Quality Management Committee. **Table 12** outlines the available Part B-specific QI templates.

Table 12. 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 J
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 Groups	Appendix K
Part B QI Project Review Tool	To be completed by the contract manager, QM team, and/or assigned faculty to assess the quality of the QI project and provide feedback	Appendix L
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 M
Part B Contract Manager Monitoring Tool	To be used by the contract manager during routine monitoring calls with Part B subrecipients	Appendix H
Part B Organizational Assessment Tool	To be used biannually to assess the Part B sub-recipient quality management program; the Part B provider will self-report their assessment findings and discuss them with their contract managers	Appendix N
Part B Quality Management Plan Review Tool	To be used by the contract managers annually to review the Part B sub-recipient quality management plan; further assistance is available by the Part B Quality Management Team	Appendix O

Table 13 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 13. Quality Improvement Activities

Quality Improvement Activities			
Goal	Action Steps	Target Date	Responsible

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Part B Quality Management Committee determines annual improvement goals.	<ul style="list-style-type: none"> - 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 	March 2024	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.	<ul style="list-style-type: none"> - 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 2024	Ryan White Part B Quality Management Program Assistant
Part B Quality Management Team updates all QI templates.	<ul style="list-style-type: none"> - QM Team updates the various QI forms, tools, and QI resources - Updated QI forms and QI resources are shared with Part B providers 	April 2024	Part B Quality Management Senior Program Coordinator
Part B sub-recipients conduct their QI projects and report their progress.	<ul style="list-style-type: none"> - Part B providers submit the QI project focus area for review by the AIDS Institute contract manager - Part B providers conduct their QI project and provide updates during QI Sharing Groups - QM Team tracks presentations 	April 2024- March 2025	Part B providers, Contract Managers, Program Evaluation Specialists, Part B Quality Management Director
Part B sub-recipient quality management program is assessed	<ul style="list-style-type: none"> - The Part B team will conduct biannual assessments using the <i>Part B Organizational Assessment Tool</i> - 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 (pending staffing)	Part B providers, Contract Managers, Program Evaluation Specialist, Part B Quality Management Senior Program Coordinator
Part B sub-recipients submit their Part B Quality Management Plans for review by contract managers	<ul style="list-style-type: none"> - During the contract year, the Part B sub-recipients submit their Quality Management Plans - The contract managers annually review the Part B sub-recipient quality management plans using the <i>Part B Quality Management Plan Review Tool</i> - Technical assistance is provided by the contract manager; additional support is available by the Part B Quality Management Team 	June 2024	Part B providers, Contract Managers, Program Evaluation Specialist, Part B Quality Management Senior Program Coordinator
The Quality Management Team provides technical assistance and	<ul style="list-style-type: none"> - QM Team provides technical assistance and support to individual Part B providers - QM Team triages providers who need more assistance based on the quality 	Ongoing	Contract Managers, Part B Quality Management Director, Part B Quality Management Senior

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support	of their submission - QM Team supports contract managers to allow them to coach their Part B providers		Program Coordinator
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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 their 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 14 outlines the mechanisms available to evaluate the effectiveness of CQI activities and objectives.

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Table 14. 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, Organizational Assessment Tool	Annually
Review Performance Measures	Review trends, performance measurement goals/results, and other related data	Care continuum QI reports, 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

2024 -25 Organizational Assessment Summary:

A Part B-specific organizational assessment (OA) tool was utilized to evaluate core components of the Ryan White Part B Quality Management Program such as its quality management plan, use of performance data and program evaluation. The results of the assessment affirmed that the program is well-established and actively engaged in implementation, with clear opportunities to make further progress toward a more systematic approach to quality. Areas for improvement include assessing subrecipients’ internal QI structures, strengthening cross-Part collaboration, and improving data sharing practices. To address these, the Ryan White Part B Quality Management Program team will conduct organizational assessments of its subrecipients’ quality management programs, update the quality management plan to embed cross-Part activities, and share benchmarking data with providers to further support their quality improvement work.

Data from providers’ QI activities, including those summarized by their storyboards, are also used during the overall Part B QM Program evaluation and reported to the QM Committee. All identified opportunities for improvement will be incorporated into the Ryan White Part B Quality Management Program Work Plan.

G) Conclusion

The purpose of this Quality Management Plan is to improve the quality of care provided to PLWH 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.

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The 2024-2025 Ryan White Part B Quality Management Plan has been updated and will expire on March 31, 2025.

Joseph Kerwin, Director, AIDS Institute

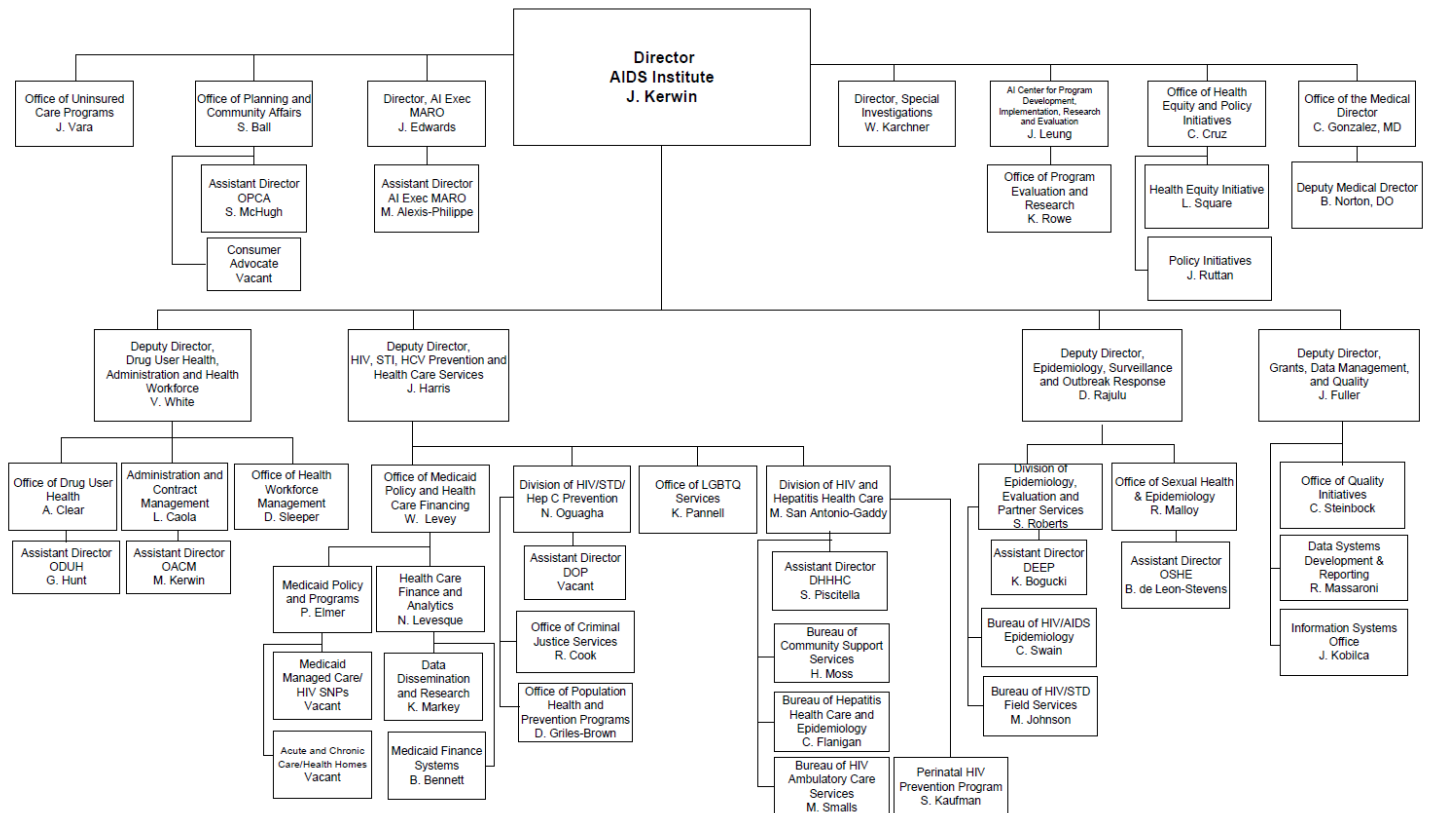
John Fuller, Deputy Director, Office of Grants, Data Management and Quality

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Appendix

Appendix A: AIDS Institute Organizational Chart

AIDS Institute Organizational Chart



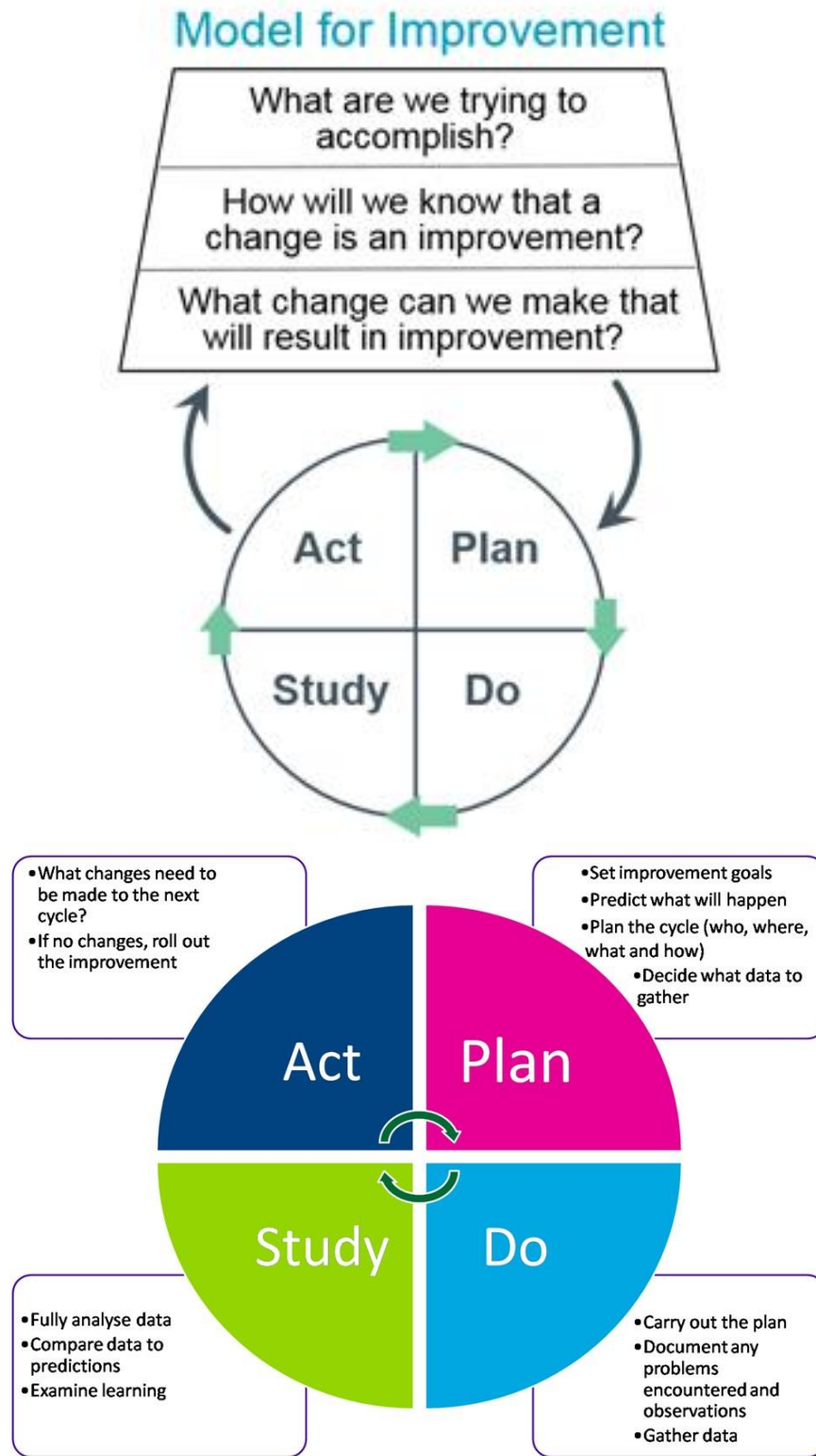
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Appendix B: Quality Definitions

- a. **Quality** – (as defined by the HRSA HIV/AIDS Bureau) is the degree to which health or social services 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** - the 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 the 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 the 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 the standard(s) and/or projected outcomes.

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



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Appendix D: Quality Improvement Resources

I) Introduction to Quality Improvement			
(» = available at CQII.org; û = 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	»	û
..	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/libravy/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	»	
..	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; û = 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	»	û
..	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	»	û

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..	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			
..	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	»	û
..	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	»	û
..	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	»	û
..	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			
..	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; û = 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	»	

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..	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	»	û
..	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	»	û
..	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	»	û
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	»	û
..	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		û
d) Cross-Part Quality Improvement Activity			

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..	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	»	û
..	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	»	û
..	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; û = 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	»	û
..	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	»	û
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	»	û
..	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		û

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..	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; û = 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	»	û
..	Patient Satisfaction Survey for HIV Ambulatory Care. New York State Department of Health AIDS Institute. https://targethiv.org/library/patient-satisfaction-survey-hiv-ambulatory-care	»	û
..	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	»	û
..	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	»	û
..	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; û = 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	»	
..	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. https://targethiv.org/library/game-guide-interactive-exercises-trainers-teach-quality-improvement-hiv-care	»	û
..	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	»	û
..	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	»	û
..	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	»	û

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..	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	»	û
..	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	»	û
..	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	»	

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Appendix E: Ryan White Part B Service Categories, Data, Assignments

Part B Service Categories (2024-25)			
Service Categories	# of Agencies	# of Clients Served	% of Clients
Case Management - Medical	9	1,085	19%
Case Management - Non-medical	23	1,425	25%
Emergency Financial Assistance	5	57	1%
Health Education/Risk Reduction	24	982	17%
Housing	7	106	2%
Nutrition and Food	17	789	14%
Supportive Counseling	0	0	0%
Other Professional Services	2	31	1%
Psychosocial Support Services	11	123	2%
MAI Services	10	1,177	20%
TOTAL		5,775	100.0%

Agency Summary (2024-25)			
Agency	Contract Amount	Clients Served*	# of Contracts
African Services Committee	\$357,500.00	66	2
AIDS Community Resources, Inc.	\$761,886.00	159	3
AIDS Council of Northeastern New York, Inc. (dba Alliance for Positive Health)	\$1,007,962.00	167	5
AIDS Healthcare Foundation	\$257,500.00	56	2
AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)	\$520,000.00	170	3
APICHA Community Health Center	\$382,500.00	62	2
BOOM!Health	\$100,000.00	50	1
Bronx Parent Housng Network, Inc.	\$257,500.00	6	1
BronxWorks, Inc.	\$100,000.00	40	1
CAMBA, Inc.	\$325,000.00	96	2
Catholic Charities of the Diocese of Rochester	\$300,000.00	85	2
Community Health Action of Staten Island, Inc.	\$357,500.00	64	2
Community Healthcare Network	\$457,500.00	88	3
Cornerstone Family Healthcare	\$644,500.00	116	3
Economic Opportunity Council of Suffolk, Inc.	\$250,435.00	77	1
Education and Assistance Corporation	\$236,532.00	70	1
EHS, Inc.	\$947,060.00	247	4
Ellis	\$216,996.00	38	1
Housing Works, Inc.	\$162,500.00	11	1
Institute for Family Health	\$500,000.00	68	2

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Iris House, Inc.	\$257,500.00	32	1
Latino Commission on AIDS, Inc.	\$157,500.00	40	1
Nassau Health Care Foundation, Inc.	\$157,500.00	20	1
New York Council on Adoptable Children, Inc.	\$50,000.00	16	1
North Shore University Hospital	\$225,000.00	16	1
Options for Community Living, Inc.	\$542,386.00	123	2
Saint John's Riverside	\$250,000.00	22	1
Southern Tier AIDS Program, Inc.	\$488,032.00	109	2
Sun River Health	\$938,349.00	109	4
The Albany Damien Center, Inc.	\$455,584.00	269	3
The Family Center, Inc.	\$150,000.00	25	2
Trillium Health, Inc.	\$761,886.00	175	3
Unity House of Troy, Inc.	\$359,886.00	32	1
Westchester County Health Care Corporation	\$407,500.00	80	2
Wyckoff Heights Medical Center	\$250,000.00	64	1
Total:	\$13,593,994.00		68

Part B Contract Managers

Part B Subrecipients	Initiative	CM Assigned	Service Categories
African Services Committee, Inc. (ASC)	ESS-CM/HE	Yanick Eveillard	NMCM, HERR
AIDS Center of Queens County, Inc. (ACQC)	ADAP	Francisco Diaz	MAI
AIDS Community Resources, Inc. (ACR)	ADAP ESS-CM/HE NHE	Patti Ballard Hiram Rivera	MAI, NMCM, HERR, Food
AIDS Council of Northeastern New York, Inc. (AFPH)	ESS-CM/HE ESS-EC NHE	Kris Hildenbrandt Kristen Bell Yanick Eveillard Yanick Eveillard	NMCM, HERR, Food
AIDS Service Center of Lower Manhattan, Inc. ASCNYC (AFPC)	ESS-CM/HE HRFA	Yanick Eveillard Kwanique Andrews	NMCM, HERR, Housing
APICHA Community Health Center	NHE	Ratza Then	Food
BOOM!Health	ESS-CM/HE	DeAnna Jefferson-Davis	NMCM, HERR
BronxWorks, Inc.	ESS-CM/HE	Ratza Then	NMCM, HERR
CAMBA, Inc.	ESS-CM/HE	Hiram Rivera	NMCM, HERR
Catholic Charities Family and Children Services (CCFCS)	ESS-CM/HE	Kris Hildenbrandt	NMCM, HERR

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Community Health Action of Staten Island, Inc. (CHASI)	ESS-CM/HE	Kwanique Andrews	NMCM, HERR
Community Healthcare Network (CHN)	ADAP ESS-CM/HE	Joey Lopez Yanick Eveillard	MAI, NMCM, HERR
Cornerstone Family Healthcare	ADAP ESS-CM/HE NHE	Joey Lopez Hiram Rivera Kris Hildenbrandt	MAI, NMCM, HERR, Food
Diaspora Community Services, Inc.	ADAP	Francisco Diaz	MAI
Education and Assistance Corporation (EAC)	NHE	Ratza Then	Food
Ellis Hospital	RAP	Romel Wilson	MCM
Evergreen Health Services, Inc. (EHS)	ADAP ESS-CM/HE ESS-EC NHE	Monica Franco Kwanique Andrews (2x) David Reynolds	MAI, NMCM, HERR, Food
Gay Men's Health Crisis, Inc. (GMHC)	ADAP NHE	Karin Timour Ratza Then	MAI, Food B
Housing Works, Inc.	HRFA	Kwanique Andrews	Housing
Institute for Family Health (IFH)	RAP	Yvette Watson	MCM
New York Council on Adoptable Children, Inc. (COAC)	BC	Dennis Pearson	OPS
Options for Community Living, Inc.	ADAP ESS-CM/HE	Karin Timour Kwanique Andrews	MAI, NMCM, HERR
Southern Tier AIDS Program, Inc. (STAP)	ESS-CM/HE	Kris Hildenbrandt	NMCM, HERR
The Albany Damien Center, Inc. (ADC)	NHE Nutrition	Kris Hildenbrandt (2x)	Food
The Family Center, Inc. (TFC)	BC	Natalie Charles	OPS
Trillium Health, Inc.	ESS-CM/HE ESS-EC NHE RAP	Kwanique Andrews (2x) David Reynolds Yvette Watson	NMCM, HERR, Food, MCM
Volunteer Legal Services Project of Monroe County, Inc. (VLSP- JustCause)	BC	Ratza Then	OPS
Wyckoff Heights Medical Center (WHMC)	RAP	Sean Conklin	MCM

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Part B Contract Service Initiative Long Form Names			
BC	Benefits Counseling	MCM	Medical Case Management
ESS- CM/HE	Case Management/Health Education	NMCM	Non-Medical Case Management
ESS-EC	Emerging Communities	OPS	Other Professional Services
FFHC	Family Focus Health Care	EFA	Emergency Financial Assistance
HRFA	Housing Retention/Financial Assistance	HERR	Health Education/Risk Reduction
LRTA	Linkage Retention Treatment & Adherence	HOUS	Housing
NHE	Nutritional Health Education	FOOD	Food Bank/Home Delivered Meals
Nutrition	Congregate Meals	PSYC	Psychosocial Support Services
RAP	Retention & Adherence Program	MAI	Minority AIDS Initiative

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Appendix F: 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) are 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 of 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, is a goal for PLWH to know their status as soon as possible and be connected to medical care.

Funded agency sources (charts, interviews, monitoring tools, surveys, consumer boards) EMRs – AI RWHAP Part B 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 BHAIE 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.

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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 evaluate their conformance to established guidelines and the organization's progress over time and directs 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 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, which are directly tasked by state law with STI treatment and prevention efforts.

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Appendix G: Ryan White Part B Quality Management Program Standards

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

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Appendix H: Ryan White Part B Quality Improvement Contract Manager Technical Assistance Tool

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

Contract Manager Technical Assistance Tool

This Contract Manager Technical Assistance Tool assists contract managers with engaging Part B-funded service providers in a discussion about quality improvement (QI) during routine technical assistance 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 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?
 - o Beginning of the year - have you selected and submitted your improvement topic?
 - o 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?
 - o Is there internal buy-in for your QI project among staff and agency leadership?
 - o 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:

- o **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>
- o **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>
- o **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?

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Appendix I: Ryan White Part B Quality Management Contract Language

***New York State Department of Health AIDS Institute
Quality Management Contract Language***

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 HRSA Clinical Quality Management Policy Clarification Notice (PCN) #15-02. (<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>)
3. The Contractor shall establish, implement, and update annually 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 Ryan White Part B Quality Management Program meetings and activities, including, but not limited to, the submission of an annual Ryan White Part B quality management plan and quality improvement project, the reporting of established performance measures and the presentations of quality improvement projects at quality 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 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.

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Appendix J: Ryan White Part B Annual QI Project Submission Form

**New York State Department of Health AIDS Institute
Ryan White Part B Clinical Quality Management Program
2024-2025 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, annual QI goals, 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.

- Ensure that the topic and project you selected meets one of the 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 Quality Contact/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.

Appendix K: Ryan White Part B QI Project Update Template



Department
of Health

2024-25 RWPB QM Program

Sharing Group - Case Presentation

Presented By: **[insert name(s) and title(s)]**

Organization: **[insert Org Name]**

Location: **[insert City & State]**

Title: **[based on system challenge/intervention/best practice]**

Date: **[insert date of presentation here]**

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Ryan White Part B Quality Management Plan

Appendix L: Ryan White Part B QI Project Review Tool

**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, staff, and others to review quality improvement (QI) projects and to document key feedback. In the spirit of quality improvement, the goal is to guide the planning and implementation of select 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	Reason for Improvement	REA	Comments
<ul style="list-style-type: none"> - Is the focus of the QI project aligned with the annual Part B-based priorities? - Has the selection decision been reached by using a transparent approach that is clear to clients and staff who work in the area of focus? - Is a sub-section of the service given a QI project focus? - Does the service address a population and/or a condition that is described in a scope of service problem? 				

Improvement Team

	Adequate	Reason for Improvement	REA	Comments
<ul style="list-style-type: none"> - Does the QI team include the necessary stakeholders to work on the QI project? - Are the roles and responsibilities clearly identified? - Is a QI project lead identified? - Does the QI team include a person with HIV? 				

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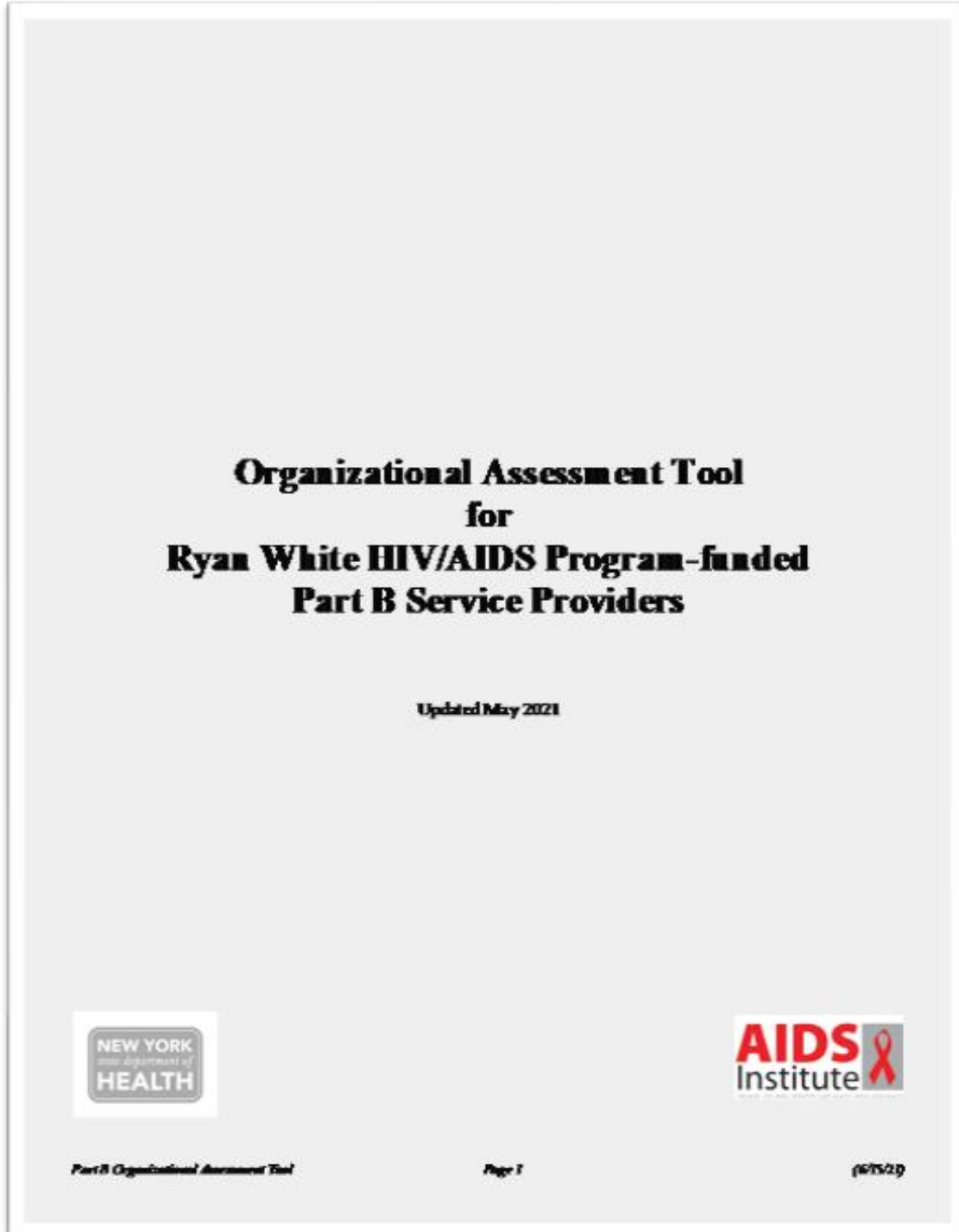
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Appendix M: Ryan White Part B QI Project Annual Storyboard Template

<p>Slide 1 – Overview</p> <p>Information about QI Team</p> <ul style="list-style-type: none"> ▪ Facility Name ▪ Agency RWHAP Part Funding ▪ Location ▪ Team members’ first and last names ▪ Number of sites with # of patients in caseload 	<div style="border: 1px solid black; padding: 5px;"> <p>Your Organization Logo</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Poster Title (this is different from the QI Headline below) Organization name Author name(s), and contact information for at least one (1) author</p> </div>	<p style="text-align: center;">Slide 9 – Spread and Sustainability</p> <ul style="list-style-type: none"> ▪ How do you plan to sustain your gains to maximize your reach and impact on the community you serve? ▪ Share proven change ideas to continue with project and add interventions to meet aim statement. 	
<p>Slide 2 – Background</p> <ul style="list-style-type: none"> • What services do you provide for PWH? • What locations do you serve? • Which communities do you serve? 	<p style="font-size: 1.2em;">Slide 12 – “Headline” including your Results</p> <p style="font-size: 0.8em;">Central Slide Placement Top of poster with slide panels below Center of poster with side panels</p> <p style="font-size: 0.8em;">Tips: Grab people’s attention! What is your key finding(s)? •Write it down. •Edit it for plain language. •Highlight words that you want to emphasize.</p>		<p>Slide 10 – Engagement of Staff & PWH</p> <ul style="list-style-type: none"> ▪ List how you engage staff in your work. How do you acknowledge their contributions and value their presence? ▪ List how you engage PWH in your work. How do you acknowledge their contributions and value their presence?
<p>Slide 3 – Performance Measurement</p> <ul style="list-style-type: none"> ▪ Insert your caseload # and viral load suppressions rates ▪ Please enter your performance data ▪ Use a table, bar chart, or any format you wish to show your data ▪ Share any qualitative findings or changes over time 	<p style="text-align: center;">Slide 5 – AIM Statement</p> <ul style="list-style-type: none"> •List your Aim Statement, including the problem statement and measurable goals •Include a driver diagram, if available and helpful •Share how you have engaged stakeholder and people with HIV to reach your improvement aim 	<p style="text-align: center;">Slide 6 – Root Causes</p> <ul style="list-style-type: none"> ▪ Describe which tools (e.g., cause/effect diagram, driver diagram) or other assessment methods (e.g., needs assessment survey, focus group) you used to identify contributing factors ▪ Display the completed tool or any available data ▪ Share how you have involved consumers in identifying the root causes 	<p style="text-align: center;">Slide 11 - Lessons Learned</p> <ul style="list-style-type: none"> •Share your lessons learned based on your current improvement efforts •Share what wanted to know before you got started •What can others learn from you?
<p>Slide 4 - System Challenge (Selection of One of the Four Goals stated in your QI project)</p> <p>Check your sharing group presentation for the goal you selected.</p> <p>Example:</p> <ul style="list-style-type: none"> •Increase health equity by focusing on key HIV populations disproportionately impacted by the HIV epidemic in New York State and reduce the gap in key outcome measures. 	<p style="text-align: center;">Slide 7 – Selection of Interventions</p> <ul style="list-style-type: none"> •Analyze and Prioritize Interventions •Identify tool(s) used 	<p style="text-align: center;">Slide 8 – Intervention & Change Ideas</p> <ul style="list-style-type: none"> •List selected interventions, rationale for selecting them, and results •Elaborate any changes you made to the interventions as described in the Toolkit •Share what interventions or change ideas you plan to test in the future 	<p style="text-align: center;">Free-form Personalization Section</p> <p>Have some fun here! Show creativity and celebrate your work together.</p> <p>Share photos of your team, your organization, other images of your work. (Make sure you have permission to share first.)</p>

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**Appendix N: Ryan White Part B Quality Management Organizational
Assessment Tool**



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Appendix O: Ryan White Part B Quality Management Plan Review Tool

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

Leading to positive outcomes for HIV care do not happen overnight. To build a culture of quality management (QIM) programs at the Ryan White Part B-funded agency, a QIM plan serves as a blueprint for quality improvement efforts. It articulates a strategic purpose of the Ryan White Part B-funded agency QIM program, the interventions that support this improvement activities, and associated improvement goals. It also serves as a vehicle created 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 Program Classification Matrix (CQM) 20-02, each Ryan White Part B-funded agency provider is expected to have a written QIM plan that is annually updated and a plan that is also in place to ensure that all staff have implementation responsibilities and accountability for their completion and it used to monitor all other QIM improvement activities are being to plan noted as plans of and all other goals are achieved.

This Ryan White Part B Clinical Quality Management Program QIM Plan Review Checklist will help with the development of the QIM plan, the content of writing the plan, and for providing to collect and goal areas by intent of and/or status of status of all use.

Section	Present: Yes/No/Partial	Guidance
Overall		
<p>Include the name of the Part B funded agency and the date last updated or approved</p> <p>Include a description of the integration of the Part B QIM program into the organization's overall QIM program</p>		<ul style="list-style-type: none"> ❑ Does the QIM plan state an annual timeframe (e.g. April 2021 – March 2022)? ❑ Does the QIM plan include the last modification the plan was revised/updated or if a new plan, its integral date? ❑ Does the QIM plan focus on the specific Part B-funded activities? ❑ Does the QIM plan emphasize the alignment across activities? ❑ Does the QIM plan demonstrate the integration into the organizational QIM program?
<p>Ensure the layout is clear, easy to follow, and that content is well organized</p>		<ul style="list-style-type: none"> ❑ Does the Part B QIM plan include all recommended activities for a QIM plan (Quality Statement, Annual Improvement Goals, Quality Improvement, Performance Measurement, Quality Improvement, Evaluation of the Program, Risk Plan)?
<p>Quality Statement</p> <p>Include a quality statement describing the overall mission of the quality improvement activities and the ultimate goal of improvement efforts</p>		<ul style="list-style-type: none"> ❑ Is the quality statement brief and concise? ❑ Does the quality statement state to and it include of Part B activities?

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Appendix P: AIDS Institute Confidentiality Agreement

New York State Department of Health AIDS Institute	Authorization for Release of Health Information and Confidential HIV-Related Information*
<p>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.</p>	
<p>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 1-800-562-5065; 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.</p>	
<p>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.</p>	
<p>I consent to disclosure of (please check all that apply):</p> <p><input type="checkbox"/> My HIV-related information</p> <p><input type="checkbox"/> My non-HIV health information</p> <p><input type="checkbox"/> Both (non-HIV health and HIV-related information)</p>	
<p>Name and address of facility/person disclosing HIV-related information: _____</p> <p>Name of person whose information will be released: _____</p> <p>Name and address of person signing this form (if other than above): _____</p> <p>Relationship to person whose information will be released: _____</p> <p>Describe information to be released: _____</p> <p>Reason for release of information: _____</p> <p>Time Period During Which Release of Information is Authorized: From: _____ To: _____</p> <p>Exceptions to the right to revoke consent, if any: _____</p> <p>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): _____</p>	
<p>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.</p> <p>Signature: _____ Date: _____</p>	
<p>* 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.</p>	
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Ryan White Part B Quality Management Plan*

Appendix Q: Ryan White Part B 2024-25 Quality Management Training and Check-Ins Schedule

Training: Provider Training (1 hour)

Title: Sustaining Your QI Gains

Format: Virtual

Meeting link: <https://aidsinstituteny-org.zoom.us/j/81364940028>

Date/Time	Topic
May 09, 2024	Identifying practical sustainability methods and assessment tools

Training: Consumer Training (6 hours)

Title: Hudson Valley Consumer QI Training

Format: In-Person

Registration link: <https://www.hivtrainingny.org/User/ConfirmCourse/5432>

Date/Time	Topic
Jun 07, 2024	QI 101 for Consumers

Training: Provider and Consumer Training Series (18 hours total)

Title: QI Boot Camp for Part A and Dually-Funded Part A & B Providers and Consumers

Format: In-Person

Registration link: <https://lp.constantcontactpages.com/ev/reg/w8zzpdh/lp/90a14c7f-5a67-4599-afe4-707eee747866>

Date	Session Title
Jun 26, 2024	Session 1
Jun 27, 2024	Session 2
Jun 28, 2024	Session 3

Training: Provider Training Series (7.5 hours total)

Title: QI Bootcamp for Part B Providers

Format: Virtual

Meeting link: <https://aidsinstituteny-org.zoom.us/j/88450598948>

Date	Session Title
Jul 22, 2024	Session 1
Jul 24, 2024	Session 2
Jul 26, 2024	Session 3
Jul 29, 2024	Session 4
Jul 31, 2024	Session 5

Training: Provider Training (6 hours)

Title: Linking Minds: A Ryan White Parts A & B Quality Management Program Workshop on Quality Improvement

Format: In-Person

Registration link: <https://lp.constantcontactpages.com/ev/reg/e5pvmn2/lp/b7b4e32f-abaa-4cb0-9ed9-d6f4fc6c40fb>

Date/Time	Topic
Jul 23, 2024	QI coaches working directly with participants to enhance their understanding of improvement methods and tools, tailored to their organizations' unique services

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Training: Provider Training (6 hours)

Title: Addressing Stigmatizing Language in Healthcare Settings & Care Services Documentation

Format: In-Person

Date/Time	Topic
Oct 11, 2024	This training provides participants with training in Person-First Language and strategies to identify and address stigma within their settings to improve patient engagement, retention, and viral load suppression.

Training: Contract Manager Training (1 hour)

Title: Process Mapping

Format: Virtual

Zoom Link: <https://aidsinstituteny-org.zoom.us/j/89097108431>

Date/Time	Topic
Nov 13, 2024	This training is designed to build contract managers' capacity for providing assistance to providers as they implement QI projects. This training will focus on the QI tool of Process Mapping which is a technique used to visually depict the steps and activities involved in a specific process or workflow.

Training: Provider and Consumer Learning Session (2.5 hours)

Title: Building Consumer Involvement in NYS - A Discussion Around Successes and Challenges for Part A and Dually-Funded Part A & B Providers and Consumers

Format: Virtual

Date/Time	Topic
Dec 04, 2024	This informative webinar will present five (5) Part A organizations who will showcase their Consumer Advisory Boards (CABs). CAB members from each organization will share their successes and challenges in cultivating and maintaining their flourishing CABs.

Training: Contract Manager Training (1 hour)

Title: Process Mapping

Format: Virtual

Zoom Link: <https://aidsinstituteny-org.zoom.us/j/84082715398>

Date/Time	Topic
Jan 09, 2025	This training is designed to build contract managers' capacity for providing assistance to providers as they implement QI projects. This training will focus on the QI tool of Process Mapping which is a technique used to visually depict the steps and activities involved in a specific process or workflow.

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Training: Provider and Consumer Training Series (12 hours total)

Title: QI Boot Camp for Part A and Dually-Funded Part A & B Providers and Consumers

Format: Hybrid

Meeting link: <https://aidsinstituteny-org.zoom.us/meeting/register/tZEldOqqgDovHNGI4AQkzZUIFwQSbEVXcZmN>

Date	Session Title
Jan 15, 2025	Session 1 (virtual)
Jan 17, 2025	Session 2 (virtual)
Jan 29, 2025	Session 3 (in-person)

Training: Provider Training Series (7.5 hours total)

Title: QI Bootcamp for Part B Providers

Format: Virtual

Meeting link: <https://aidsinstituteny-org.zoom.us/j/98628818855?pwd=RkIKYUt6S2g0UmJ0d1VESVBpUkhkZz09>

Date	Session Title
Jan 23, 2025	Session 1
Jan 27, 2025	Session 2
Jan 30, 2025	Session 3
Feb 03, 2025	Session 4
Feb 06, 2025	Session 5

Training: Provider Training (6 hours)

Title: Assessing Organizational Capacity for Quality Management for Part A and Dually-Funded Part A & B Providers

Format: In-Person

Date/Time	Topic
Feb 04, 2025	Utilizing the Organizational Assessment tool as a guide, participants will receive an overview of each domain and then self-assess their organization

Training: Provider Training Series (7.5 hours total)

Title: QI Bootcamp for Part B Providers

Format: Virtual

Meeting link: <https://aidsinstituteny-org.zoom.us/meeting/register/tZYkceCoqj0vH9zAkuw0luFTTMICMAmgs0Jb>

Date	Session Title
Mar 05, 2025	Session 1
Mar 07, 2025	Session 2
Mar 12, 2025	Session 3
Mar 14, 2025	Session 4
Mar 19, 2025	Session 5

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Training: Consumer Training Series (6 hours total)

Title: What is QI and Why is it Important?: A Four-Part Learning Series for Consumers

Format: Virtual

Meeting link: <https://aidsinstituteny-org.zoom.us/j/81364940028>

Date/Time	Topic
Mar 07, 2025	Session 1
Mar 11, 2025	Session 2
Mar 18, 2025	Session 3
Mar 25, 2025	Session 4

Check-ins for AIDS Institute QI Contacts

Every Second Wednesday of the month, noon ET

Format: Virtual

Zoom Link: <https://aidsinstituteny-org.zoom.us/j/89097108431>

Date/Time	Date/Time
Apr 10, 2024	Nov 13, 2024
May 08, 2024	Dec 16, 2024
Jun 05, 2024	Jan 8, 2025
Jul 10, 2024	Feb 12, 2025
Sep 11, 2024	Mar 13, 2025
Oct 09, 2024	

Check-ins for Part B Providers

Every Second Thursday of the month, at noon ET

Format: Virtual

Zoom Link: <https://aidsinstituteny-org.zoom.us/j/84082715398>

Date/Time	Date/ Time
Apr 11, 2024	Oct 10, 2024
May 09, 2024	Dec 12, 2024
Jun 13, 2024	Jan 9, 2025
Jul 11, 2024	Mar 13, 2025
Sep 12, 2024	
Sharing Group sessions were held in lieu of monthly check-in meetings in: August 2024, November 2024, and February 2025.	

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Appendix R: Ryan White Part B FAQ 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 Shaymoy Gonzalez at Shaymoy.Gonzalez@hsc.ihr.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)

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

Appendix S: Care Continuum QI Reports

Client Progress Report (CPR)

This report contain confidential data

Care Coordination Suvellance-Based Client Progress Report (CPR)
New York State Department of Health - AIDS Institute


Agency: ABC, Inc.

Run Date: 11/17/24

Data as of: 9/30/24

TC_ID	Most Recent Encounter Date	Program Delivering Service	Worker	Deceased	Date of Last Viral Load Test	Viral Load Count	Needs Follow-up for Care	Needs VL 6M	Needs VL 12M	Needs Follow-up for VL Suppression
AAAAAA	11/08/24	Medical Transportation	Smith		11/2023	High VL	X	X		
AAAAAA	10/22/24	CSP - Regional	Smith		11/2023	High VL	X	X		
BBBBBB	10/26/24	Case Management	Jones		10/2024	High VL				X
BBBBBB	10/26/24	Housing	Jones		10/2024	High VL				X
BBBBBB	04/26/24	Housing	Smith		10/2024	High VL				X
BBBBBB	02/22/24	Nutrition	Jones		10/2024	High VL				X
CCCCCC	10/25/24	Housing	Jones	X						
DDDDDD	11/01/24	CJI	Jones		10/2024	Not Suppressed				X
EEEEEE	10/14/24	Case Management	Jones		09/2024	Not Suppressed				X
EEEEEE	10/14/24	Medical Transportation	Jones		09/2024	Not Suppressed				X
EEEEEE	03/31/24	Emerging Communities	Smith		09/2024	Not Suppressed				X
EEEEEE	03/19/24	MAI Outreach and Enrollment	Jones		09/2024	Not Suppressed				X
EEEEEE	03/01/24	Nutrition	Smith		09/2024	Not Suppressed				X
FFFFFF	10/26/24	Ryan White	Jones		No Record of VL Test		X	X	X	
GGGGGG	10/25/24	Housing	Jones		03/2024	Suppressed	X	X		
HHHHHH	10/28/24	Case Management	Jones		12/2023	Suppressed	X	X		
HHHHHH	07/20/24	Medical Transportation	Smith		12/2023	Suppressed	X	X		
IIIIII	10/25/24	Housing	Jones		10/2024	Not Suppressed				X
JJJJJJ	05/07/24	State SEP	Smith		08/2023	Not Suppressed		X	X	
KKKKKK	10/28/24	Housing	Jones		09/2024	Not Suppressed				X

Viral Load Summary Report

NEW YORK STATE Department of Health AIDS Institute						
Viral Load Suppression Summary						
Reporting Group: BHACS AHE RAP		Reporting Range: 07/01/2023 - 03/31/2025				
TC_ID	test	N (number served)	Viral Load count entered in Lab Test Hx	%	Clients w/ latest Viral Load count less than 200 copies/ml	%
		52	50	96.15	46	92.00

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Benchmarking Report

Report to **Example Clinic**

November 6, 2024

Performance for the period **April 1, 2023** to **March 31, 2024**

Relative Performance Out of All AIDS Institute Part B-Funded Agencies

Viral Suppression

4th
out of 32

Keeping Patients In Care

2nd
out of 32

Best-Performing Populations Relative to All

Part B-Funded Agencies:

- Hispanic Clients
- Clients with Stable Housing

Best-Performing Populations Relative to All

Part B-Funded Agencies:

- Clients on Public Insurance
- Clients with Stable Housing

Lowest-Performing Populations Relative to All

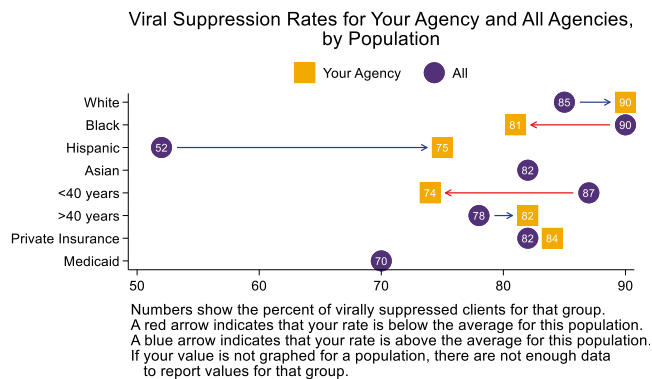
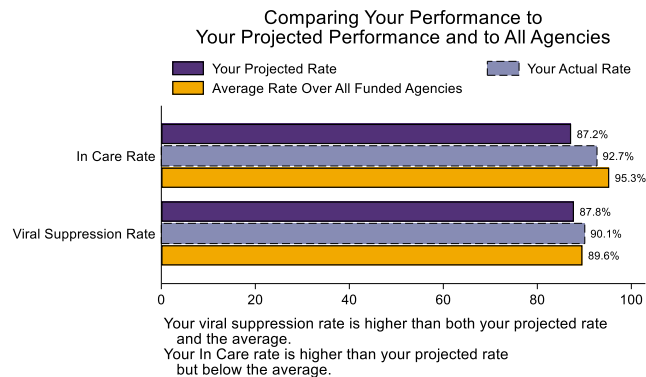
Part B-Funded Agencies:

- Clients with Unstable Housing
- Clients Aged >65 Years Old

Lowest-Performing Populations Relative to All

Part B-Funded Agencies:

- Transgendered Clients
- Clients Aged >65 Years Old



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Division Indicators Report

Division Indicators Report

Reporting Group:

Reporting Period End Date: 03/31/24

Last Extract Date: 04/30/2024

Enrolled Clients Prior End Date: **84**

Indicator	Update Frequency Months	Clients with Current Data		
		#	%	
			<i>Program Enrolled Clients Prior End Date:</i>	
				<i>23</i>
ARV Status	6	23	100%	
Chlamydia screening	12	20	87%	
Gonorrhea screening	12	20	87%	
Health Care Coverage Status	12	23	100%	
Hepatitis A Status	12	23	100%	
Hepatitis B Status	12	18	78%	
Hepatitis C Status	12	18	78%	
HIV/AIDS Status	12	23	100%	
Household Data	12	23	100%	
Housing Status	12	23	100%	
Risk Status	6	23	100%	
SDOH Assessment	6	15	65%	
Syphilis Screening	12	22	96%	
Viral Load Test	6	23	100%	

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



Department of Health

AIDS Institute



Program Evaluation

Reporting Range: 10/01/24 - 03/31/25

Reporting Group: Ryan White Support Services

Agency: SAMPLE

System Information as of Date of Report

AIRS Latest Version: 9.1.268b

System ID: XX Current Version: 9.1.268 Date of Upgrade: 05/14/25

Last Extract Date: AI: 05/15/25 HCV: 01/15/25 EPI: 04/15/25

Program: Ryan White Support Services Funding Source: Part B (XXXX)

Enrollment Data

Total Clients over Reporting Period	100
Total Clients Beginning of the Reporting Period	0
New Clients Enrolled over Reporting Period	100
Clients Closed over Reporting Period	14
Clients Re Enrolled over Reporting Period	0
Total Clients End of the Reporting Period	86

Clients New, %: 100.00

Clients Closed, %: 15.00

Clients Without Encounters in 6 Months Prior to End Date: 14

Referrals into Program

XXX	1
XXX	1
XXX	2
XXX	54
XXX	5
XXX	3
XXX	1
XXX	1
Self	32

Encounter Information

	Total Clients Served	Total Encounters
	86	803

Social Determinants of Health Services