

**Quality Management Plan for Ryan White Part B and Life  
Care Services Funded Programs**

**AIDS/HIV Program  
Wisconsin Division of Public Health**

**November 2008**

## TABLE OF CONTENTS

QUALITY STATEMENT .....	3
Quality Goal .....	3
Scope of Quality Management Program .....	3
Quality Definitions .....	3
QUALITY INFRASTRUCTURE .....	4
Leadership .....	4
Quality Program Participant Groups .....	4
I. AIDS/HIV Program Staff .....	4
II. Statewide Action Planning Group QM Committee.....	5
III. Ryan White Part B and LCS Funded Agencies .....	6
IV. Wisconsin Division of Enterprise Services/Bureau of Fiscal Services .....	6
V. Health Resources and Services Administration .....	6
VI. Clients .....	6
Resources .....	7
QUALITY GOALS & ACTIVITIES .....	7
Table 1: Quality Assurance Activities for Ryan White Part B and Life Care Services Funded Agencies in Wisconsin .....	8
Table 2: Quality Assurance Activities for Ryan White Funded Programs Administered by the AIDS/HIV Program.....	10
2008 Quality Priorities .....	11
PERFORMANCE MEASUREMENT .....	11
Uniform Performance Measures .....	11
Agency-Developed Performance Measures .....	12
Use of Performance Data .....	12
CAPACITY BUILDING .....	13
EVALUATION.....	13
QUALITY MANAGEMENT PLAN UPDATES .....	13
COMMUNICATION.....	13
APPENDIX A: Description of Ryan White and Life Care Services Funding.....	15
APPENDIX B: AIDS/HIV Care and Treatment Staff Contact Information .....	17
APPENDIX C: 2008 Ryan White Part B and LCS Funded Agencies.....	18
APPENDIX D: Primary Care and Nurse Case Management Performance Measures.....	19
APPENDIX E: Draft Oral Health Performance Measures .....	24
APPENDIX F: Psychosocial Case Management Performance Measures .....	28

## QUALITY STATEMENT

### Quality Goal

The goal of the Wisconsin AIDS/HIV Program's Quality Management (QM) program is to ensure that persons living with HIV and AIDS (PLWH/A) in Wisconsin receive the highest quality medical and supportive services. To accomplish this goal, the Wisconsin QM program will ensure:

1. **Adherence to standards and expectations:**  
Ensure that direct service medical providers adhere to established practice standards, Public Health Service (PHS) Guidelines and user expectations to the extent possible;
2. **Supportive services focus on access and adherence:**  
Ensure that critical HIV-related supportive services focus on achieving appropriate access and adherence with HIV care; and
3. **Available data are used effectively:**  
Ensure that available 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.

### Scope of Quality Management Program

The Wisconsin AIDS/HIV Program's QM program covers all services funded through Part B of the Ryan White Treatment Modernization Act and/or the state-funded Mike Johnson Early Intervention and Life Care Services grant. The funding sources are described in Appendix A. Because many of Wisconsin's Part B and Life Care Services (LCS) grantees also receive funding from other Ryan White Parts (Parts C, D and F), some of the Program's quality monitoring and assurance activities may also apply to these other Ryan White Parts.

### Quality Definitions

- **Quality** is defined as the degree of excellence of a product or service. In terms of Ryan White and LCS, the quality of a service is the degree to which a service meets or exceeds professional standards, guidelines and users expectations.
- A **Performance Measure** is a quantitative tool that provides an indication of the quality of a service or process.
- An **Outcome** is the benefit or other result (positive or negative) for clients that may occur during or after receiving a service.
- **Quality Assurance** is a program for the systematic monitoring and evaluation (e.g. through performance measurement) of the various aspects of a service to ensure that standards of quality are being met.

- **Quality Improvement** refers to conducting activities aimed at improving processes to enhance the quality of care and services.
- The term **Quality Management Program** encompasses all grantee-specific quality activities, including the formal organizational quality infrastructure (stakeholders and resources), quality assurance and quality improvement activities.
- In this document, the word **client** is used to describe an individual who is infected with HIV and who receives health and/or support services that are funded through the State of Wisconsin with Ryan White or LCS funds.

## QUALITY INFRASTRUCTURE

### Leadership

Leadership for the AIDS/HIV QM program resides within the Wisconsin Division of Public Health's AIDS/HIV Program. Quality management efforts are led by the Quality Assurance Coordinator with oversight from the Care and Surveillance Supervisor and additional input from the AIDS/HIV Program Director.

### Quality Program Participant Groups

The QM program consists of staff within the AIDS/HIV Program, the Statewide Action Planning Group QM committee, the Ryan White Part B and LCS funded agencies, the Wisconsin Division of Enterprise Services' Bureau of Fiscal Services (BFS), and the Health Resources and Services Administration (HRSA). Clients also play an important role in identifying service needs and areas for service improvement. The role of each of these stakeholders is described below.

#### *I. AIDS/HIV Program Staff*

The care and treatment staff is primarily responsible for QM activities, which are described below. Contact information for Program staff can be found in Appendix B.

- **Quality Assurance Coordinator:** develop the Part B quality management plan, review agency QM programs, including QM plans and quality improvement activities, monitor utilization of grant-funded services by coordinating data collection and compiling reports (e.g. quarterly utilization reports, biannual performance measures), support ongoing QM projects for ADAP, develop and implement outcomes for ADAP, and provide QM training and technical assistance to sub-contracted agencies and the Wisconsin HIV Community Planning Network.
- **Life Care Services Coordinator:** conduct contract monitoring activities for LCS funded-agencies including reviewing program expenses, work with Quality Assurance Coordinator to develop and monitor performance measures related to case management, ensure adherence to state HIV case management service standards through annual chart reviews and monitoring of performance measures, and develop and implement policies and procedures to improve the overall delivery of statewide case management services.
- **Ryan White Grant Coordinator:** conduct fiscal monitoring through annual budget and monthly expenditure reviews, conduct annual site visits to review fiscal records and program progress, ensure grantee compliance with Federal and State regulations, and

implement policies and procedures to improve the overall delivery of statewide HIV services in Wisconsin.

- AIDS Drug Assistance Program (ADAP) Coordinator: conduct ongoing fiscal monitoring to ensure sustainability of the ADAP program, review client eligibility for both ADAP and insurance programs, and implement policies and procedures to improve administration of the ADAP program.
- Insurance Program Coordinator: conduct ongoing fiscal monitoring to ensure sustainability of the Wisconsin Health Insurance Premium Subsidy program, conduct annual reviews of health insurance client charts to verify client information and program eligibility, and implement policies and procedures to improve administration of the insurance program.
- AIDS/HIV Program Director and Care and Surveillance Supervisor provide oversight and guidance to staff regarding daily responsibilities and those related to quality management.

In addition, the AIDS/HIV Program's Epidemiologist and Surveillance Coordinator may occasionally be involved in data collection or analyses.

## ***II. Statewide Action Planning Group QM Committee***

The Statewide Action Planning Group makes up a portion of the Wisconsin HIV Community Planning Network, Wisconsin's joint prevention and care planning body (<http://www.wihiv.wisc.edu/communityplanning/>). The Network assists communities and the Wisconsin Division of Public Health in the development, implementation and prioritization of HIV prevention and care services in Wisconsin. The Statewide Action Planning Group (SAPG), which is made up of twenty-five ambassadors who facilitate communication in all five regions of the state, participates in developing a joint HIV prevention and care services plan and advises the Wisconsin AIDS/HIV Program on the development, implementation and prioritization of HIV prevention and care services in Wisconsin.

The SAPG QM Committee was formed in February 2008 and is chaired by, and made up of, SAPG members who work directly with the Quality Assurance Coordinator. The role of this committee is to provide input, advice and expertise on the development and implementation of quality assurance and quality improvement activities related to Ryan White Part B and LCS funded HIV care and treatment services. In addition, these members serve as conduits of quality information to the agencies and communities in which they work. Activities may include:

- Participating in the quality management planning process;
- Assisting with performance measure development and implementation;
- Reviewing and providing input on annual revisions of the quality management plan; and
- Serving as a forum for identifying emerging issues related to the HIV continuum of care and quality improvement activities.

### ***III. Ryan White Part B and LCS Funded Agencies***

The quality management role of the funded agencies is to have a plan for monitoring, and to actively monitor, the quality of services they provide. Agencies are contractually obligated to "...develop and implement a quality assurance program to insure that their services meet client needs. This should include strategies to obtain client input regarding services on a regular basis. Strategies should be inclusive and reflective of the diversity of the agency's client population." In addition progress toward workplan objectives are reported twice per year and demographic and utilization data are reported quarterly to the State, and on an annual basis to HRSA via the Ryan White HIV/AIDS Program Annual Data Report (RDR). The agencies receiving Ryan White and LCS funding in 2008 are listed in Appendix C.

### ***IV. Wisconsin Division of Enterprise Services/Bureau of Fiscal Services***

The Division of Enterprise Services (DES) provides management support for fiscal services, information technology, personnel, affirmative action, and employment relations. Located within DES, the Bureau of Fiscal Services (BFS) is responsible for all internal fiscal monitoring of federal grants. The Program and Federal Accounting section located within BFS is responsible for the preparation and submission of the Ryan White Financial Status Reports. The Community Aids Reporting System unit, also located in BFS, is responsible for monitoring and processing payments for all contracted agencies. Also housed within DES, the Office of Audit provides coordination of DHFS contract monitoring, audits, and program review processes. Evaluation and Audit staff review A-133 fiscal audits submitted by Ryan White Part B grantees on an annual basis.

### ***V. Health Resources and Services Administration***

HRSA's HIV/AIDS Bureau (HAB) is committed to improving the quality of care and services and ultimately the quality of life for PLWH/A. To support grantee quality assurance and QM activities, HRSA provides:

- Technical assistance
- On-line training and resources
- HAB Performance Measures for Adult/Adolescent Clients (Core medical measures released; draft measures for systems, oral health, medical case management and ADAP recently released for comment)
- Site visits
- Program and fiscal monitoring through various reporting requirements

### ***VI. Clients***

Client input is a critical piece to delivering high quality services. Client input is obtained through the grievance process, which each funded agency is required to have; client satisfaction surveys and needs assessments; participation on Client Advisory Boards; participation in the Wisconsin AIDS/HIV Community Planning Network and Statewide Action Planning Group; and attendance at conferences for PLWH/A held across the state. In addition, information feedback should be obtained by clients through ongoing communication with providers.

## **Resources**

In fiscal year 2008, 3 % of the total Ryan White budget was allocated for Planning & Evaluation and Quality Management activities. These funds cover, in part, the activities of the Quality Assurance Coordinator, Life Care Services Coordinator, Ryan White Coordinator, and Program Epidemiologist. Because both agencies that receive LCS funding also receive Ryan White Part B funding, all grantee quality activities are covered by the Ryan White funding.

Quality Management resources provided by the following organizations are consulted frequently:

- Health Resources Services Administration HIV/AIDS Bureau (<http://hab.hrsa.gov/special/qualitycare.htm>)
- National Quality Academy (<http://nationalqualitycenter.org/QualityAcademy/>)
- Institute for Healthcare Improvement (<http://www.ihl.org/IHI/Topics/HIV/AIDS/>)
- New York State Department of Health AIDS Institute (<http://www.hivguidelines.org/Content.aspx>)
- Target Center: Technical Assistance for the Ryan White Community (<http://careacttarget.org/>)

## **QUALITY GOALS & ACTIVITIES**

The primary QM goals are to ensure that:

- Funded services adhere to PHS guidelines, established clinical practice, and user expectations;
- Program improvement includes supportive services linked to access and adherence to medical care; and
- Demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.

### **Annual Quality Activities**

Ongoing quality assurance and quality management activities are summarized in the tables below. Table 1 describes the quality assurance activities related to monitoring Ryan White Part B and LCS subcontracted agencies, and Table 2 describes quality management activities related to the ADAP, Insurance and Laboratory Reimbursement programs, as well as more broad care and treatment outcomes.

**Table 1: Quality Assurance Activities for Ryan White Part B and Life Care Services Funded Agencies in Wisconsin**

Quality Activities	State AIDS/HIV Program	Funded Agencies	SAPG QM Committee
Fiscal Monitoring	<ul style="list-style-type: none"> <li>▪ Review annual Ryan White/LCS budgets</li> <li>▪ Review monthly expenditure reports to ensure agency spending is on track</li> <li>▪ Review annual A-133 grantee audits</li> <li>▪ Review Financial Status Reports and send to HRSA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that expenditures are allowable by federal and state guidelines</li> <li>▪ Submit monthly expenditures to CARS program and Ryan White Coordinator for review</li> <li>▪ Submit annual A-133 audit</li> </ul>	
Site Visits	Conduct annual on-site visits with funded agencies to: review expenditures, service performance and quality improvement initiatives, and to provide technical assistance if needed	Prepare necessary documentation for site visit	
Agency Workplans (Service Objectives and Performance Measures)	<ul style="list-style-type: none"> <li>▪ Develop uniform performance measures for core medical services</li> <li>▪ Work with agencies to develop performance measures for support services</li> <li>▪ Review progress against performance measures biannually</li> <li>▪ Identify areas for improvement and assist agencies in developing quality improvement projects</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop performance measures for support services</li> <li>▪ Report progress against performance measures biannually</li> <li>▪ Monitor performance data internally to identify areas for improvement</li> <li>▪ Develop quality improvement projects as necessary and monitor success</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participate in group discussions to develop uniform performance measures</li> <li>▪ Provide feedback on uniform performance measures</li> </ul>
Quarterly Utilization Data	<ul style="list-style-type: none"> <li>▪ Review quarterly utilization data submitted by funded agencies</li> <li>▪ Enter data in Care &amp; Treatment analysis database</li> <li>▪ Work with agencies to identify areas for improvement and infrequently utilized programs and assist in implementing quality improvement projects as necessary</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report demographic and utilization data to State for each funded services on a quarterly basis</li> <li>▪ Review data internally to identify service gaps or areas for improvement</li> <li>▪ Develop quality improvement projects based on data, as necessary</li> <li>▪ Work with State to develop programs to address identified service gaps</li> </ul>	
Annual Utilization/Quality Data (Ryan White Data Report- RDR)	<ul style="list-style-type: none"> <li>▪ Review end-of-year agency reports</li> <li>▪ Communicate questions or errors to agencies for revision</li> <li>▪ Approve final report prior to uploading to HRSA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report end-of-year data to HRSA, via the State</li> <li>▪ Make corrections, as identified by Ryan White Coordinator</li> </ul>	

Table 1, continued

Quality Activities	State AIDS/HIV Program	Funded Agencies	SAPG QM Committee
Agency Quality Management Programs	<ul style="list-style-type: none"> <li>▪ Review agency Quality Management program annually</li> <li>▪ Review agency Quality Management plans annually</li> <li>▪ Review quality improvement initiatives and results</li> <li>▪ Provide technical assistance related to quality, as needed</li> <li>▪ Carry out activities as described in the state Ryan White Part B/LCS Quality Management Plan; post plan on AIDS/HIV Program website</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funded agencies are contractually obligated to develop and implement a quality assurance program</li> <li>▪ Conduct internal quality assurance and quality improvement activities</li> <li>▪ Adhere to state Ryan White Part B/LCS Quality Management Plan</li> </ul>	
Case Management Audit	<ul style="list-style-type: none"> <li>▪ Perform annual audit of client charts to ensure standards of care are being met</li> <li>▪ Perform chart audits as needed for quality improvement purposes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Practices should adhere to current case management practice standards</li> <li>▪ Client charts and associated paperwork should reflect services provided</li> </ul>	
Case Management Certification	<ul style="list-style-type: none"> <li>▪ Conduct trainings related to case management certification</li> <li>▪ Develop case manager trainings based on identified needs or service gaps</li> <li>▪ Monitor case manager training attendance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that case managers obtain the training necessary to maintain the certification ( note that the case management certification is optional)</li> <li>▪ Work with case managers to develop weaker skill areas</li> </ul>	
Utilize Client Input to Improve Services	<ul style="list-style-type: none"> <li>▪ Modify agency contracts to require and recommend means of obtaining client input</li> <li>▪ Provide guidance and resources for effectively obtaining and utilizing client input</li> <li>▪ Assure mechanisms in place to obtain representative &amp; accurate reflection of client input on services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Contractually obligated to obtain client input</li> <li>▪ Client input should be used to improve services</li> <li>▪ Clients should be educated on expectations for agency uses of client input and realistic timeframes for improvement</li> <li>▪ Client input, and results of input, should be displayed or fed back to service consumers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participate in the development of guidance for agencies regarding client input</li> <li>▪ Review aggregate summations of agency's efforts and results related to client input</li> </ul>
Technical Assistance	<ul style="list-style-type: none"> <li>▪ Provide technical assistance to agencies related to quality management programs, written quality management plans, developing and monitoring performance measures and developing quality improvement projects</li> <li>▪ Facilitate technical assistance directly from HRSA, if necessary</li> </ul>	Request technical assistance, as needed	

**Table 2: Quality Assurance Activities for Ryan White Funded Programs Administered by the AIDS/HIV Program**

Quality Activities	State AIDS/HIV Program	Funded Agencies	SAPG QM Committee
<b>Programs Administered by the AIDS/HIV Program</b>			
Insurance Program	<ul style="list-style-type: none"> <li>▪ Monitor the process and cost utilization of the insurance premium subsidy program</li> <li>▪ Provide biennial budget projections for the program</li> </ul>		
ADAP Program	<ul style="list-style-type: none"> <li>▪ Monitor the process and cost utilization of the AIDS Drug Assistance Program</li> <li>▪ Provide biennial budget projections for the program</li> <li>▪ Implement cost-saving measures (e.g. HIRSP Pilot Program)</li> <li>▪ Implement HRSA ADAP Performance Measures, once available</li> </ul>		
Laboratory Reimbursement Program	Monitor the process and cost utilization of the Laboratory Reimbursement Program		
Evaluation of QM Plan	<ul style="list-style-type: none"> <li>▪ Obtain stakeholder input throughout the year on revisions to the quality management program and plan</li> <li>▪ Develop a draft revision for stakeholder input by January 1 of each year</li> <li>▪ Finalize revised plan by April 1 of each year</li> <li>▪ Communicate revised plan to stakeholders</li> </ul>	Provide ongoing input on revising the QM plan	<ul style="list-style-type: none"> <li>▪ Provide ongoing input on revising the QM plan</li> <li>▪ Review and approve the draft revision of the QM plan</li> </ul>
<b>Monitoring Health Outcomes</b>			
Perinatal Transmission Rates	Monitor trends in perinatal transmission rates annually		
HIV-related Hospitalizations/ER	Monitor trends in HIV-related hospitalizations and emergency department visits annually		
Mortality Rate	Monitor trends in HIV-related deaths		
Annual Quality Report	Provide feedback to agencies on results of quality activities	Review report	Review report, aid in dissemination

## **2008 Quality Priorities**

1. Develop the Wisconsin AIDS/HIV Program Ryan White Part B and LCS Quality Management Plan  
*Implementation Timeline:* draft plan to be finalized by October 2008
2. Develop and implement uniform performance measures for selected service areas  
*Implementation Timeline:* progress against new performance measures for primary care medical services/medical case management, oral health services and psychosocial case management to be reported starting in October 2008
3. Develop guidance on maximizing client input.  
*Implementation Timeline:* Contract language modification to be completed by 4/1/2009; guidance and resources on obtaining consumer input to be completed by January 1, 2009.

## **PERFORMANCE MEASUREMENT**

### **Uniform Performance Measures**

The following performance measures will be used to assess the quality of services provided by the Ryan White Part B and LCS sub-contracted agencies starting in 2008. All providers funded for these services will report data on these performance measures twice per year to the Wisconsin AIDS/HIV Program for review. The AIDS/HIV Program recognizes, however, that even when high quality services are provided, client outcomes may not always improve due to external circumstances beyond the provider's control. However, providing high quality services offers the best chance for improved client outcomes.

Detailed descriptions of each measure, including how to calculate each measure and benchmarks, can be found in Appendices D-F.

### Primary Medical Care & Medical Case Management

1. Percentage of clients who had two or more CD4 T-cell counts performed during the previous 12 months.
2. Percentage of clients with AIDS who are on HAART.
3. Percentage of clients who had two or more medical visits in an HIV care setting during the previous 12 months.
4. Percentage of clients with a CD4 T-cell count below 200 cells/mm<sup>3</sup> who were taking PCP prophylaxis.
5. Percentage of pregnant women with HIV who were prescribed antiretroviral therapy.

### Oral Health Care (DRAFT Measures)

1. Percentage of clients with an updated health history assessment.
2. Percentage of clients with an annual periodontal exam.

3. Percentage of clients with an annual intra-oral exam.
4. Percentage of clients with an annual extra-oral exam.

### Psychosocial Case Management

1. Percentage of active clients with a current assessment on file.
2. Percentage of active acuity level 1, 2 and 3 clients with a current service plan on file.
3. Percentage of new/re-admitted clients with service plan completed within 7 days of assessment.
4. Percentage of clients with a recent medical appointment in an HIV care setting.
5. Referral follow-up (Measure to be developed)

### **Agency-Developed Performance Measures**

For all other funded services (mental health, substance abuse and support services), agencies will develop their own performance measures and submit progress against the measures twice per year. The Quality Assurance Coordinator will work with agencies to ensure that agency-developed performance measures are acceptable quality indicators. Progress against performance measures is monitored and assessed by the AIDS/HIV Program's care and treatment staff.

In addition, the overall quality of care and treatment services for persons living with HIV will be assessed by monitoring the health outcomes described in Table 2.

### **Use of Performance Data**

Currently performance data are used to assess agency compliance with written standards and/or user expectations and to identify any areas for improvement. Progress against performance measures is reviewed by the Quality Assurance, Ryan White, and Life Care Services Coordinators. Questions or concerns regarding the submitted data are discussed with agencies during the annual site visit and/or via direct communication with the agency. In some cases, sub-standard compliance with performance measures may result in a corrective action plan and/or co-development of quality improvement activities.

In addition, performance data are used to support:

- Development of the Statewide Coordinated Statement of Need ,
- Development of the Wisconsin AIDS/HIV Program's Comprehensive Plan,
- Statewide Action Planning Group planning and decision-making activities,
- Contract monitoring activities,
- Agency-led quality monitoring and quality improvement initiatives,
- Client concerns regarding service quality, and
- Funding decisions

## **CAPACITY BUILDING**

Activities that build capacity to understand and conduct quality management, quality assurance, and quality improvement initiatives are available for AIDS/HIV Program staff as well as the Ryan White Part B and LCS grantees. Capacity building for Program staff include:

- Technical assistance via the HRSA Target Center and the National Quality Center
- Self-study QM tutorials through the National Quality Center's Quality Academy
- Data management technical assistance through John Snow, Inc.  
(<http://www.datachatt.jsi.com/>)
- Staff attendance at HRSA sponsored grantee meetings

Capacity building activities for grantees include:

- Written standards and policies (e.g. Psychosocial Case Management Standards, Client Advisory Board Guidance)
- CAREWare training and technical assistance
- Wisconsin HIV/AIDS Training System (<http://www.wihiv.wisc.edu/trainingsystem/>)
- Psychosocial Case Management Certification Program
- Site visits
- Local and HRSA All Parts Meeting
- Technical assistance
- Access to National Quality Center and similar on-line quality resources
- AIDS/HIV Program Notes

## **EVALUATION**

Evaluation of the current quality management program will consist of the following:

- Annual revision of the quality management plan and priorities,
- Ongoing review of performance measures, especially as HRSA's HIV/AIDS Bureau releases recommended performance measures, and
- Ongoing incorporation of agency and other stakeholder feedback (e.g. SAPG QM Committee, clients, other interested stakeholders)

## **QUALITY MANAGEMENT PLAN UPDATES**

Based upon ongoing communication with each of the key quality stakeholders mentioned in the Quality Infrastructure section, the Quality Assurance Coordinator will create a draft revision of the Quality Management plan, if necessary, by February 1 of each year. This draft will be circulated to AIDS/HIV Program staff, to the SAPG QM Committee, and to the Ryan White Part B and LCS funded agencies for input. The final revision will be completed by April 1<sup>st</sup> to correspond with the start of the new Ryan White and LCS grant years.

## **COMMUNICATION**

The updated quality management plan will be sent to sub-contracted agencies each year. Data gathered from quarterly reporting, performance measure reporting, and health outcomes monitoring may be aggregated and sent to agencies annually via an end-of-grant-year quality report. In addition, quality information will be reported in the AIDS/HIV Program Notes and to

the Statewide Action Planning Group, it will be mentioned in the grantee contracts, and posted on the AIDS/HIV Program Website (<http://dhs.wisconsin.gov/aids-hiv/index.htm>)

## **APPENDIX A: Description of Ryan White and Life Care Services Funding**

### **Ryan White Funding**

The federal Health Resources and Services Administration (HRSA) is the major source of federal funding, other than Medicaid, which supports HIV care and treatment services in Wisconsin. The HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program under the following Parts:

- Part A provides grants to Eligible Metropolitan Areas and Transitional Grants Areas that are most severely affected by the HIV/AIDS epidemic. To be an eligible EMA, an area must have reported at least 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. In order to be eligible for a TGA, an area must have reported at least 1,000 - 1,999 new AIDS cases in the most recent five years. Part A funds may be used to provide a continuum of care for persons living with HIV disease with a requirement to provide 75 percent of the award for core medical services and 25 percent for support services. (Wisconsin is not eligible for Part A funding).
- Part B provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific Territories or Associated Jurisdictions. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) award, ADAP Supplemental grants and grants to States for Emerging Communities—those reporting between 500 and 999 cumulative reported AIDS cases over the most recent 5 years. All funding is distributed via formula and other criteria. Part B funds may be used to provide a continuum of care for persons living with HIV disease with a requirement to provide 75 percent of the award for core medical services and 25 percent for support services.
- Part C provides grants directly to organizations that provide comprehensive primary health care in an outpatient setting for people living with HIV disease. Part C also funds planning grants, which support organizations in more effectively delivering HIV/AIDS care and services and capacity development grants to enhance a grantees capacity to develop, strengthen, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities and communities of color.
- Part D provides family centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS. Grantees are expected to provide care, treatment, and support services or create a network of medical and social service providers, who collaborate to supply services. Funded services include family-centered primary and specialty medical care, support services and logistical support and coordination. In addition grantees are to educate clients about research and research opportunities and inform all clients about the benefits of participation, and how to enroll in research.
- Part F funds special demonstration projects, AIDS Education and Training Centers which support education and training of health care providers, dental programs, and Minority AIDS Initiative grants which provide funding to evaluate and address the disproportionate impact of HIV/AIDS on women and minorities.

**Life Care Services Funding**

The Mike Johnson Life Care Services and Early Intervention Services (LCS) grant funds programs for persons living with HIV disease. These programs are funded by the Division of Public Health with state general purpose revenue (GPR) dollars and have historically been allocated to state-designated AIDS Service Organizations (ASOs). The Division contracts with ASOs to provide these programs directly or through subcontracts with other community service providers in their respective regions. Currently, there are two ASOs in Wisconsin: AIDS Network which provides services for the southern region; and the AIDS Resource Center of Wisconsin (ARCW) which is responsible for service provision in the other four regions of the state. The funding guidelines for the LCS grant are similar to the Ryan White Part B guidance, without the requirement to provide 75 percent of the award for core medical services. Traditionally, the majority of the funds have been used for psychosocial case management and other support services.

APPENDIX B: AIDS/HIV Program Care and Treatment Staff Contact Information

**APPENDIX B: AIDS/HIV Care and Treatment Staff Contact Information**

<b>Title</b>	<b>Name</b>	<b>Contact Information</b>
ADAP Coordinator	Kathleen Rogers	608-267-6875 <a href="mailto:kathleen.rogers@wisconsin.gov">kathleen.rogers@wisconsin.gov</a>
Care and Treatment Supervisor	Michael McFadden	608-266-0682 <a href="mailto:michael.mcfadden@wisconsin.gov">michael.mcfadden@wisconsin.gov</a>
Director, AIDS/HIV Program	Dr. James Vergeront	608-266-9853 <a href="mailto:james.vergeront@wisconsin.gov">james.vergeront@wisconsin.gov</a>
Epidemiologist	Neil Hoxie	608-266-0998 <a href="mailto:neil.hoxie@wisconsin.gov">neil.hoxie@wisconsin.gov</a>
Insurance Program Coordinator	Vacant	(Contact Care and Surveillance Supervisor)
Life Care Services Coordinator	Leslie Anderson	608-261-8372 <a href="mailto:leslie.anderson@wisconsin.gov">leslie.anderson@wisconsin.gov</a>
Program Assistant	Terrie McCarthy	608-267-5287 <a href="mailto:terrie.mccarthy@wisconsin.gov">terrie.mccarthy@wisconsin.gov</a>
Quality Assurance Coordinator	Casey Schumann	608-266-3495 <a href="mailto:casey.schumann@wisconsin.gov">casey.schumann@wisconsin.gov</a>
Ryan White Coordinator	Mari Ruetten	608-261-6397 <a href="mailto:mari.ruetten@wisconsin.gov">mari.ruetten@wisconsin.gov</a>
Surveillance Coordinator	Wendy Schell	608-266-2664 <a href="mailto:wendy.schell@wisconsin.gov">wendy.schell@wisconsin.gov</a>

APPENDIX C: 2008 Ryan White and LCS Funded Agencies

**APPENDIX C: 2008 Ryan White Part B and LCS Funded Agencies**

Funding for each agency by Ryan White (RW) part and/or the Mike Johnson Early Intervention and Life Care Services (LCS) grant is indicated below.

<b>Agency</b>	<b>LCS</b>	<b>RW Part B</b>	<b>RW Part C</b>	<b>RW Part D</b>	<b>RW Part F</b>
AIDS Network	X	X			
AIDS Resource Center of WI (ARCW)	X	X	X		X
Comprehensive Health Education		X			
Healthcare for the Homeless		X			
Legal Aid Society		X			
Medical College of Wisconsin, Department of Infectious Disease		X			
Medical College of Wisconsin, Department of Pediatrics, Infectious Diseases Section, WI HIV Primary Care Support Network		X		X	
Milwaukee Health Services		X	X		
New Concept Self Development Center		X			
Sixteenth Street Community Health Center		X	X		
United Migrant Opportunity Services (UMOS)		X			
University of Wisconsin HIV Clinic		X	X		

## APPENDIX D: Primary Care and Nurse Case Management Performance Measures

### INDICATOR #1: CD4 T-CELL COUNT

**Performance Measure:** Percentage of clients who had two or more CD4 T-cell counts performed during the previous 12 months

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with 2 or more documented CD4 T-cell counts in previous 12 months}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients who had 2 or more CD4 T-cell counts documented during the previous 12 months

- At least one CD4 count should have a date during the first 6 months of the reporting period, and one CD4 count should have a date during the second 6 months of the reporting period, per HIVQUAL guidelines.

**Denominator:** Number of clients who had at least one medical visit with a provider who is certified to prescribe ARV therapy (e.g. MD, PA, NP) during the previous 12 months.

- May exclude clients newly enrolled in care during the last six months of the reporting period

**Proposed Benchmark:** 90%

**Reference:** HAV HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1 @ <http://hab.hrsa.gov/special/habmeasures.htm>

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers client visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers client visits dated April 1, 2008 – March 31, 2009

**INDICATOR #2: HAART THERAPY**

**Performance Measure:** Percentage of clients with AIDS who are on HAART

**Calculation of Performance Measure:**

$$\frac{\text{\# of AIDS clients who are on HAART}}{\text{\# of AIDS clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with AIDS who were newly prescribed, or are continuing, HAART during the previous 12 months

**Denominator:** Number of clients who have a diagnosis of AIDS and had at least one medical visit with a provider who is certified to prescribe ARV therapy (e.g. MD, PA, NP) during the previous 12 months.

- Diagnosis of AIDS is a history of a CD4 T-cell count below 200 cells/mm<sup>3</sup> or other AIDS-defining conditions
- May exclude clients newly enrolled in care during the last 3 months of the reporting period

**Proposed Benchmark:** 90%

**Reference:** HAV HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1 @ <http://hab.hrsa.gov/special/habmeasures.htm>

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers client visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers client visits dated April 1, 2008 – March 31, 2009

### INDICATOR #3: MEDICAL VISITS

**Performance Measure:** Percentage of clients who had two or more medical visits in an HIV care setting in the previous 12 months.

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with at least 2 visits during the previous 12 months}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with a medical visit with a provider who is certified to prescribe ARV therapy (e.g. MD, PA, NP) two or more times during the previous 12 months.

- At least one visit should have a date of service during the first 6 months of the reporting period, and one visit should have a date of service during the second 6 months of the reporting period, per HIVQUAL guidelines.

**Denominator:** Number of clients who had at least one medical visit with a provider who is certified to prescribe ARV therapy (e.g. MD, PA, NP) during the previous 12 months.

- May exclude clients newly enrolled in care during the last six months of the reporting period

**Proposed Benchmark:** TBD

**Reference:** HAV HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1 @ <http://hab.hrsa.gov/special/habmeasures.htm>

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers client visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers client visits dated April 1, 2008 – March 31, 2009

#### INDICATOR #4: PCP PROPHYLAXIS

**Performance Measure:** Percentage of clients with a CD4 T-cell count below 200 cells/mm<sup>3</sup> who were taking PCP prophylaxis

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients who were taking PCP Prophylaxis with CD4 T-cell count} < 200 \text{ cells/mm}^3}{\text{\# of clients with at least 1 visit in previous 12 months and a CD4 T-cell count} < 200 \text{ cells/mm}^3}$$

**Numerator:** Number of clients with CD4 T-cell counts below 200 cells/mm<sup>3</sup> who were prescribed, or are continuing, PCP prophylaxis during the previous 12 months

**Denominator:** Number of clients who had at least one medical visit with a provider who is certified to prescribe ARV therapy (e.g. MD, PA, NP) during the previous 12 months AND who had a CD4 T-cell count below 200 cells/mm<sup>3</sup>

- May exclude clients with CD4 T-cells counts below 200 cells/mm<sup>3</sup> repeated within 3 months rose above 200 cells/mm<sup>3</sup>
- May exclude clients newly enrolled in care during the last 3 months of the reporting period

**Proposed Benchmark:** 95%

**Reference:** HAV HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1 @ <http://hab.hrsa.gov/special/habmeasures.htm>

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers client visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers client visits dated April 1, 2008 – March 31, 2009

**INDICATOR #5: ARV THERAPY FOR PREGNANT WOMEN**

**Performance Measure:** Percentage of pregnant women with HIV who are prescribed antiretroviral therapy

**Calculation of Performance Measure:**

$$\frac{\text{\# of pregnant clients who were prescribed HAART during 2<sup>nd</sup> and 3<sup>rd</sup> trimester}}{\text{\# of pregnant clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of pregnant women who were prescribed (or continuing) antiretroviral therapy during the 2nd and 3rd trimester

**Denominator:** Number of pregnant women who had at least one medical visit with a provider with prescribing privileges (e.g. MD, PA, NP) during the previous 12 months

- May exclude clients who are in the 1<sup>st</sup> trimester and newly enrolled in care during the last 3 months of the measurement year
- May exclude clients whose pregnancy is terminated

**Proposed Benchmark:** TBD

**Reference:** HAV HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1 @ <http://hab.hrsa.gov/special/habmeasures.htm>

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers client visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers client visits dated April 1, 2008 – March 31, 2009

## APPENDIX E: Draft Oral Health Performance Measures

### INDICATOR #1: ANNUAL HEALTH HISTORY ASSESSMENT

**Performance Measure:** Percentage of clients with an updated health history assessment

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with an updated health history assessment}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with a documented health history assessment taken within the previous 12 months

- Health history assessment includes contact information for a primary care provider and whether the client is receiving care; current medications and changes in regimen; allergies (baseline); laboratory data including CBD, hepatitis B & C status (baseline) and CD4 and viral load results

**Denominator:** Number of clients with at least 1 oral health visit within the previous 12 months

**Proposed Benchmark:** TBD

**Practice Standard Reference:** From New York Part A Quality Performance Indicators for Oral Health (<http://www.hivguidelines.org/Content.aspx?pageID=45>)

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers health history assessments and visits dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers health history assessments and visits dated April 1, 2008 – March 31, 2009

**INDICATOR #2: ANNUAL PERIODONTAL EXAM**

**Performance Measure:** Percentage of clients with an annual periodontal exam

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with an annual periodontal exam}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with a documented periodontal exam with a date of service during the previous 12 months

- Periodontal exam requires documentation of any one of the following: examination of pocket depths, gingival inflammation, plaque index, fremitus, recession, bleeding assessment, or tooth mobility

**Denominator:** Number of clients with at least 1 oral health visit within the previous 12 months

**Proposed Benchmark:** TBD

**Practice Standard Reference:** From New York Part A Quality Performance Indicators for Oral Health (<http://www.hivguidelines.org/Content.aspx?pageID=45>)

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers exams dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers exams dated April 1, 2008 – March 31, 2009

**INDICATOR #3: ANNUAL INTRA-ORAL EXAM**

**Performance Measure:** Percentage of clients with an annual intra-oral exam

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with an annual intra-oral exam}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with a documented intra-oral exam with a date of service during the previous 12 months

- Intra-oral exam requires documentation of dental caries screening and soft tissue examination (soft tissue examination requires documentation of any one of the following: pathology of cheeks, tongue, palate, gingiva, mucosa, pharynx, frenum or floor of mouth)

**Denominator:** Number of clients with at least 1 oral health visit within the previous 12 months

**Proposed Benchmark:** TBD

**Practice Standard Reference:** From New York Part A Quality Performance Indicators for Oral Health (<http://www.hivguidelines.org/Content.aspx?pageID=45>)

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers exams dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers exams dated April 1, 2008 – March 31, 2009

**INDICATOR #4: ANNUAL EXTRA-ORAL EXAM**

**Performance Measure:** Percentage of clients with an annual extra-oral exam

**Calculation of Performance Measure:**

$$\frac{\text{\# of clients with an annual extra-oral exam}}{\text{\# of clients with at least 1 visit in previous 12 months}}$$

**Numerator:** Number of clients with a documented extra-oral exam with a date of service during the previous 12 months.

- Extra-oral exam requires documentation of any one of the following: examination of facial symmetry, lymph nodes, thyroid glands, or lips

**Denominator:** Number of clients with at least 1 oral health visit within the previous 12 months

**Proposed Benchmark:** TBD

**Practice Standard Reference:** From New York Part A Quality Performance Indicators for Oral Health (<http://www.hivguidelines.org/Content.aspx?pageID=45>)

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers exams dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers exams dated April 1, 2008 – March 31, 2009

## APPENDIX F: Psychosocial Case Management Performance Measures

### INDICATOR #1: CURRENT ASSESSMENT

**Performance Measure:** Percentage of active clients with a current assessment on file.

**Calculation of Performance Measure:**

$$\frac{\text{\# of active clients with a current assessment}}{\text{\# of active clients in the database}}$$

**Numerator Description:** Number of active clients with a current assessment of file

- “Current” is defined as having an assessment dated within the 12 months prior to the report.
- The date of the most recent assessment should be evaluated for **all** clients in the database regardless of whether they have been seen during the reporting period. This allows you to identify clients who are due for re-assessment or who are lost to care.

**Denominator Description:** Number of active clients in the database.

- Include all active clients in the database regardless of whether they have been seen during the reporting period.

**Benchmark:** 90%

#### **Practice Standard Reference: Standard 3.2.5 Reassessment**

The client is reassessed and reevaluated through a formal reassessment process. Reassessment is conducted on a regularly scheduled basis, either annually or when unanticipated events or changes take place in the client’s life (e.g., event-precipitated, recent hospitalization or loss of psychosocial support system). (2003 WI Psychosocial Case Management Practice Standards)

\*Note that this measure only captures whether a client was recently assessed and does not capture the duration of time between assessments. The span of time between assessments will be reviewed by the state during the annual chart review process.

#### **Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers assessments dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers assessments dated April 1, 2008 – March 31, 2009

**INDICATOR #2: CURRENT SERVICE PLAN**

**Performance Measure:** Percentage of active clients with a current service plan on file.

**Calculation of Performance Measure:**

$$\frac{\text{\# of active acuity 1-3 clients with a current service plan}}{\text{\# of active acuity 1-3 clients in the database}}$$

**Numerator Description:** Number of active acuity-level 1, 2 and 3 clients with a current service plan on file.

- “Current” is defined as having a service plan dated within the 12 months prior to the report.
- The date of the most recent service plan should be evaluated for **all** clients in the database regardless of whether they have been seen during the reporting period. This allows you to identify clients who are due for an updated service plan or who are lost to care.

**Denominator Description:** Number of active acuity level 1, 2 and 3 clients in the database.

- Include all active acuity level 1, 2 and 3 clients in the database regardless of whether they have been seen during the reporting period.

**Benchmark:** 90%

**Practice Standard Reference: Standard 3.2.5 Reassessment**

Clients are reevaluated or readmitted through a formal reassessment process that determines the client’s case management status and the need for revisions in the service plan. (2003 WI Psychosocial Case Management Practice Standards)

\* Note that this measure only captures whether a client has a recently developed service plan and does not capture the duration of time between service plans. The span of time between service plans will be reviewed by the state during the annual chart review process.

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers service plans dated October 1, 2007 – September 31, 2008
- April 15<sup>th</sup> 2009 report covers service plans dated April 1, 2008 – March 31, 2009

**INDICATOR #3: TIMELY SERVICE PLAN DEVELOPMENT**

**Performance Measure:** Percentage of new/re-admitted clients with a service plan completed within 7 days of assessment.

**Calculation of Performance Measure:**

$$\frac{\text{\# of new/re-admitted clients seen during the reporting period with a timely service plan}}{\text{\# of new and re-admitted clients seen during the reporting period}}$$

**Numerator Description:** Number of new/re-admitted clients **served** during the reporting period with a service plan completed within 7 days of the initial assessment.

- Both new and re-admitted clients should be assessed.

**Denominator Description:** All new clients seen during the reporting period.

- Both new and re-admitted clients should be assessed.

**Benchmark:** 90%

**Practice Standard Reference: Standard 3.2.3 Service Plan Development**

Within 7 working days following assessment, a client service plan is established by the designated case manager and recorded in the client record. (2003 WI Psychosocial Case Management Practice Standards)

**Reporting Timeframe:**

- October 15<sup>th</sup> 2008 report covers new service plans dated April 1, 2008 – September 31, 2008 (1<sup>st</sup> 6 months of Ryan White Part B grant year)
- April 15<sup>th</sup> 2009 report covers new service plans dated April 1, 2008 – March 31, 2009 (Entire Ryan White Part B grant year)

**INDICATOR #4: ENGAGING CLIENTS IN MEDICAL CARE**

**Performance Measure:** Percentage of clients with a recent medical appointment in an HIV care setting

\*\*This measure will **not** be reported as part of your workplan because it is already included in the psychosocial case management attachment that is part of your quarterly report.

**The medical standard is that clients have at least 2 visits per year with their primary HIV provider, and therefore most clients in your quarterly report should be listed in row 1 of the table below.**

<b>5. Last Medical Care Visit</b>	<b>Male</b>	<b>Female</b>	<b>Transgender</b>	<b>Unknown/ Unreported</b>	<b>Total</b>
In last 6 months					
6 months - 1 year					
No visit in the last 12 months					
Unknown/ Unreported					

**Benchmark:** 85%

**Reporting Timeframe:**

**Quarterly Report Schedule:**

- **October 15<sup>th</sup> 2008 report covers July 1, 2008 – September 31, 2008**
- **January 15<sup>th</sup> 2009 report covers October 1, 2008 – December 31, 2008**
- **April 15<sup>th</sup> 2009 report covers January 1, 2009 – March 31, 2009**
- **July 15<sup>th</sup> 2009 report covers April 1, 2009 – June 31, 2009**

**INDICATOR #5: REFERRAL FOLLOW-UP**

To be added once the measure has been fully developed. In the meantime, referral follow-up practices and documentation should be changed as necessary to ensure that **reporting** can occur starting with the **April 15, 2009** report.