



Alabama Department of Public Health

Ryan White HIV/AIDS Program Part B

STATE QUALITY MANAGEMENT PLAN

CLINICAL QUALITY MANAGEMENT PROGRAM

April 1, 2022 – March 31, 2027

Alabama's Ryan White HIV/AIDS Program Part B Clinical Quality Management Plan is a living document and will be updated and developed minimally annually. Revised September 29, 2022.

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INTRODUCTION

The [Health Resources & Services Administration](#) (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) provides grant awards to assist State and Territories in developing access to continuous high quality comprehensive HIV Care and Treatment aimed to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV disease. To accomplish this, HRSA requires [RWHAP Parts A-D](#) to establish Clinical Quality Management (CQM) programs. The CQM programs are legislatively required to fulfill the [Title XXVI of the Public Health Service Act](#):

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent [Public Health Service \(PHS\) guidelines](#), otherwise known as the Health and Human Service (HHS) guidelines; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Additionally, HRSA develops policies to guide the implementation of the legislation and clarifies the legislative requirements. [HRSA Policy Clarification Notice \(PCN\) #15-02 updated 11/04/2020](#), a document intended to provide clarity regarding existing requirements under the law or agency policies, expounds and clarifies the goals and expectation of a CQM program. The PCN 15-02 states the CQM program's necessary components:

- **Infrastructure** necessitating support by identified leadership; accountability for CQM activities; and dedicated resources.
- **Performance Measurement (PM)** requiring the use of data and measurable outcomes to determine the level of progress of health outcomes.
- **Quality Improvement** activities aimed at identified specific changes or improvements to positively impact patient health outcomes.

HRSA additionally requires that each [RWHAP Parts A-D](#) grant recipient know and incorporate their agency's CQM or healthcare quality standards and policies into the RWHAP Part's program. Thus, the Alabama Department of Public Health (ADPH) Performance Management / Quality Improvement Plan as authored by ADPH Bureau of Prevention, Promotion, & Support Office of Performance Management for the time span of 2022-2025 is part of this State's CQM plan.

ADPH requires each bureau to implement and achieve the plan's strategic priorities. ADPH plan requires the employment of a Results Based Accountability (RBA) for PM. The Plan's focus is to ensure the ADPH program is "doing the right things" and "things are being done the right way." The ADPH quality improvement performance-based results for each division including The Office of HIV Prevention and Care (OHPC) are to ensure that activities conducted or contracted on behalf of the ADPH impact the target population by providing meaningful services with performance accountability to include customer service data so that the collective customers' opinions can influence decision making. ADPH requires each Division to grow and enhance performance management (PM) and quality improvement (QI) and employ QI data-driven decision making and organizational adaptability.

ADPH OHPC and its contractor, the United Way of Central Alabama (UWCA), aims to meet the PCN #15-02 and ADPH Performance Management / Quality Improvement Plan requirements as detailed in this plan by defining the infrastructure, operations, annual goals, and quality improvement process. This CQM plan is a “living” document and will be updated and developed periodically, at minimally annually, for the changes essential to implement the Ryan White Part B CQM program. The CQM Plan is effective April 1, 2022, thru March 31, 2027, reviewed and updated at minimally annually with updates noted in the page footer indicating the latest revision. For questions, inquires or other needs regarding this plan, please contact the State CQM Program Managers or CQM Coordinators:

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QUALITY STATEMENT

The Alabama Department of Public Health (ADPH), Office of HIV Prevention and Care (OHPC), RWHAP Part B Direct Care Services Division and United Way of Central Alabama (UWCA) in collaboration with the State Clinical Quality Management Committee (CQMC), are committed to ensuring high quality care by improving patient care, health outcomes, and patient satisfaction for people with HIV (PWH).

VISION STATEMENT

The vision is to ensure a state with reduced HIV transmission and the elimination of health care disparities, promotion of consumer health advocacy including the self-empowerment to know, manage, and live one's best life possible. Alabama's RWHAP Part B strives to provide a seamless system of access to comprehensive care and support services for all eligible PWH in Alabama.

MISSION STATEMENT

Alabama's RWHAP Part B CQM Program mission is to ensure all eligible PWH in Alabama have access to high quality care and supportive services by:

- Ensuring Ryan White services are guided in accordance with U. S. Public Health Services, U. S. Department of Health and Human Services treatment guidelines and professional, state, and local standards of care and best practices.
- Continuing collaboration and coordination with sub-recipient's contracting HIV care and services providers, stakeholders, and consumers to enhance patients' access to high quality care and ensure consumer's satisfaction.

CLINICAL QUALITY MANAGEMENT INFRASTRUCTURE

CQM infrastructure is defined as the basic physical and organizational structures needed or required to implement a clinical quality management program goal to enhance RWHAPB services with quality and patient satisfied care. The State CQM infrastructure consist of dedicated key personnel, a functioning clinical quality management committee, and an operative CQM plan. Each has dedicated staff, PWH involvement, and resources that include identified leadership, defined roles and responsibilities, capacity building, and a define process for communication. Lastly, infrastructure includes program evaluation to review, examine or assess the infrastructure in place at minimum yearly. Then review the evaluative results and implement State CQM program improvements.

CQM PLAN MEASUREMENT YEAR

The measurement year is the time defined by the calendar year (January - December, for CQM performance measurement and committee meetings and from grant year April 1 to March 31 for Applicability. The current year is the first of the five-year project period and will provide funding for the measurement year on an annual basis beginning April 1, 2022, thru March 31, 2027.

CQM PLAN IMPLEMENTATION

Implementation of the CQM Plan will be carried out by developing a workplan. The CQM Workplan will be developed, reviewed, and revised quarterly at minimal by the Quality Advisory Team and Clinical Quality Management Committee (CQMC). The CQM Workplan will consist of goals, objectives, key activities, timelines, strategies, person(s)/area(s) responsible, and outcomes/impact. The progression towards the goals, objectives

and activities will be reported to the Quality Advisory Team prior to and CQMC during the CQMC committee meeting.

KEY PERSONNEL

The State of Alabama through ADPH is the RWHAP Part B Grant Recipient. ADPH administers the grant through the Bureau of the Office of HIV Prevention and Care (OHPC) in the Division of Direct Care Management Services (DCMS). The OHPC and DCMS is located within the ADPH. Below is the listing of ADPH staffing positions roles and responsibilities to CQM program.

- CQM Program Manager oversees the development, implementation, and evaluation of the State CQM Plan including updates at least annually and workplan including updates at least semi-annually. Coordinates and manages the day-to-day CQM program operations; Operates as the State CQM Committee Chair by coordinating CQM committee meetings; facilitates performance measurement by the Clinical Quality Management Committee; and responsible for overseeing completion and submission of required reports related to CQM.
- CQM Social Service Coordinator develops and manages the CQM workplan, applicability to subrecipients, and report State CQM activities and facilitates subrecipient activity reporting during the CQM Committee meetings; and assist in the day-to-day CQM program operations.
- CQM Data Coordinator II coordinates and implements the measurement of performance measures and quality improvement project data; performs health-related data analysis utilizing statistical and other data management software for the analysis of performance measures and quality improvement project data; submits data to the CQM Manager for review; reviews and reports RWHAP Part B CQM subrecipients performance measure submission/reporting completeness; and submits monthly. Data Coordinator oversee the data from quality improvement projects and assist with presenting results at State CQM quarterly meetings.
- CQM Administrative Assistant II coordinates all CQM meetings such as the Committee, stakeholder, subject matter experts, organizational, and planning meetings. ASA II organize, records, and maintains the CQM Committee membership, meeting attendance, CQM activities; organize or conduct meeting logistics, develops written minutes with listing of attendees, aims of the meetings, issues, and resolutions; and create and send notification materials, meeting dates, and reminders to CQM participants and subject matter experts.
- Alabama's RWHAP Part B contracts with one Lead Agency UWCA to oversee the administration of service delivery of Part B core medical and support services and CQM programs for contracted HIV care and services providers. UWCA performs fiscal and programmatic monitoring of the HIV care and services contracted providers and reports to ADPH findings and corrective action plans and progress. UWCA CQM key personnel are:
 - CQM & Claims Manager is responsible for providing ADPH with a UWCA CQM plan and workplan then overseeing UWCA CQM program activities and ADPH required elements are communicated and reported to the subrecipients' in a timely manner.
 - CQM Coordinator is responsible for the completion and submission of RWPB subrecipients required reports related to CQM; coordinates or conducts CQM, QI, and other HIV-related training or makes available to the subrecipients. Develops and implement technical assistance to RWHAP Part B sub-recipient. Implements and oversees UWCA CQM Program monitoring reports and contracts for the submission and review of CQM plans and CQM activities.

Coordinates the collection and insures submission of client-level clinical performance indicators to the ADPH CQM data coordinator.

- Data Coordinator ensures the subrecipient's data collection systems and data submission meets ADPH regulatory compliance requirements including the HIPAA and HIV Surveillance policies for data collection systems and each subrecipient data collected meets the ADPH requirements and request.
- Data Specialist ensures the subrecipient's has a data collection system in place, the system meets ADPH regulatory complaisance requirements. Reviews data submitted and/or data collected for completeness submits ADPH with the process and performs reliability and validity of the data.
- RW Education Coordinator makes available technical assistance, training materials, and other HIV-related training for CQM RWPB sub-recipients.
- Minority AIDS Initiative (MAI) Linkage Specialists participate in CQM activities to provide consumer involvement feedback and assist in the recruitment of consumer involvement.

A Quality Advisory Team comprising of the ADPH and UWCA Key Personnel facilitates advancing the culture of quality in ADPH OHPC. The Quality Advisory Team is comprised of ADPH and UWCA leadership who will be trained in the QI process, the quality management plan, and overall QI efforts of the CQM Program. This leadership team members include:

- ADPH DC STI Director or Representative
- ADPH HIV Surveillance Director or Representative
- CQM Program Managers
- CQM Coordinators
- ADAP Manager
- Part B Support Services Manager
- MAI Linkage Specialist
- UWCA RWHAPB Data Coordinators
- CQM Committee Co-Leads

The Quality Advisory Team responsibilities after training includes meeting before the CQM Committee evaluative meeting with the objectives to review and provide guidance on:

- CQM staff assessment and minutes of the year's CQM Committee's meeting,
- CQM year's summary data before submission to the CQM Committee,
- Workplan activities summary before presentation to the Committee,
- Review the progression toward meeting CQM Plan annual objectives.

Additionally, the CQM Advisory Team will participate in the following activities:

- Evaluate the implementation and updated CQM Workplan.
- Determine the need for CQM subcommittees or workgroups and offer guidance on the established committee workgroup's goals and work plan targets.
- Actively participate in CQM Committee meetings, conference calls, and other activities as needed.
- Provide final approval on performance measures and identified indicators to assess and improve health outcomes.
- Review aggregated and de-identified subrecipients' CQM monitoring progress report and review recommendations for RWPB subrecipients to:

- Have the capacity to contribute to the ADPH's CQM program
 - Have the resources to conduct CQM activities in their organizations, and
 - Can implement a CQM program in their organizations.
- Sharing of CQM quality initiative findings and performance measure outcomes with RWHAP Part B sub-recipients, other RWHAP funding Parts, ADPH & UWCA leadership, and others identified individuals such as:
 - Participate in at least one of the Alabama Partners in Care (APiC) meetings during the grant year or
 - Participate in the HIV Prevention and Care Collaboration Forum.
- Conduct/review CQM annual evaluation and CQMC recommended improvements.
- Make recommendations to the OHPC and other ADPH Programs for appropriate education-related topics concerning CQM.
- Participate in the CQM annual quality improvement team and capacity building activity to strengthen quality concepts and activities within RWHAPB as a conceptual framework and developing a quality focused work culture.

CLINICAL QUALITY MANAGEMENT COMMITTEE

The purpose of the Clinical Quality Management Committee (CQMC) is to:

1. Select performance measures based on the services utilized
2. Provide critical input to the ADPH HIV CQM Program by
 - Assessing quality data
 - Recommending quality improvement activities or projects
3. Provide objective review, prioritization, and evaluation of HIV and other key quality indicators of Alabama's RWHAP CQM Plan.
4. Provide guidance on the continuous quality improvement that develops and maintains uniformity of HIV care and support services throughout Alabama.
5. To guide the ongoing development and implementation of the ADPH and UWCA sub-recipient's HIV CQM Program.
6. Build and increase collaboration and coordination with UWCA sub-recipients, stakeholders, and consumers to enhance patient's access to care and ensure patient's satisfaction

COMMITTEE MEMBERSHIP

Committee members are self-appointed with at least one representative from each RWPB contracting agencies and the individual selected is named in the agency's RWPB contract. Additional individuals may be named to the Committee during the measurement year by submitting the names to UWCA.

Committee members expectations are:

- Participate in at least one meeting annually,
- Self-select or nominate and endorse Co-Leads,
- Co-Leads participate in 2 out of 3 CQM meetings,
- Co-Leads participate in pre-CQM Committee readiness meetings,
- Assist with designing and implementing activities aimed to achieve the goals and objectives of the CQM plan,
- Monitor progress towards achieving the goals and objectives of the CQM plan,
- Participate in CQM Committee activities to:
 - Select ADPH RW performance measures portfolio,

- Discuss quality data presented by the CQM Program and recommend quality improvement activities as needed,
- Advise and give feedback on quality-related activities, and
- Evaluate and assesses the CQM Program annually.

COMPOSITION

CQMC membership is reviewed annually, with changes made accordingly, and includes the following members:

- Direct Care Management Services Division/RWHAP Part B Program Director
- ADPH Data Management Division Director
- CQM Program Manager
- CQM Coordinators
- ADAP Manager
- Part B Support Services Manager
- HIV Prevention and Care Integration Coordinator
- RWHAP Part B Lead Agency (UWCA) CQM & Data Staff
- HIV Surveillance Branch Director
- HIV Data Analytics & Integration Branch Director
- All UWCA's contracted RWHAP Part B Providers CQM Representatives¹
- Minority AIDS Initiative (MAI) Linkage Specialists
- Alabama Quality Management Group (AQMG) Representatives
- Consumer(s)

CQMC have leadership roles that will be selected by the CQMC members who are among UWCA's contracted RWHAP Part B Providers CQM Representatives. Co-Leads will work with the ADPH and UWCA staff as “thought” leaders in developing the ADPH CQM implementation in the areas of performance measurement; service standards adherence to the HHS HIV guidelines and/or HIV services best practices; the selection and monitoring of quality improvement initiatives; and increasing consumer involvement in CQM planning and implementation of CQM activities. Co-Leads will provide input and help guide decisions made by UWCA & ADPH CQM.

Co-Leads expectations are:

- Must be a current staff at a Ryan White HIV/AIDS Part B program
- Must attend at least ¾ of the State Committee Meetings
- Participate in pre-statewide ADPH CQM Committee meeting(s)

In addition to these expectations, each Co-Lead has different responsibilities and qualifications that are specific to the area of CQM activity. For full description and list of qualifications and responsibilities of Co-Leads, please review the report:: [Ryan White HIV/AIDS Program Part B Clinical Quality Management Committee Co-leads](#)

COMMUNICATION

The CQMC will meet at least once quarterly for the full committee's meeting to, at minimally, review and discuss:

- Performance measurement
- Next quarter's CQM Plan's goals to be addressed
- CQM activities addressed during the previous quarter,

^{1 1} All UWCA RW providers contractually name an individual to the committee each FY.

- Quality improvement activities
- Changes in the staff of [Key Personnel](#)
- RWPB subrecipient's quality improvement initiatives

All quarterly meetings and any additional meeting will have advance notification of the meeting with date and time and mode of communications (i.e., in-person, a web-based communication platform, conference call, etc.) with instructions on how to access the meeting and any additional instructions such as parking, access codes, etc. Additional meeting(s) may be called for committee meeting preparation purposes or to further discuss meeting agenda items that need more in-depth or longer discussion or review. These meetings or discussions may be held by conference calls, e-mail communication, or in person as appropriate to the item.

Communication during meetings may consist of visual and oral presentations of:

- Quarterly reports of performance measure data and analysis, and other data that assist with assessing the QI priorities and progress.
- State Quality staff will share CQM/QI findings and reports
- The Alabama Quality Management Group (AQMG), HIV Surveillance, HIV Prevention and Care Integration Coordinator will be asked to report to the CQMC as needed
- Consumer and Linkage Specialist report
- Best Practices
- Evaluation conducted annually

RESPONSIBILITIES

- The ADPH CQM Program Manager will serve as the main contact and team leader/Chair of the CQMC.
- The CQMC is responsible for guiding the overall CQM Plan including determining priorities, setting goals, creating, and approving work plans, determining reporting, and evaluating the program and plan.
- The CQMC is responsible for evaluating the overall CQM Plan priorities, goals, work plans, data reports, and the quarterly operations and approve necessary changes of the CQM program and plan.

CAPACITY BUILDING

Building capacity in CQM involves a deep understanding of and commitment to improvement to undertake ongoing, continuous QI work beyond any project to contribution to overall improvements in the delivery of quality RWHAP Part B services. This includes expanding the capabilities of performance measurement with integrated systems to readily identify improvement areas in Alabama's RWHAP Part B activities. Identifying, training, and provision for technical assistance on clinical quality management is necessary to meet HRSA HAB expectation of a [robust effective CQM Program](#) which allows CQM to include training and capacity building to recipients and subrecipients on CQM; membership dues for CQM-related professional organizations; quality-related certification, recertification, and continuing education. To address the needs for CQM capacity, CQM Plan annual goals will address the CQM capacity building of ADPH, UWCA, and AL RWHAP Part B Service providers.

RESOURCES

Alabama's CQM Program is supported by:

- The HRSA RWHAP Part B grant
- The Southeast AIDS Education and Training Center (AETC)
- HIV Surveillance Branch

- Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Quality Management Technical Assistance Manual and other quality improvement and outcome related documents.
- Alabama RWHAP Part B providers
- Other ADPH personnel as needed
- Alabama's RWHAP Part B Lead Agency (UWCA)
- The Center for Quality Improvement and Innovation (CQII) aka Target Center for technical assistance, training, and QI resources

Collaborations

ADPH and UWCA CQM staff will participate in the following meetings to facilitate communication of the plan activities and report on performance measures and QI:

- The AQMG quarterly meetings
- The Alabama HIV Prevention and Care Group (HPCG) meetings once per quarter
- The Alabama Partners in Care (APiC) Meetings at least twice a year
- The ADPH/UWCA case management staffing and ADAP Case Managers meeting twice yearly
 - To report the assessed performance measures that determined the extent to which HIV health services provided to RWPB consumers were consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) and/or ADPH selected other health standards' guidance, regulations, or recommendations for the treatment of HIV disease and related opportunistic infections and
 - Report on the development, implementation and outcomes of strategies for ensuring that such services are consistent with the ADPH selected other health standards' guidance, regulations, or recommendations for improvement in the access to and/or the quality of HIV services.

PERFORMANCE MEASUREMENT SYSTEM

[PCN 15-02](#) defines performance measurement as the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. ADPH CQM measurement system consists of several data collection systems. Each system has a defined reporting mechanism designed to collect a specified data type from the data collectors also called the UWCA subrecipients. This data collected by UWCA or ADPH is used to appropriately assess outcomes of the measures the CQMC has selected.

The RWHAP Part B CQM acknowledges the importance of HAB core performance measures as key indicators of progress towards national strategy goals. The CQMC and the Clinical Quality Advisory Team will annually approve core performance measure goals and collaborate on the steps to measure and accomplish the following goals:

1. Data will be collected in a systematic method which may include the use of database that have secure access based on roles and work-related responsibilities.
2. Collected data will be analyzed by use of computerized analysis systems such as CAREWare and/or SAS maintained in HIPAA guided secure environments with data managers to maintain security and control access.
3. Data analysis reports will be presented by the CQM Data Coordinator, CQM Program Manager, or Data Management Division Representative, each quarter with deidentified data.
 1. The generated outcome reports data will be used to identify gaps in care and service delivery for the CQMC and Quality Advisory Team

2. The CQMC will determine quality projects and provide guidance on the process.
3. The details for state level QI activities will be described in the CQM work plan.
4. The CQMC will present project data to all RWHAP Part B funded providers, the Alabama Regional Quality Group, Linkage Specialists, the Alabama Consumer Advisory Board (ACAB), ADPH OHPC staff, and the Alabama's RWHAP Part B Lead Agency (UWCA), as well as during the APiC biannual meetings.
5. Evaluation of QI projects will be ongoing, and the work plan will be updated at least semi-annually.

DATA COLLECTION & REPORTING MECHANISMS

The ADPH OHPC, Communicable Diseases Sexually Transmitted Disease Division, UWCA, and UWCA sub-recipients conduct data collection for the RWHAP Part B program. The data system, data type, and data collectors for each system is listed in the Performance Measurement Report.

CQM access the data systems and download the data into a database system. After data is prepped and controls are in place for deduplication, ADPH then conduct the RWHAPB services utilized during the specified time frame. The services utilized are inputted into a Microsoft Excel sheet called the Service Utilization Report. The service utilized report has a formula that generates the number performance measures per each service category based on utilization as defined in the PCN 15-02. The services utilization report indicates services that must have at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service; at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and fewer than 50% of the eligible clients receive at least one unit of service; and those service that do not need a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where fewer than or equal to 15% of the RWHAP eligible clients receive at least one unit of service. The process for determining the service utilization is under review by a technical assistant provider for a standardization process employing the aid of a technical assistance provider.

The service utilization report will be presented to the CQMC for review. The CQMC will select the performance measures portfolio by deciding what the measure will be for each funded service category along with how many per each service category based on the indicated number of measures (see table below for services).

HRSA Service Category	HRSA Service ID	ServicePoint Category	ServicePoint Service ID	Unduplicat-ed Client Count Across All Service Categories	Unduplicated Utilization Count for service category	% of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service Category	# of Measures
EIS	11						
Home and Community-Based Health Services	14						
Home Health Care	13						
Hospice	15						
Medical Nutrition Therapy	17						
Mental Health Services	16	Mental Health Assessment and Treatment	C-13				
Oral Health Care	10	Dental Care	C-04				
Substance Abuse Outpatient Care	19	Mental Health and Substance Use Disorder Services	C-13				
Child Care Services	21						
Emergency Financial Assistance	23	Utility Assistance	S-17				
Health Education/Risk Reduction	25	Health Education	S-19				
Housing	26	Housing / Shelter	S-20				
Linguistic Services	28	Interpretation/ Translation	S-22				
Outreach Services	30						

Psychosocial Support	32	Psychosocial Evaluation	S-26				
Referral for Health Care and Support Services	33	Health Care Referrals	S-27				
Rehabilitation Services	34						
Respite Care	35						
Substance Abuse Services Residential	36						
Other Professional Services	42	Professionals	S-21				
ADAP (includes ADAP and AIAP)	N/A	N/A					
Health Insurance Premium and Cost Sharing Assistance (unduplicated of next three rows)	N/A						
Non-medical Case Management	20	Case / Care Management	S-14				
AIDS Pharmaceutical Assistance (APA) (Not allowable code to EFA)	9						
Medical Case Management	18	Medical Social Work	C-12				
Outpatient/Ambulatory Health Services	8	Outpatient Health Facilities	C-01				
Food Bank/Home Delivered Meals	24	Food Pantries	S-18				
Medical Transportation	29	Non-Emergency Medical Transportation	S-23				

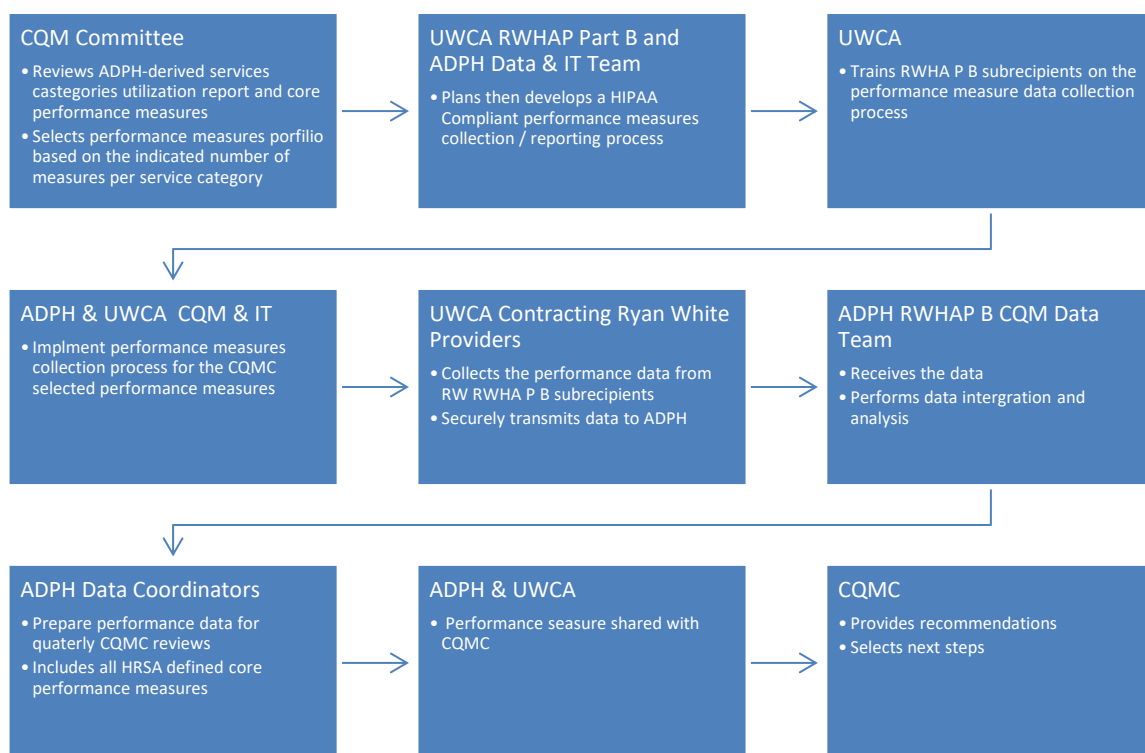
PERFORMANCE MEASURES

The State Quality Management CQM performance measurement (the collection, analysis, and reporting data regarding patient care and satisfaction and health outcomes) plans to be in accordance with HRSA/HAB Clinical Quality Management [PCN #15-02 updated 09/01/2020](#). These collected performance measures will be used to assess quality of care, health disparities, patient satisfaction, and the effectiveness of quality improvement activities. State CQM Committee will identify no more than two performance measures for each RWPB funded service. Below is the table for the number of performance measures based on the percentage of services utilized.

Percent of RWHAP Eligible Clients Receiving At Least One Unit or Episode of Service for A ADPH RWPB Funded Service Category	Minimum Number of Performance Measures
>=50%	2
>15% to <=15%	1
<15%	0

State Quality Management CQM Committee must select the measure for each funded service category with > 14 of utilization. The Committee may select HRSA HIV/AIDS Bureau measures, a portfolio of measures that focuses on critical areas of HIV care and treatment and aligns with milestones along the HIV care continuum, NHAS indicators, other sources recommended or voted on by the State CQM Quality Committee that may include patient satisfaction.

After the CQMC receives the service utilization report and view the number of measures needed for each funded service category, the CQMC selects the performance measures and recommends the frequency of reporting to the CQMC with data reported at minimum quarterly. ADPH and UWCA data and information technology teams will determine the process for performance measure reporting. The CQMC reviews data and makes recommendations. The below chart summarizes the performance measurement or the process of collecting, analyzing, and reporting the performance measure data.



The performance measure portfolio will focus on:

- Identifying core performance measures that are most critical to the care and treatment of people with HIV
- Promoting relevant performance measures used in other federal programs

The CQMC may choose performance measures related to the HIV National Strategic Plan goals:

- Prevent new HIV infections through increasing viral suppression rates in Alabama
- Improve HIV-related health outcomes of PWH in Alabama
- Reduce HIV-related disparities and health inequities, and
- Integrate and coordinate efforts that address the HIV epidemic among selected stakeholders

The CQMC may choose performance measures generated from the National Strategic Plan's *A Roadmap to End the Epidemic for the United States 2021–2025* Continuum of Care goals. The measures that may be selected are:

1. For early intervention and/or outreach services, linked to care
2. Case management services retained PWH in HIV medical care
3. Outpatient Ambulatory Health Services viral suppression

Lastly, the CQMC may select measures related to patient satisfaction by choosing patient satisfaction surveys or focus groups to ascertain the efficacy of Non-Emergency Medical Transportation or Linguistic services provided.

PERFORMANCE MEASURES DATA COLLECTION

ADPH and UWCA CQM will develop a plan for performance measures data collection process, collection, reporting timeframes, and determining completeness of data reported. UWCA will determine follow-up measures

for entities failing to report. ADPH and UWCA CQM will develop a guidance with process or workflow mapping to detail the process(es) for data collection and reporting conducted by the UWCA contracting RWPB providers. ADPH and UWCA CQM will develop training on the guidance, host at least one live training, and make a recording available of the training on APiC University virtual platform for access by the data collecting and reporting providers.

ASSESSING COLLECTED PERFORMANCE MEASURES COLLECTION

ADPH and UWCA will assess the extent to which HIV clinical, ADAP, and social services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections, and best practices.

ADPH and UWCA will review each measure's outcome and determine the extent to which each clinical performance measures including ADAP met the U.S. Department of Health and Human Services Guidelines and U.S. Public Health Service Guidelines as defined by the most recent HIV/AIDS Bureau performance measure portfolio. For non-clinical or social services, including ADAP, the extent the CQM Committee selected measure followed best practices as determined through the CQM Coordinators research of other federal program's guidelines, other similar reputable entities guidelines, and best practices obtained through consultation with subject matter experts.

QUALITY IMPROVEMENT PROJECTS

Process

For performance measure that do not meet the U.S. Department of Health and Human Services Guidelines and U.S. Public Health Service Guidelines as defined by the most recent HIV/AIDS Bureau performance measure portfolio or did not meet the CQM Committee selected measure best practices as determined through the CQM Coordinators research of other federal program's guidelines, other similar reputable entities guidelines, and best practices obtained through consultation with subject matter experts or unsatisfaction from surveys or focus groups, each measure will be reviewed for quality improvement project by CQM of ADPH, UWCA and Committee. ADPH will invite or share with the AQMG to assist in reviewing the outcome of the performance measure data collected.

After review, the selection of the project will be determined by a workgroup consisting of the Co-Leads, selected CQM Committee members, a member from the AQMG, two members from the Quality Advisory Team, UWCA CQM, ADPH CQM, and other staff from UWCA or ADPH to determine quality projects. ADPH will determine the process and methodology for conducting the quality initiative. The Continuous Quality Improvement Methodology to be utilized may be:

- Plan Do Study Act (PDSA)
- Flow Chart Analysis
- Cause and Effect Diagrams
- Brainstorming
- Observational studies/patient flow
- Activity Logs
- Observational studies/patient flow

- Activity Logs

Once ADPH selects the process and methodology ADPH will determine the start of the QI project and, if needed, the cessation of any other quality projects that may be occurring or if the projects can run simultaneously with no additional burdens on staff or UWCA subrecipients. ADPH will complete and submit a QI plan to the workgroup for recommendations and approval. UWCA CQM will train its subrecipients on the process and procedures for implementing the quality initiative with evaluations of the training. Training, roster of participants, and evaluations will be submitted to ADPH. A report of the training will be submitted to the QI workgroup. The CQMC will be updated on the project at minimum quarterly.

CQMC Quality Project

ADPH has one current QI project that is a continuation of a project that began in 2018 and was delayed and then continued due to COVID – 19. This QI project was implemented to decrease the number of individuals that disenroll from the ADAP program due to “failure to recertify”. The CQMC will review the current data and ADPH & UWCA CQM will recommend the CQMC to initiate the QI workgroup to review the progress of the projects and render recommendations to the CQMC and select the next QI project(s). For the full report of the QI project, please see the Quality Improvement Report in Appendix

COORDINATION WITH STATEWIDE QUALITY INITIATIVE ACTIVITIES

When and where appropriate, coordination will occur across Ryan White Programs Parts C and D with ADPH RWHAP Part B staff, Lead Agency UWCA, and the RWHAP Part B providers. The CQMC includes members from AQMG a statewide collaborative of the Part C’s and D’s and some service organizations. This Committee conducts quality improvement initiatives. The ADPH CQM will discuss with the leadership of AQMG to determine collaborative efforts. Additionally, ADPH will involve in the State’s quality initiative and participate initiatives conducted by HIV Consumer groups, the MAI State Linkages Specialist, and Alabama Community Advisory Board (ACAB) members.

Coordination with Other Statewide QI Activities:

The overall RWHAP Part B CQM plan will include all ADAP services. ADAP services include ADAP prescription only coverage (ADAP-Rx) as well as ADAP funded insurance assistance provided through the Alabama Insurance Assistance Program (AIAP) and the Medicare Part D client assistance program (MEDCAP). The ADAP Manager and Part B Support Services Manager are members of the CQMC and oversee the ADAP Quality Group (AQG) to plan ADAP improvement activities. ADPH CQM will participate in the AQG meetings, present ADAP performance data, and assist AQG in determining quality initiatives for ADAP.

ADPH an UWCA CQM staff will attend AQMG meetings. ADPH has a standing placement on AQMG agenda for 15 – 10 minutes. ADPH CQM update AQMG on statewide QI projects and review the AQMG’s statewide initiatives. ADPH an UWCA CQM will participate in any QI initiatives that is appropriate for ADPH participation. Currently the project consist of each participating agency report of missed appointments and the viral loads and retention in care of the agency’s HIV consumers who had missed appointments for that quarter.

Additional statewide initiatives that CQM will participate in ADPH’s collaborative efforts with the by reviewing the QI plan, become a member of the a cross-jurisdictional and multi-level ADPH QI Council that develops and implement the ADPH’s QI Plan. Additionally, ADPH CQM will assist in developing the Office of HIV Prevention and Care to complete at least one QI project annually that focuses on analyzing and improving processes, programs, or interventions directly related to a strategic priority.

Lastly, ADPH CQM will review meeting minutes for relevant content concerning HIV treatment and care from the Alabama Medicaid Agency Medical Care Advisory Committee. ADPH CQM will determine quality improvement activities presented during the meeting. Follow-up with ADPH's representative to the Committee for collaboration with statewide initiatives.

APPLICABILITY TO SUBRECIPIENTS

ADPH is in progress to implement the State's CQM Program to operate according to the PCN-15-02. As a result, the ADPH CQM is requiring all contracting RWPB subrecipients to contribute significantly to the State's CQM program for Calendar Year 2023. ADPH and UWCA contractual agreement between the RWPB sub-recipients require each to participate in the State CQM Committee and comply with the ADPH State CQM Plan. ADPH and UWCA CQM will ensure that the contracting RWHAPB providers will contribute to the ADPH's CQM program by ensuring the RWPB provider

1. Contractually named an individual to the State CQM Committee;
2. Submitted an agency CQM Plan with the specification required by the ADPH; and
3. Fully participate in the ADPH's CQM program and Committee's (i.e. the State Clinical Quality Committee) activities.

ADPH and UWCA CQM will ensure that the contracting RWHAPB providers have the capacity to contribute to the ADPH's CQM program by offering training, technical assistance, and consultation. To obtain the RWHAPB providers' needs, UWCA will review previous RWPB subrecipient's monitoring reports, obtain a baseline measure of ADPH required CQM areas. ADPH and UWCA will determine additional needs from subrecipients and will monitor each programs contribution to the State CQM program via the subrecipient's CQM Plan, plan updates, and the State CQM Committee meeting attendance records, meeting minutes, and quarterly subrecipients' CQM reporting of:

1. List each agency's State CQM Committee participant(s) and role and title at the sub-recipient's agency.
2. The agency's plan progression and plan updates.
3. Method of and validation for reporting services utilized to UWCA.
4. Participation in:
 - a. The submission, review, and data reliability of the State's RWPB services utilization;
 - b. The selection and collection of performance measures;
 - c. Review of performance measures outcomes;
 - d. The selection of a State CQM quality improvement activities;
 - e. The quality improvement activity's data submission and review; and
 - f. Make recommendation(s) concerning the quality improvement activity or activities progress, outcome, and disposition.
5. Provide feedback on the process for submitting ADPH and UWCA quarterly reports and accompanying documentation as requested by UWCA and ADPH to monitor CQM Plan activities.

ADPH and UWCA have developed and refined its monitoring system to track UWCA's subrecipients participation in the ADPH's CQM program activities. This system utilizes the ADPH and UWCA required CQM sub-recipient's documents submitted to UWCA quarterly for the five document items above. UWCA will develop a checklist or scale of the ADPH requirements. After each subrecipient's submission of the required document, UWCA will determine the presences of the subrecipient's required items and that the required item

met the approved ADPH requirements for the submitted items. UWCA will report to ADPH a group listing of missing and/or inadequate items that do not meet the ADPH expectations. All missing required items, UWCA will follow-up with the subrecipient to obtain an assessment and a determination of the barriers. UWCA will develop a written feedback report of missing items then verbally review any areas of need with the subrecipient. Monthly UWCA will develop subgroups of subrecipients based on missing or documentation that does not convey what is asked. UWCA will develop or obtain technical assistance, trainings, and/or consultation to address the needs with each stakeholder. After the training, technical assistance, and/or consultation, UWCA will follow-up with all subrecipient to determine any additional needs or barriers before the next quarterly report submission. When barriers are identified, UWCA will complete an action plan with the subrecipient to address the deficit, determine the resources needed in consultation with ADPH before the subsequent quarterly. ADPH will follow-up with sub-recipients after training, technical assistance, and/or consultations have been provided to obtain sub-recipient's satisfaction and evaluation of the resources provided.

UWCA will provide to each subrecipient the baseline measure, list of recommendations with status of completeness, and overall status of the subrecipients participation in the ADPH CQM program. For more details on ADPH and UWCA applicability to subrecipients methodology please see Appendix 6.

QUALITY MANAGEMENT EVALUATION

The Quality Management Evaluation process is designed to assist in determining whether the program is making significant improvements and the CQM Plan clearly states goals and objectives to make the significant improvements. The CQII HRSA/HAB consultants and Ryan White Part B and C Quality Management Assessment tool will be used at least annually by QMC, the RW Part B sub-recipient, and an appointed workgroup. The QMC will also be responsible to appoint individuals to the workgroup to perform the following quality management evaluation process:

- To determine the effectiveness of the CQM Program's infrastructure and activities and assesses whether these led to expected improvements and desired outcomes.
- Assess access to data, at least by service category and drive improvements
- Reviewing annual goals and identifying those that have been met and those not met and determine the reasons they were not met.
- Reviewing appropriateness of measures and identifying whether there is a need for new measures.

The evaluation elements for the process is explicated in the below table.

Process	Timeline	Agreement Process
CQM staff members of UWCA and ADPH will complete the National Quality Center / HAB RW Part B Quality Management Program Assessment concerning the State CQM Program. The CQM Managers and CQM Coordinators will cumulate the assessments and present results at evaluative CQM meeting.	Annually before the evaluative meeting of CQM Committee meeting	Consensus voting allowing for follow up when full consensus is not achieved

<p>CQM staff will distribute questions to CQM Committee Co-Leads with answers to be addressed during evaluative meeting:</p> <p>Performance Measurement Co-Lead:</p> <ol style="list-style-type: none"> 1. Has ADPH communicated a defined performance measurement process? 2. Has ADPH presented service utilization to the committee? <p>Quality Improvement Co-Lead:</p> <ol style="list-style-type: none"> 1. Has the quality improvement project improved the initial reason for enactment? 2. What should be the next steps for the project? <p>Consumer Involvement Co-Lead:</p> <ol style="list-style-type: none"> 1. What are the current driving factors and constraining factors impacting participation of people living with HIV currently? 2. What ideas and activities should we try to engage people with lived experience? <p>Service Standards Stakeholder Co-Lead:</p> <ol style="list-style-type: none"> 1. What has worked well in the process of establishing service standards? 2. What recommendations for the process do you have to improve the process? 	<p>Annually at the CQM Committee meeting preparation meeting held at minimum one month prior to the CQM meeting</p>	<p>Each Co-Lead submits answers to evaluative questions.</p>
<p>CQM Committee members participate in a review and rate the committee accomplishments of activities for the year.</p>	<p>Annually during the CQM evaluative committee meeting</p>	
<p>CQM Committee members participate in selecting the scope and priorities of the committee of next year's activities.</p>	<p>Annual CQM Evaluation Committee meeting</p>	<p>CQM Committee members consensus or rank/rating vote</p>
<p>The use of external (other states) State Quality Management CQM data for comparison/ evaluation to meeting HIV clinical goals.</p>	<p>Annual CQM Evaluation Committee meeting</p>	<p>CQM Committee members consensus vote</p>

UPDATING THE CLINICAL QUALITY MANAGEMENT PLAN

The CQM Plan is essential to the Ryan White Part B Program and coordinating Cross-Parts. The Plan will be updated in a systematic and consistent process. The following method will be used:

- Quality Advisory Team and Clinical Quality Management Committee (CQMC) will discuss updates during meetings and via conference calls on a semi-annual basis
- Quality Advisory Team and CQMC members will review and propose performance measurements and QI projects to Direct Care Quality staff during State Quality meetings and determine if HIV care and services improved.
- Evaluate the CQM Plan to determine if goals were met effectively and stakeholders were informed.

Process	Timeline	Agreement Process
Ryan White Part B and an CQMC appointed Co-Leads will discuss needed updates to the CQM Plan prior to the RWPB annual evaluative meeting	Fall meeting	Proposed updates to the CQM Plan will be shared with the CQM Committee for discussion and consensus
CQM Committee members and stakeholders will bring proposed QI projects based on performance measures outcomes to the attention of the CQMC's Quality Improvement Initiatives Co-Lead to be addressed at the CQM Committee meetings.	On going	CQMC consensus voting. ADPH to follow up with Quality Advisory Team when full consensus is not achieved

<p>CQMC Co-Leads, ADPH Quality Advisory Team, and CQM staff will operate as the CQMC Planning Committee and will select a CQM Plan evaluation tool</p>	<p>Fall evaluative CQMC planning meeting</p>	<p>CQMC planning committee consensus voting.</p>
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Appendix 1

ADAP Program Definitions

ACTIVE CLIENT DEFINITION

ADAP

- Client enrolled into ADAP program and/or client is eligible
- Client received at least one ADAP-Rx prescription medication during the reporting period.
- Client received AIAP or MEDCAP premiums, co-pays and/or deductibles during the reporting period.
- Client enrolled in ADAP (includes ADAP-Rx, AIAP, and MEDCAP) who attended one or more medical visit during the reporting period.

PART B CLIENT

- Client enrolled to receive Part B core medical and support services.
- Enrollment date begins upon approval of application.
- Client receives at least one RWHAP Part B core medical and/or support service during reporting period.

AGE LIMIT DEFINITION

- Client meets active client definition
- Client is 18 years or older during the entire 12 months of the calendar year

MEDICAL VISIT DEFINITION

- An HIV care setting is one which received Ryan White HIV/AIDS Treatment Modernization Act of 2006 funding to provide HIV care and has a quality management program in place to monitor the quality of care addressing gaps in quality of HIV care.
- A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe antiretroviral therapy (ART), such as a medical doctor (M.D.), physician's assistant (P.A.), or nurse practitioner (N.P.).

Clinical Quality Management Program Definitions:

- 2023 Annual year CQM quarters

Quarter 1	Quarter 2	Quarter 3	Quarter 4
December	March	June	September
January	April	July	October
February	May	August	November

Appendix 2

QUALITY MANAGEMENT INFRASTRUCTURE

Alabama Department of Public Health

- Sharon Jordan, Office of HIV Prevention and Care (OHPC) Director
- Vontrese McGhee, Direct Care Management Services Division Director
- Vacant, Data Management Division Director
- Cheri Reaves-Tillery, Financial Operations Branch Director
- Melissa McNeil Hammonds, CQM Acting Program Manager
- Stefanie Warren, CQM Social Work Coordinator

United Way of Central Alabama

- Julie Talley, Ryan White Part B Program Manager
- Lawrence Richardson, CQM & Claims Manager
- Abby Bell, CQM Service Coordinator

Plan Approval

Alabama Department of Public Health

Ryan White HIV/AIDS Program Part B

Clinical Quality Management

This plan is approved by the Alabama Department of Public Health Bureau the Office of HIV Prevention and Care, the Division of Direct Care Services, Clinical Quality Management Branch. These signatures approve the annual changes. Updates and revision may occur during the year and is reflected in the foot notes as the latest version. These updates may occur during the implementation of this "living document".

Updated Version Approved on: Date 9 / 29 / 2022

By:


ADPH Office of HIV Prevention and Care Director


ADPH Direct Care Management Services Division Director


ADPH Clinical Quality Management Program Acting Manager