Office of AIDS
HIV Care Program

March 1, 2018

TO: HIV Care Program (HCP) Contractors

SUBJECT: Clinical Quality Management (CQM)

I. Purpose
The purpose of this Management Memo is to update HCP contractors on new CQM requirements. Management Memorandum No. 18-02 replaces Management Memorandum No. 15-03.

II. Background
Title XXVI of the Public Health Service Act Ryan White HIV/AIDS Program (RWHAP) requires all RWHAP Parts A – D recipients to establish a CQM program to:

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

III. Policy
Policy Notice 15-02 outlines the Health Resources and Services Administration (HRSA)’s CQM program expectations for RWHAP Parts A - D. A CQM program coordinates activities aimed at improving patient care, health outcomes, and patient satisfaction.

California RWHAP Part B CQM Program has developed a CQM plan that meets the legislative requirement, addresses HRSA’s expectations, and streamlines CQM activities among RWHAP Part B subrecipients (herein referred to as HCP contractors).

RWHAP Part B CQM Plan
The RWHAP Part B CQM Plan outlines CQM activities for HCP and the AIDS Drug Assistance Program.
HIV Care Program Management Memo 18-02
Page 2

HCP Contractors’ CQM Roles and Responsibilities
All HCP contractors are required to implement CQM activities outlined in the statewide CQM plan. As such, OA no longer requires HCP contractors to submit their individual CQM plans. However, as a best practice, HCP contractors should continue to maintain and implement their CQM plans. The following are HCP contractors’ roles and responsibilities which are also listed in Table 2. HIV Care Program Contractors’ Goals of the CQM plan:

- Maintain an adequate infrastructure and designate staff to conduct CQM activities at any given time.
- Every fiscal year, implement and monitor performance measures as determined by the RW Part B CQM program (See the following sections of the CQM plan for further details: Statewide HCP’s Performance Measures and HCP’s Performance Measures per Service Category).
- Collect and report RW Services Report (RSR) data for use in performance measurement of RW Part B CQM program within 14 days of service provision. At the minimum, subrecipients funded for Outpatient/Ambulatory Health Services and Medical Case Management Services must enter these CQM data elements into ARIES: Current Living Situation, Date First HIV+, CD4 Test Date, T Cell Count, Viral Load Date, Viral Load Value, STI/Hepatitis screening (gonorrhea, chlamydia, and syphilis), ART (Type, start and end date, ART drugs).
- Review performance data at least quarterly to identify clients that need additional support in staying in medical care or maintaining viral suppression.
- Before the beginning of each fiscal year, or with any budget revision, HCP contractors requesting to budget for CQM activities must submit a quality improvement proposal to OA. The proposal must describe infrastructure, performance measures, proposed activities, and plan to report outcomes on approved activities (See Attachment A in the CQM plan).
- Every fiscal year, participate in relevant capacity building and quality improvement activities as directed by RW Part B CQM program.
- In coordination with the RW Part B CQM program, conduct quality improvement projects at the contractor/subcontractor level.
- Implement the RW Part B standards of care for funded service category standards (once developed by OA).

Monitoring of HCP Contractors
OA will monitor statewide CQM activities through ARIES and ad hoc reports, progress reports, and monitoring site visits.

Applicability to HCP Subcontractors
HCP contractors are responsible for communicating the CQM requirements to their subcontractors. It is expected that subcontractors will participate in relevant CQM activities including RWHAP Part B quality improvement projects.
**Contractual Agreement**
This Management Memo supercedes previous requirements in the Office of AIDS' HCP Management Memorandum No. 15-03 and the CQM scope of work in the HCP and Minority AIDS Initiative (MAI) contract. MAI contractors are not contractually required to implement RWHAP Part B CQM activities.

**IV. Action Required**
Contractors must be in compliance with these requirements within 90 days of this Management Memorandum.

If you have any questions, please contact Christine Kibui, CQM Nurse with the Care Branch, at RW.PartBCQM@cdph.ca.gov or (916) 445 6047.

Thank you for your assistance.

Sincerely,

[Signature]

Majel Arnold
Chief, HIV Care Branch
Office of AIDS


cc: Christine Kibui, HIV Care Branch
    Juliana Grant, Office of AIDS