

San Antonio HIV Health Services Planning Council



Ryan White Part A/B Program Monitoring Results for
the San Antonio TGA, San Antonio HSDA, Uvalde
HSDA and Victoria HSDA.

GY 2014 FIVE YEAR TENDING DATA by SERVICE CATEGORY

Prepared by:



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BACKGROUND

The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), and the HIV/AIDS Bureau (HAB) administer the Ryan White Program. Grant funding is made available to Bexar County and additional funds are available through Texas Department of State Health Services (DSHS). Bexar County Department of Community Resources (DCR) is the Administrative Agency (AA) for the Ryan White Program.

The Ryan White Program consist of multiple service categories with each having its own budget and objectives. Bexar County contracted with multiple subcontractors for multiple parts during grant year 2014.

OBJECTIVES AND RESULTS

The Ryan White program and quality monitoring evaluated compliance with standards developed by the Bexar County Ryan White Planning Council Standards of Care (SOC) in compliance with HRSA/HAB monitoring standards. This includes and is not limited to: To determine the following:

- If management resolved any prior Monitoring or Technical Assistance findings
- If all contractual obligations were met
- Compliance with Federal, State, and Local laws applicable to grants
- Compliance with grantor's policies and procedures
- Program/Quality management controls are in place and operating in accordance with Department of Community Resources Standards of Care for HIV/AIDS services:
 - Universal standards
 - Access to care (HRSA Universal Standard)
 - Anti-kickback statute
 - Reporting requirements
 - Record-keeping systems
 - Client file review
 - Personnel
 - AIDS Regional Information and Evaluation System (ARIES)
 - Non-discrimination and other assurances

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Quality Management Outcomes for Bexar County Ryan White Part A Program
 Outpatient/Ambulatory Medical Care (OAMC)
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible with date of service; clinician notes are signed by licensed provider of services; records indicate number of laboratory tests performed; certification licenses or FDA approved laboratory form which tests are ordered are available for review; signature and credentials of the individual ordering the lab tests are complete	100%	75%	100%	100%	100%	100%	100%	100%	0%	25%
8	Client Demographics/Eligibility Complete Age, ethnicity/race & gender clearly indicated; proof of residency or undocumented status; proof of low-income status, POP. Eligibility verified at a minimum of every 6 months.	100%	75%	72%	65%	83%	87%	96%	100%	4%	25%
9	CD4 2 or more annually (every 3-6 mos) HIV VL 2 or more annually (every 3-6 mos)	97%	75%	83%	74%	78%	87%	95%	97%	2%	22%
10	Health Assessment & Comprehensive Physical Exam Includes mental health assessment. Includes screening for clinical depression and a substance use/abuse history	100%	75%	100%	100%	100%	100%	100%	100%	0%	25%
11	HIV Drug Resistance Newly Diagnosed clients receive an HIV drug resistance test	100%	75%				100%	100%	100%	0%	25%
12	ART Clients who meet current guidelines for ART are offered and/or prescribed ART	100%	100%	94%	94%	100%	99%	99%	100%	1%	0%
13	Office Visits with HIV Medical Provider Client has at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	100%	75%	97%	88%	87%	88%	91%	100%	9%	25%
14	PCP Prophylaxis Clients CD4 <200 are prescribed &/or recommended for PCP Prophylaxis	100%	100%	74%	88%	87%	96%	99%	100%	1%	0%
15	Lipid screens annually	97%	75%	72%	61%	69%	72%	75%	97%	22%	22%
16	RPR / VRDL: Syphilis screen	99%	75%	50%	71%	93%	91%	89%	99%	10%	24%
17	STI: Chlamydia screen	95%	75%	17%	12%	47%	67%	77%	95%	18%	20%

18	STI: Gonorrhea screen	96%	75%	16%	12%	47%	70%	77%	96%	19%	21%
19	HAV screen: Hepatitis A status indicated in chart	98%	75%	36%	48%	65%	87%	91%	98%	7%	23%
20	HBV screen: Hepatitis B status indicated in chart	98%	75%	N/A	N/A	88%	N/A	91%	98%	7%	23%
21	HCV screen: Hepatitis C serology indicated in chart	99%	75%	N/A	N/A	86%	N/A	91%	99%	8%	24%
22	TB Screen PPD read and documented; CXR referral if PPD+	93%	75%	47%	45%	47%	83%	88%	93%	5%	18%
23	Pap Smear (female): annual	100%	60%	29%	27%	63%	93%	91%	100%	9%	40%
24	Hepatitis C Labs – Newly Diagnosed Newly diagnosed HIV+/HCV clients have referral for treatment suitability and/or documented evaluation	100%	75%	92%	58%	88%	100%	100%	100%	0%	25%
25	Influenza	96%	75%	59%	71%	69%	71%	77%	96%	19%	21%
26	Pneumococcal	97%	75%	55%	82%	73%	91%	89%	97%	8%	22%
27	Tetanus	96%	75%	77%	50%	77%	89%	89%	96%	7%	21%
28	HAV, or documented immunity	93%	75%	27%	18%	34%	75%	91%	93%	2%	18%
29	HBV, or documented immunity	92%	75%	N/A	N/A	N/A	86%	91%	92%	1%	17%
30	HPV, as indicated	65%	75%	0%	0%	60%	86%	79%	65%	-14%	-10%
31	Treatment Adherence Assessment All clients with HIV on ARVs will be assessed and counseled for treatment adherence two or more times in the measurement year	100%	75%	71%	57%	78%	95%	95%	100%	5%	25%
32	Adherence Counseling All clients with HIV on ARVs with documented adherence issue, will be counseled for treatment adherence two or more times in the measurement year	100%	75%	85%	64%	67%	100%	100%	100%	0%	25%
33	Missed Appointments Documentation of missed appointments and efforts to bring into care	100%	75%	86%	93%	88%	90%	95%	100%	5%	25%
34	Yearly Risk Behavior Assessment Assessed yearly &/or when risk factors identified; counseling provided	100%	75%	85%	98%	96%	94%	95%	100%	5%	25%
35	Tobacco Screening Clients are screened for tobacco use (all types)	97%	75%	68%	82%	94%	98%	95%	97%	2%	22%
36	Tobacco Cessation Counseling Clients with reported tobacco use are counseled on tobacco cessation	79%	75%	35%	39%	60%	86%	91%	79%	-12%	4%
37	Referral for Oral Health Documentation of oral exam at least once a year; or referral for Oral exam in medical chart (can be patient self-report)	99%	75%	3%	10%	13%	19%	67%	99%	32%	24%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Outpatient/Ambulatory Medical Care (OAMC)
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible with date of service; clinician notes are signed by licensed provider of services; records indicate number of laboratory tests performed; certification licenses or FDA approved laboratory form which tests are ordered are available for review; signature and credentials of the individual ordering the lab tests are complete	100%	75%	100%	100%	100%	100%	100%	100%	0%	25%
8	Client Demographics/Eligibility Complete Age, ethnicity/race & gender clearly indicated; proof of residency or undocumented status; proof of low-income status, POP. Eligibility verified at a minimum of every 6 months.	100%	75%	88%	83%	85%	82%	92%	100%	8%	25%
9	CD4 2 or more annually (every 3-6 mos) HIV VL 2 or more annually (every 3-6 mos)	99%	75%	70%	73%	71%	75%	83%	99%	16%	24%
10	Health Assessment & Comprehensive Physical Exam Includes mental health assessment. Includes screening for clinical depression and a substance use/abuse history	100%	75%	100%	100%	100%	100%	100%	100%	0%	25%
11	HIV Drug Resistance Newly Diagnosed clients receive an HIV drug resistance test	100%	75%				100%	100%	100%	0%	25%
12	ART Clients who meet current guidelines for ART are offered and/or prescribed ART	99%	100%	74%	82%	95%	84%	91%	99%	8%	-1%
13	Office Visits with HIV Medical Provider Client has at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	100%	75%	72%	86%	86%	75%	91%	100%	9%	25%
14	PCP Prophylaxis Clients CD4 <200 are prescribed &/or recommended for PCP Prophylaxis	100%	100%	67%	79%	86%	33%	83%	100%	17%	0%
15	Lipid screens annually	79%	75%	73%	50%	57%	69%	97%	79%	-18%	4%
16	RPR / VRDL: Syphilis screen	90%	75%	50%	56%	47%	71%	91%	90%	-1%	15%
17	STI: Chlamydia screen	83%	75%	10%	32%	24%	68%	91%	83%	-8%	8%

18	STI: Gonorrhea screen	83%	75%	10%	31%	24%	68%	91%	83%	-8%	8%
19	HAV screen: Hepatitis A status indicated in chart	89%	75%	11%	36%	28%	65%	83%	89%	6%	14%
20	HBV screen: Hepatitis B status indicated in chart	89%	75%	N/A	N/A	N/A	51%	83%	89%	6%	14%
21	HCV screen: Hepatitis C serology indicated in chart	93%	75%	N/A	N/A	N/A	78%	83%	93%	10%	18%
22	TB Screen PPD read and documented; CXR referral if PPD+	83%	75%	37%	40%	43%	56%	91%	83%	-8%	8%
23	Pap Smear (female): annual	45%	60%	7%	50%	36%	30%	68%	45%	-23%	-15%
24	Hepatitis C Labs – Newly Diagnosed Newly diagnosed HIV+/HCV clients have referral for treatment suitability and/or documented evaluation	100%	75%	53%	71%	100%	15%	91%	100%	9%	25%
25	Influenza	64%	75%	44%	64%	65%	51%	87%	64%	-23%	-11%
26	Pneumococcal	55%	75%	31%	63%	62%	65%	87%	55%	-32%	-20%
27	Tetanus	57%	75%	45%	5%	67%	63%	75%	57%	-18%	-18%
28	HAV, or documented immunity	56%	75%	14%	2%	56%	52%	91%	56%	-35%	-19%
29	HBV, or documented immunity	55%	75%	0%	0%	0%	58%	91%	55%	-36%	-20%
30	HPV, as indicated	75%	75%	7%	5%	33%	14%	83%	75%	-8%	0%
31	Treatment Adherence Assessment All clients with HIV on ARVs will be assessed and counseled for treatment adherence two or more times in the measurement year	100%	75%	38%	62%	86%	81%	93%	100%	7%	25%
32	Adherence Counseling All clients with HIV on ARVs with documented adherence issue, will be counseled for treatment adherence two or more times in the measurement year	100%	75%	47%	22%	47%	69%	100%	100%	0%	25%
33	Missed Appointments Documentation of missed appointments and efforts to bring into care	67%	75%	36%	29%	64%	50%	87%	67%	-20%	-8%
34	Yearly Risk Behavior Assessment Assessed yearly &/or when risk factors identified; counseling provided	100%	75%	36%	53%	50%	62%	67%	100%	33%	25%
35	Tobacco Screening Clients are screened for tobacco use (all types)	80%	75%	50%	68%	86%	78%	87%	80%	-7%	5%
36	Tobacco Cessation Counseling Clients with reported tobacco use are counseled on tobacco cessation	98%	75%	10%	49%	68%	45%	73%	98%	25%	23%
37	Referral for Oral Health Documentation of oral exam at least once a year; or referral for Oral exam in medical chart (can be patient self-report)	94%	75%	3%	19%	19%	15%	45%	94%	49%	19%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Local ADAP
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Documentation of clients assessed for eligibility of THMP	92%	75%	100%	56%	88%	99%	95%	92%	-3%	17%
9	Documentation of client denial letter or completed application for THMP within 2 weeks of receipt	92%	75%	79%	29%	100%	89%	87%	92%	5%	17%
10	Eligibility Documentation in client file supporting eligibility requirements for RW funding; includes proof of HIV status, residency, medical necessity, and low income status as defined by the TGA based on FPL. Eligibility reviewed 2 times per year	99%	75%	16%	16%	87%	89%	85%	99%	17%	24%
11	Prescriptions filled with most cost efficient meds provided	96%	75%	100%	100%	100%	100%	100%	96%	-4%	21%
12	Prescriptions Client file shows evidence of prescription with: client name, date of birth, medication, dosage, and prescribing medical provider	100%	75%	100%	100%	100%	100%	100%	100%	0%	25%
13	Medication Adherence Documentation in clients' files of screening for medication adherence	100%	75%	96%	91%	84%	100%	95%	100%	5%	25%
14	If adherence issue identified, medication adherence counseling is documented	100%	75%	94%	87%	66%	100%	91%	100%	10%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Local ADAP
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Documentation of clients assessed for eligibility of THMP	100%	75%	59%	27%	72%	94%	97%	100%	3%	25%
9	Documentation of client denial letter or completed application for THMP within 2 weeks of receipt	100%	75%	19%	15%	76%	88%	91%	100%	9%	25%
10	Eligibility Documentation in client file supporting eligibility requirements for RW funding; includes proof of HIV status, residency, medical necessity, and low income status as defined by the TGA based on FPL. Eligibility reviewed 2 times per year	100%	75%	0%	6%	18%	77%	83%	100%	17%	25%
11	Prescriptions filled with most cost efficient meds provided	100%	75%	77%	96%	100%	94%	100%	100%	0%	25%
12	Prescriptions Client file shows evidence of prescription with: client name, date of birth, medication, dosage, and prescribing medical provider	100%	75%	92%	100%	98%	77%	100%	100%	0%	25%
13	Medication Adherence Documentation in clients' files of screening for medication adherence	100%	75%	78%	63%	84%	80%	83%	100%	17%	25%
14	If adherence issue identified, medication adherence counseling is documented	100%	75%	83%	22%	86%	100%	100%	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
Mental Health Services
Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
10	Appointment Scheduled within 3 working days of request for MH services	100%	75%	96%	73%	100%	95%	97%	100%	3%	25%
11	Documentation of Comprehensive Assessments Chart shows that some system for Presenting Issue is recorded—AXIS, DSM, etc. New HIV clients have documented evidence in chart of individual assessment/screening. Completed within 10 days of intake	100%	75%	93%	65%	100%	95%	97%	100%	3%	25%
12	Suggested Treatment Frequency/Duration Estimated # of sessions by type (individual, group); estimated end date (documented) or rationale for continuation with note of frequency of intervention/plan	79%	75%	0%	0%	0%	84%	79%	79%	0%	4%
13	Treatment Plan Treatment plan addresses adherence, intervention (individual, group and specific modality), suggested number of sessions, anticipated start and end date. Signed by client; completed within 30 days of intake	100%	75%	96%	87%	100%	86%	91%	100%	9%	25%
14	Progress Notes Legible, signed, and dated in client file	100%	75%	96%	100%	97%	100%	97%	100%	3%	25%
15	Discharge Plan Documentation in client file of discharge planning w/in 30 days of treatment goals being met or no client contact	53%	75%	92%	88%	100%	89%	85%	53%	-32%	-22%
16	Active Care Status: documentation that client is in active HIV medical care and are engaged in their psychiatric treatment plans.	100%	75%	96%	91%	96%	93%	97%	100%	3%	25%
17	HIV regimen: documentation of HIV medical care adherence; assessed initially, the re-assessed q 3mos; documented in client file	100%	75%	N/A	N/A	N/A	N/A	N/A	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
Mental Health Services
Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
10	Appointment Scheduled within 3 working days of request for MH services	94%	75%	51%	78%	100%	78%	89%	94%	5%	19%
11	Documentation of Comprehensive Assessments Chart shows that some system for Presenting Issue is recorded—AXIS, DSM, etc. New HIV clients have documented evidence in chart of individual assessment/screening. Completed within 10 days of intake	94%	75%	49%	75%	100%	65%	93%	94%	1%	19%
12	Suggested Treatment Frequency/Duration Estimated # of sessions by type (individual, group); estimated end date (documented) or rationale for continuation with note of frequency of intervention/plan	75%	75%	51%	88%	60%	65%	73%	75%	3%	0%
13	Treatment Plan Treatment plan addresses adherence, intervention (individual, group and specific modality), suggested number of sessions, anticipated start and end date. Signed by client; completed within 30 days of intake	75%	75%	48%	97%	68%	76%	79%	75%	-5%	0%
14	Progress Notes Legible, signed, and dated in client file	69%	75%	37%	97%	100%	76%	81%	69%	-15%	-6%
15	Discharge Plan Documentation in client file of discharge planning w/in 30 days of treatment goals being met or no client contact	50%	75%	0%	0%	0%	65%	79%	50%	-37%	-25%
16	Active Care Status: documentation that client is in active HIV medical care and are engaged in their psychiatric treatment plans.	100%	75%	47%	47%	100%	69%	77%	100%	30%	25%
17	HIV regimen: documentation of HIV medical care adherence; assessed initially, the re-assessed q 3mos; documented in client file	100%	75%	0%	0%	0%	0%	0%	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Medical Case Management Services
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Case Closure Clients discharged from MCM have documentation in chart of reason	86%	75%	75%	75%	75%	75%	75%	86%	N/A	11%
8	Transition Plan Documentation of referrals or transition plan to other provider/agency in client file	86%	75%	75%	75%	75%	75%	75%	86%	N/A	11%
9	Face-to-Face Assessment Includes needs, client strengths and deficits, signed/dated by client & MCM (contains all required elements as indicated in the TGA Standard of Care for MCM)	96%	75%	40%	48%	46%	65%	91%	96%	5%	21%
10	Intake Documentation of completed intake within 3 working days of enrollment	96%	75%	40%	45%	95%	87%	91%	96%	5%	21%
11	Service Plan Documentation of signed needs assessment/service plan in client file; both MCM and client signatures required	80%	75%	39%	43%	45%	66%	87%	80%	-7%	5%
12	Acuity Score Documentation of acuity score in ARIES	89%	75%	35%	6%	17%	36%	79%	89%	10%	14%
13	Care Plan Review Care Plans reviewed every 4-6 months for eligibility/support services needs reviewed every 6 months; documented in client file	59%	75%	3%	7%	17%	28%	67%	59%	-8%	-16%
14	Comprehensive Care Plan Individual comprehensive care plan completed w/in 10 days of 1 st face to face assessment; in client file	79%	75%	54%	45%	42%	59%	73%	79%	6%	4%
15	Care Plan Documents needs of client; in client file	79%	75%	54%	45%	61%	71%	67%	79%	12%	4%
16	Prioritization of Client Needs Client needs are identified and prioritized with most important services made priority	79%	75%	51%	44%	61%	67%	83%	79%	-4%	4%
17	Care Plan Signed and dated by MCM and client; in client file	77%	75%	38%	44%	52%	70%	79%	77%	-2%	2%
18	Referrals coordinated & linkages/outcomes tracked	89%	75%	51%	37%	48%	76%	87%	89%	2%	14%
19	Client Goals Care plan documents established client goals and is updated to show progress of meeting goals	78%	75%	52%	11%	25%	43%	67%	78%	11%	3%

20	Medical Visits Documentation that clients has at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	94%	75%	94%	64%	44%	80%	91%	94%	3%	19%
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Quality Management Outcomes for Bexar County Ryan White Part A Program
 Medical Case Management Services
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Case Closure Clients discharged from MCM have documentation in chart of reason	100%	75%	75%	75%	75%	75%	75%	100%	25%	25%
8	Transition Plan Documentation of referrals or transition plan to other provider/agency in client file	100%	75%	75%	75%	75%	75%	75%	100%	25%	25%
9	Face-to-Face Assessment Includes needs, client strengths and deficits, signed/dated by client & MCM (contains all required elements as indicated in the TGA Standard of Care for MCM)	99%	75%	40%	48%	46%	65%	91%	99%	8%	24%
10	Intake Documentation of completed intake within 3 working days of enrollment	98%	75%	40%	45%	95%	87%	91%	98%	7%	23%
11	Service Plan Documentation of signed needs assessment/service plan in client file; both MCM and client signatures required	95%	75%	39%	43%	45%	66%	87%	95%	8%	20%
12	Acuity Score Documentation of acuity score in ARIES	98%	75%	35%	6%	17%	36%	79%	98%	19%	23%
13	Care Plan Review Care Plans reviewed every 4-6 months for eligibility/support services needs reviewed every 6 months; documented in client file	67%	75%	3%	7%	17%	28%	67%	67%	0%	-8%
14	Comprehensive Care Plan Individual comprehensive care plan completed w/in 10 days of 1 st face to face assessment; in client file	93%	75%	54%	45%	42%	59%	73%	93%	20%	18%
15	Care Plan Documents needs of client; in client file	87%	75%	54%	45%	61%	71%	67%	87%	20%	12%
16	Prioritization of Client Needs Client needs are identified and prioritized with most important services made priority	87%	75%	51%	44%	61%	67%	83%	87%	4%	12%
17	Care Plan Signed and dated by MCM and client; in client file	83%	75%	38%	44%	52%	70%	79%	83%	4%	8%
18	Referrals coordinated & linkages/outcomes tracked	94%	75%	51%	37%	48%	76%	87%	94%	7%	19%
19	Client Goals Care plan documents established client goals and is updated to show progress of meeting goals	88%	75%	52%	11%	25%	43%	67%	88%	21%	13%

20	Medical Visits Documentation that clients has at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	97%	75%	94%	64%	44%	80%	91%	97%	6%	22%
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Quality Management Outcomes for Bexar County Ryan White Part A Program
Case Management (Non-Medical)
Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Acknowledgement of Services Form In client files, client signed. Current	100%	75%	71%	83%	94%	97%	91%	100%	9%	25%
9	Acuity Score documented in ARIES	97%	75%	15%	70%	28%	35%	83%	97%	14%	22%
10	Enrollment Process 10-day working enrollment; all documentation shows evidence	100%	75%	92%	58%	72%	89%	91%	100%	9%	25%
11	Completed Intake w/in 10 working days; eligibility screened; includes medical hx, current medical status, avail resources, psychosocial screen, SA hx, avail support system, legal needs	100%	75%	71%	56%	94%	88%	95%	100%	5%	25%
12	Intake Re-assessed annually	100%	75%	73%	54%	94%	59%	83%	100%	17%	25%
13	Supervisor Review Documentation of supervisor review of intake	76%	75%	62%	54%	64%	79%	87%	76%	-11%	1%
14	Discharge Documentation of reason for discharge	100%	75%	71%	0%	100%	88%	91%	100%	9%	25%
15	Transition Plan Documentation of linkage/referral to appropriate services to meet clients' needs in client files	100%	75%	71%	52%	58%	76%	91%	100%	9%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
Case Management (Non-Medical)
Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Acknowledgement of Services Form In client files, client signed. Current	99%	75%	64%	81%	71%	89%	91%	99%	8%	24%
9	Acuity Score documented in ARIES	97%	75%	16%	56%	31%	30%	89%	97%	8%	22%
10	Enrollment Process 10-day working enrollment; all documentation shows evidence	99%	75%	68%	51%	42%	92%	83%	99%	16%	24%
11	Completed Intake w/in 10 working days; eligibility screened; includes medical hx, current medical status, avail resources, psychosocial screen, SA hx, avail support system, legal needs	99%	75%	55%	51%	58%	92%	83%	99%	16%	24%
12	Intake Re-assessed annually	97%	75%	45%	36%	56%	58%	73%	97%	24%	22%
13	Supervisor Review Documentation of supervisor review of intake	71%	75%	47%	31%	42%	47%	81%	71%	-10%	-4%
14	Discharge Documentation of reason for discharge	100%	75%	0%	0%	100%	67%	83%	100%	17%	25%
15	Transition Plan Documentation of linkage/referral to appropriate services to meet clients' needs in client files	100%	75%	57%	56%	70%	57%	78%	100%	22%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Substance Abuse Services - Outpatient
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
14	Appointments: Evidence documented appointment scheduled within 3 working days of request for SA-Outpatient services	100%	75%	88%	94%	100%	85%	91%	100%	9%	25%
15	Client Intake: Documented client intake in client file; includes demographics, eligibility, SA screen, list of meds, alcohol/drug history, suicide/homicide assessment	100%	75%	88%	100%	92%	90%	95%	100%	5%	25%
16	Initial Assessment Documentation of initial assessment in client file	100%	75%	88%	100%	100%	86%	97%	100%	3%	25%
17	Documentation of Presenting Issue: Chart shows that some system for Presenting Issue is recorded—AXIS, DSM, etc.	100%	75%	0%	0%	0%	86%	88%	100%	12%	25%
18	Psychosocial Assessment: Completed and documented in client file	100%	75%	88%	100%	100%	86%	100%	100%	0%	25%
19	Treatment Plan: completed no later than 5 working days after admission	100%	75%	88%	92%	100%	86%	93%	100%	7%	25%
20	Treatment Plan includes Suggested Therapy/ Treatment Chart states suggested therapy given Presenting Issue—defined by Individual, Group; Level of Care (OP SA Counseling, Psych referral, IP SA Counseling, Detox, Hospitalization)	100%	75%	0%	0%	0%	86%	88%	100%	12%	25%
21	Suggested Treatment Frequency/Duration Estimated # of sessions by type (individual, group); estimated end date (documented) or rationale for continuation with note of frequency of intervention/plan.	100%	75%	0%	0%	0%	86%	91%	100%	9%	25%
22	Methadone / Buprenorphine Clients Only Document contact with medical provider within 72 hours of to inform the provider of new Rx or client refusal to authorize contact	100%	75%	0%	0%	100%	0%	100%	100%	0%	25%
23	Treatment Plan addresses adherence Updated midway through treatment or at least every 12 sessions	100%	75%	88%	87%	100%	81%	91%	100%	9%	25%

24	Family Participation: Documentation of family participation in service planning for the client, or client refusal to include family	100%	75%	88%	72%	100%	82%	87%	100%	13%	25%
25	Discharge/Case Closure Documentation of discharge/case closure with reason for discharge in client file	50%	75%	88%	100%	100%	81%	91%	50%	-41%	-25%
26	Discharge/Transition Plan Referrals provided for discharge/transition plan to other provider/agency in client file	50%	75%	100%	100%	100%	81%	93%	50%	-43%	-25%
27	Decreased drug use frequency or maintenance of sobriety in a 6 month timeframe demonstrated through urine, blood drug screens or through patient self-report	100%	70%	6%	88%	65%	56%	68%	100%	32%	30%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Substance Abuse Services - Outpatient
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
14	Appointments: Evidence documented appointment scheduled within 3 working days of request for SA-Outpatient services	100%	75%	26%	100%	33%	38%	61%	100%	39%	25%
15	Client Intake: Documented client intake in client file; includes demographics, eligibility, SA screen, list of meds, alcohol/drug history, suicide/homicide assessment	100%	75%	28%	50%	67%	46%	87%	100%	13%	25%
16	Initial Assessment Documentation of initial assessment in client file	100%	75%	28%	100%	67%	31%	65%	100%	35%	25%
17	Documentation of Presenting Issue: Chart shows that some system for Presenting Issue is recorded—AXIS, DSM, etc.	100%	75%	28%	100%	100%	92%	93%	100%	7%	25%
18	Psychosocial Assessment: Completed and documented in client file	100%	75%	28%	0%	0%	0%	91%	100%	9%	25%
19	Treatment Plan: completed no later than 5 working days after admission	100%	75%	28%	100%	100%	8%	87%	100%	13%	25%
20	Treatment Plan includes Suggested Therapy/ Treatment Chart states suggested therapy given Presenting Issue—defined by Individual, Group; Level of Care (OP SA Counseling, Psych referral, IP SA Counseling, Detox, Hospitalization)	100%	75%	28%	100%	33%	8%	87%	100%	13%	25%
21	Suggested Treatment Frequency/Duration Estimated # of sessions by type (individual, group); estimated end date (documented) or rationale for continuation with note of frequency of intervention/plan.	100%	75%	28%	0%	0%	8%	87%	100%	13%	25%
22	Methadone / Buprenorphine Clients Only Document contact with medical provider within 72 hours of to inform the provider of new Rx or client refusal to authorize contact	100%	75%	0%	0%	100%	0%	0%	100%	100%	25%
23	Treatment Plan addresses adherence Updated midway through treatment or at least every 12 sessions	100%	75%	8%	0%	0%	50%	87%	100%	13%	25%

24	Family Participation: Documentation of family participation in service planning for the client, or client refusal to include family	N/A	75%	28%	100%	100%	83%	100%	N/A	N/A	N/A
25	Discharge/Case Closure Documentation of discharge/case closure with reason for discharge in client file	50%	75%	28%	100%	100%	81%	79%	50%	-29%	-25%
26	Discharge/Transition Plan Referrals provided for discharge/transition plan to other provider/agency in client file	50%	75%	26%	100%	100%	81%	79%	50%	-29%	-25%
27	Decreased drug use frequency or maintenance of sobriety in a 6 month timeframe demonstrated through urine, blood drug screens or through patient self-report	100%	70%	26%	88%	65%	56%	63%	100%	37%	30%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Medical Nutritional Therapy
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
9	Nutritional Assessment Completed and documented by RD/LD and in client file	100%	75%	100%	91%	100%	100%	100%	100%	0%	25%
10	Nutritional Plan will include nutritional assessment, nutritional diagnosis, nutrition intervention, and nutritional monitoring and evaluation; Signed and dated by client in file	64%	75%	100%	91%	100%	100%	53%	64%	11%	-11%
11	Annual Update Nutritional plan updated annually; signed by client in client file.	100%	75%	100%	91%	100%	100%	91%	100%	9%	25%
12	Care Plan Assessment Documentation in client care plan assessment of client weight, BMI and dietary intake	100%	75%	50%	91%	100%	100%	100%	100%	0%	25%
13	Individualized Nutritional Care Plans Documented in client file; addresses client's needs medically for nutrition	100%	75%	100%	91%	100%	100%	100%	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Emergency Financial Assistance (EFA)
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Documentation of need for EFA	95%	75%	100%	94%	88%	91%	95%	95%	0%	20%
8	Resolution Documentation of ER statues resolved and referrals made with outcome results	95%	75%	100%	100%	96%	91%	95%	95%	0%	20%
9	Documentation of payment with copy of check/voucher	96%	75%	100%	94%	100%	91%	89%	96%	7%	21%
10	Documentation of payments made within 3 working days of approved request for EFA funding	84%	75%	100%	100%	100%	91%	81%	84%	3%	9%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Emergency Financial Assistance (EFA)
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Documentation of need for EFA	100%	75%	0%	8%	40%	20%	89%	100%	11%	25%
8	Resolution Documentation of ER statues resolved and referrals made with outcome results	100%	75%	0%	33%	50%	20%	83%	100%	17%	25%
9	Documentation of payment with copy of check/voucher	100%	75%	26%	75%	100%	28%	79%	100%	21%	25%
10	Documentation of payments made within 3 working days of approved request for EFA funding	63%	75%	26%	67%	100%	28%	71%	63%	-9%	-13%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Food Bank / Home Delivered Meals
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Alternate Sources Provider assists in seeking alternate food service sources/home delivered meals/ cleaning supplies; documentation in client file of food source investigation	100%	75%	91%	93%	100%	30%	87%	100%	13%	25%
8	Same Day Medical Visit Documented evidence in client file of same-day medical care	0%	75%	0%	0%	0%	64%	55%	0%	-55%	-75%
9	Medical Adherence Clients receiving food vouchers/pantry have at least one (1) documented medical visit within 6 month period of measurement year.	100%	75%	91%	93%	100%	48%	91%	100%	9%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Food Bank / Home Delivered Meals
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Alternate Sources Provider assists in seeking alternate food service sources/home delivered meals/ cleaning supplies; documentation in client file of food source investigation	93%	75%	22%	61%	80%	32%	87%	93%	6%	18%
8	Same Day Medical Visit Documented evidence in client file of same-day medical care	8%	75%	0%	0%	0%	49%	39%	8%	-32%	-68%
9	Medical Adherence Clients receiving food vouchers/pantry have at least one (1) documented medical visit within 6 month period of measurement year.	100%	75%	65%	76%	89%	49%	83%	100%	17%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Medical Transportation Services
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
13	Accessing MT: Clients provided policy for accessing MT as evidenced in client file	100%	75%	72%	100%	0%	72%	100%	100%	0%	25%
14	Screening for other Resources Documentation in client file of screening for eligibility for other transportation resources	100%	75%	72%	100%	100%	72%	87%	100%	13%	25%
15	Accommodations for related/affected individuals: Caregivers, related or affected individuals have access to MT for the benefit of the client; documented in client file	100%	75%	N/A	N/A	N/A	20%	91%	100%	9%	25%
16	Signed Statement: Documented in client file; signed by client; statement of safe and proper conduct	100%	75%	36%	100%	N/A	73%	91%	100%	9%	25%
17	Acuity Score Agency conveyance will document acuity scores and qualifiers for client accessing service	95%	75%	0%	100%	N/A	64%	83%	95%	12%	20%
18	No Shows Transportation log for no shows kept; CM notified and documented in client file	N/A	75%	100%	N/A	N/A	48%	83%	N/A	N/A	N/A
19	Maintain Access to Services & Retention in HIV Medical Care Transportation access & retention in medical care, mental health and substance abuse services	100%	75%	100%	85%	100%	72%	81%	100%	19%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Medical Transportation Services
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
13	Accessing MT: Clients provided policy for accessing MT as evidenced in client file	99%	75%	20%	N/A	100%	40%	92%	99%	7%	24%
14	Screening for other Resources Documentation in client file of screening for eligibility for other transportation resources	99%	75%	4%	N/A	100%	41%	83%	99%	16%	24%
15	Accommodations for related/affected individuals: Caregivers, related or affected individuals have access to MT for the benefit of the client; documented in client file	99%	75%	17%	N/A	64%	50%	77%	99%	22%	24%
16	Signed Statement: Documented in client file; signed by client; statement of safe and proper conduct	99%	75%	N/A	N/A	100%	N/A	89%	99%	10%	24%
17	Acuity Score Agency conveyance will document acuity scores and qualifiers for client accessing service	87%	75%	N/A	N/A	100%	47%	77%	87%	10%	12%
18	No Shows Transportation log for no shows kept; CM notified and documented in client file	100%	75%	35%	100%	N/A	13%	83%	100%	17%	25%
19	Maintain Access to Services & Retention in HIV Medical Care Transportation access & retention in medical care, mental health and substance abuse services	99%	75%	100%	78%	83%	75%	81%	99%	18%	24%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Health Insurance & Premium Cost Sharing Assistance (HIPCSA)
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
6	Eligibility Client files have documentation of eligibility review/assessment every 6 months; provider documents alternative funding sources and client status of eligibility for other funding	100%	75%	100%	76%	100%	N/A	89%	100%	11%	25%
7	Discharge Documentation of reason for discharge to include transition plan; adequate notice to client prior to discharge	95%	75%	0%	84%	63%	N/A	73%	95%	22%	20%
8	Payment to Vendor Documentation of payment to vendor within 3 days of approved request	54%	75%	100%	100%	90%	87%	77%	54%	-23%	-21%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Health Insurance & Premium Cost Sharing Assistance (HIPCSA)
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
6	Eligibility Client files have documentation of eligibility review/assessment every 6 months; provider documents alternative funding sources and client status of eligibility for other funding	100%	75%	4%	74%	82%	N/A	71%	100%	29%	25%
7	Discharge Documentation of reason for discharge to include transition plan; adequate notice to client prior to discharge	65%	75%	0%	74%	50%	N/A	65%	65%	0%	-10%
8	Payment to Vendor Documentation of payment to vendor within 3 days of approved request	52%	75%	21%	81%	100%	52%	67%	52%	-15%	-23%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Early Intervention Services (EIS)
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
10	Physical Exam Client files document PE by MD/prescribing provider	100%	75%	100%	100%	80%	26%	77%	100%	23%	25%
11	Client Education Documentation of education on HIV disease process, risk reduction, maintenance of immune system	100%	75%	100%	100%	100%	76%	83%	100%	17%	25%
12	Care Plan Documentation of Care Plan and follow up reassessment as indicated in client files	100%	75%	100%	88%	100%	71%	83%	100%	17%	25%
13	Coordination of Care Care plans document coordination and referral to Primary MCM	100%	75%	100%	88%	100%	76%	81%	100%	19%	25%
14	Medical Visit Evidence of 1 st medical visit within 30 days of EIS intake in client files	100%	75%	100%	100%	100%	80%	91%	100%	9%	25%
15	Psychosocial Assessment Completed Comprehensive Assessment includes MH and SA screenings	100%	75%	100%	96%	100%	76%	87%	100%	13%	25%
16	MH and SA Referrals Where indicated, referrals to MH and SA are in client files	100%	75%	100%	100%	100%	86%	91%	100%	9%	25%
17	Counseling and Crisis Intervention Evidence of access to counseling and crisis intervention services in client files, if applicable	100%	75%	100%	100%	100%	76%	83%	100%	17%	25%
18	Self-Management Goals Documented of newly enrolled EIS clients establishing self-management goals in client files	100%	75%	100%	88%	100%	71%	81%	100%	19%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Early Intervention Services (EIS)
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
10	Physical Exam Client files document PE by MD/prescribing provider	100%	75%	100%	100%	88%	5%	73%	100%	27%	25%
11	Client Education Documentation of education on HIV disease process, risk reduction, maintenance of immune system	100%	75%	100%	100%	100%	45%	79%	100%	21%	25%
12	Care Plan Documentation of Care Plan and follow up reassessment as indicated in client files	100%	75%	100%	100%	75%	45%	79%	100%	21%	25%
13	Coordination of Care Care plans document coordination and referral to Primary MCM	100%	75%	100%	100%	100%	45%	89%	100%	11%	25%
14	Medical Visit Evidence of 1 st medical visit within 30 days of EIS intake in client files	100%	75%	100%	100%	100%	45%	89%	100%	11%	25%
15	Psychosocial Assessment Completed Comprehensive Assessment includes MH and SA screenings	100%	75%	100%	100%	75%	45%	79%	100%	21%	25%
16	MH and SA Referrals Where indicated, referrals to MH and SA are in client files	100%	75%	0%	100%	75%	45%	91%	100%	9%	25%
17	Counseling and Crisis Intervention Evidence of access to counseling and crisis intervention services in client files, if applicable	100%	75%	100%	100%	63%	45%	83%	100%	17%	25%
18	Self-Management Goals Documented of newly enrolled EIS clients establishing self-management goals in client files	100%	75%	100%	100%	63%	45%	89%	100%	11%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Oral Health Services
 Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Full documented medical primary care information in chart	100%	75%	26%	0%	78%	60%	87%	100%	13%	25%
9	Health History: Documentation in client file of health history once per year; updates where indicated	100%	75%	82%	23%	84%	88%	91%	100%	9%	25%
10	Initial Oral Exam Patient must have an Initial comprehensive oral exam (ADA code D0150) and then periodic recall (ADA code D0120) oral evaluation at least twice each year to check any oral manifestations: linear gingival erythema (LGE) and necrotizing ulcerative periodontitis (NUP).	99%	75%	58%	55%	73%	97%	97%	99%	2%	24%
11	Treatment Plans Dental treatment plans developed and/or updated every six months; signed and dated by provider and client	91%	75%	55%	56%	76%	90%	93%	91%	-2%	16%
12	Semi-annual Exam Documentation of initial comp oral and semi-annual exam hard/soft tissue exam	95%	75%	50%	54%	76%	81%	97%	95%	-2%	20%
13	Oral Health Education Documented evidence of Oral health education provided at least once in year	92%	75%	39%	11%	54%	62%	93%	92%	-1%	17%
14	Tobacco Screen: Clients screened for tobacco use	96%	75%	27%	4%	23%	10%	77%	96%	19%	21%
15	Tobacco Cessation: As indicated, client receives smoking/tobacco cessation education	79%	75%	27%	4%	23%	10%	77%	79%	2%	4%
16	Oral Hygiene Education Documented education provided on oral hygiene instructions	92%	75%	42%	19%	56%	59%	88%	92%	4%	17%
17	Oral Exam Documentation of oral exam by dentist at least once during grant year	98%	50%	100%	63%	84%	97%	97%	98%	1%	48%
18	Periodontal Screen/Exam Documented periodontal screen or exam at least once in year	94%	50%	50%	60%	39%	77%	85%	94%	9%	44%
19	Phase 1 Treatment Plan Documented complete Phase 1 treatment plan within 12 months of establishing plan	91%	50%	37%	46%	54%	87%	93%	91%	-2%	41%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Oral Health Services
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
8	Full documented medical primary care information in chart	97%	75%	13%	13%	57%	33%	71%	97%	26%	22%
9	Health History: Documentation in client file of health history once per year; updates where indicated	97%	75%	34%	18%	50%	33%	67%	97%	30%	22%
10	Initial Oral Exam Patient must have an Initial comprehensive oral exam (ADA code D0150) and then periodic recall (ADA code D0120) oral evaluation at least twice each year to check any oral manifestations: linear gingival erythema (LGE) and necrotizing ulcerative periodontitis (NUP).	97%	75%	18%	77%	50%	56%	83%	97%	14%	22%
11	Treatment Plans Dental treatment plans developed and/or updated every six months; signed and dated by provider and client	74%	75%	34%	85%	54%	31%	89%	74%	-15%	-1%
12	Semi-annual Exam Documentation of initial comp oral and semi-annual exam hard/soft tissue exam	66%	75%	18%	69%	50%	27%	85%	66%	-19%	-9%
13	Oral Health Education Documented evidence of Oral health education provided at least once in year	65%	75%	18%	33%	29%	33%	67%	65%	-2%	-10%
14	Tobacco Screen: Clients screened for tobacco use	74%	75%	0%	7%	0%	29%	67%	74%	7%	-1%
15	Tobacco Cessation: As indicated, client receives smoking/tobacco cessation education	66%	75%	0%	7%	0%	29%	67%	66%	-1%	-9%
16	Oral Hygiene Education Documented education provided on oral hygiene instructions	61%	75%	18%	31%	29%	31%	73%	61%	-12%	-14%
17	Oral Exam Documentation of oral exam by dentist at least once during grant year	97%	50%	37%	87%	57%	87%	91%	97%	6%	47%
18	Periodontal Screen/Exam Documented periodontal screen or exam at least once in year	54%	50%	21%	82%	38%	35%	85%	54%	-31%	4%
19	Phase 1 Treatment Plan Documented complete Phase 1 treatment plan within 12 months of establishing plan	47%	50%	6%	77%	25%	32%	87%	47%	-40%	-3%

Quality Management Outcomes for Bexar County Ryan White Part A Program
 Linguistic Services
 Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
5	Same-day Medical Care Clients accessing linguistic services have documented evidence in file of same day medical care	40%	75%	N/A	N/A	N/A	N/A	11%	40%	29%	-35%
6	Medical Appointments Clients receiving Linguistic Services have at least one (1) documented medical visit within 6 month period of measurement year.	100%	75%	N/A	N/A	N/A	N/A	100%	100%	0%	25%
7	Client Satisfaction Documented evidence of increased satisfaction in medical care; reported by client/evident in satisfaction survey completed.	100%	75%	N/A	N/A	N/A	N/A	100%	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
Hospice Services
Ryan White Part B

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Physician Certification Physician must certify that a client is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
8	Physician Referral Documentation of written and verbal physician orders in client file	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
9	Reason for Refusal Documentation, where applicable, in provider log indicating reason for refusal of referral of client	N/A	75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	Discharge/Transfer Plan Where indicated, documentation of discharge or transfer plan is in client file	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
11	Comprehensive Health Assessment Documented comprehensive health assessment w/in 48 hours of admission	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
12	Care Plan Care plan/treatment plan documented w/in 7 days of admission and reviewed monthly in client file	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
13	Medication Log: Documented evidence of medication log in client file indicating medication, dosage, and frequency; RN signature required for meds given	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
14	PRN Medication Log: Documentation in client file of as needed (PRN) meds, including client name, dose, route, reason, result with signature and title of staff giving meds	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
15	Physician Orders Transcribed and documented by RN in client file	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
16	Bereavement and Counseling: Documentation of bereavement & counseling svcs for family members consistent with MH counseling	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
17	Care Plan Communication Provider will maintain consistent plan of care and communicate changes from the initial plan to the referring provider.	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%

Quality Management Outcomes for Bexar County Ryan White Part A Program
Hospice Services
Ryan White Part A

Chart Monitoring Standards		2014 TGA AVG	SOC GOAL	2009	2010	2011	2012	2013	2014	% Change from Prev YR	% of SOC Goal 2014
7	Physician Certification Physician must certify that a client is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
8	Physician Referral Documentation of written and verbal physician orders in client file	100%	75%	100%	100%	0%	100%	100%	100%	0%	25%
9	Reason for Refusal Documentation, where applicable, in provider log indicating reason for refusal of referral of client	N/A	75%	0%	0%	0%	0%	N/A	N/A	N/A	N/A
10	Discharge/Transfer Plan Where indicated, documentation of discharge or transfer plan is in client file	100%	75%	100%	100%	0%	100%	100%	100%	0%	25%
11	Comprehensive Health Assessment Documented comprehensive health assessment w/in 48 hours of admission	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
12	Care Plan Care plan/treatment plan documented w/in 7 days of admission and reviewed monthly in client file	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
13	Medication Log: Documented evidence of medication log in client file indicating medication, dosage, and frequency; RN signature required for meds given	100%	75%	100%	100%	0%	100%	100%	100%	0%	25%
14	PRN Medication Log: Documentation in client file of as needed (PRN) meds, including client name, dose, route, reason, result with signature and title of staff giving meds	100%	75%	100%	100%	0%	100%	100%	100%	0%	25%
15	Physician Orders Transcribed and documented by RN in client file	100%	75%	100%	100%	0%	100%	100%	100%	0%	25%
16	Bereavement and Counseling: Documentation of bereavement & counseling svcs for family members consistent with MH counseling	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%
17	Care Plan Communication Provider will maintain consistent plan of care and communicate changes from the initial plan to the referring provider.	100%	75%	100%	0%	0%	100%	100%	100%	0%	25%