



Progress Report Form FY 2018-2019

Agency:

Submitted by:

Date submitted:

- Reporting period: **Quarter 1 and 2 (July 1-Dec 31, 2018)**
Due: Jan 31, 2019
- Quarter 3 and 4 (Jan 1-June 30, 2019)**
Due: July 31, 2019

HIV case management providers are required to submit progress reports to the HIV Community Services Program in order to provide a written evaluation of their Agency service delivery system, including strengths, challenges, and Quality Management efforts. The HIV Community Services team reviews these reports and follows up with providers on identified items and offers technical assistance and training. Report information is used for program planning and evaluation purposes.

Section I: HIV Home Test Kit Inventory

a.	Did your Agency have any Home Test Kits left over from last reporting period?	
b.	Did your Agency order any Test Kits this reporting period?	

If a. or b. are “yes”, please email your completed “Home Test Kit Inventory” excel worksheet.

Section II: Performance measures narrative

HIV Community Services will provide 6 months of performance measure data to your Agency by the 10th of the next month after the end of the reporting period. Once you receive your performance measure data¹, **complete an Agency narrative below** describing your current and/or future plan at reaching or exceeding the identified goal **for each performance measures that did not meet the goal** as listed in “Your Agency Outcome” section².

¹ Performance Measure data is preliminary and may not match final annual figures due to data entry delay, end of the year data clean-up, and exclusions.

² If your Agency did not meet the PM goal, “Your Agency Outcome” percentage will be red



You are encouraged to include the following information in your plan: data analysis for health disparities across different demographics; client outreach/referral, service delivery evaluations and/or changes, assessment of barriers, quality improvement project, and/or request for program TA/training.

Performance Measure:	Viral Suppression		
Goal	90% of clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test.		
CAREWare Performance Measures Worksheet: SC or SR - 01			
Your Agency Outcome:		Part B Agencies Outcome:	
Your Agency N:	<i>Numerator (N)</i> description: Clients VL lab entry in CW in the last 12 months was under 200 copies/mL.		
Your Agency D:	<i>Denominator (D)</i> description: Clients who received a service this reporting period and had a VL lab entry in CW in the last 12 months.		
Agency Narrative: describe your current and/or future plan for reaching or exceeding the goal (if you met the goal, leave this section blank or write N/A).			



Performance Measure:	No Gap in medical visits in 12 months		
Goal	90% of clients have a medical visit in the last 12 months		
CAREWare Performance Measures Worksheet: SC or SR - 05			
Your Agency Outcome:		Part B Agencies Outcome:	
Your Agency <i>N</i> :	<i>Numerator (N)</i> description: Clients who had a CD4 or Viral load lab entry in the last 12 months		
Your Agency <i>D</i> :	<i>Denominator (D)</i> description: Clients who received a service this reporting period		
Agency Narrative: describe your current and/or future plan for reaching or exceeding the goal (if you met the goal, leave this section blank or write N/A).			

Performance Measure:	RN Care Plan		
Goal	90% of Medical Case Management (MCM) clients have a RN Care Plan developed and/or updated 2 or more times a year.		
CAREWare Performance Measures Worksheet: SC or SR - 12			
Your Agency Outcome:		Part B Agencies Outcome:	
Your Agency <i>N</i> :	<i>Numerator (N)</i> description: Clients with at least one of the following service entries in CW this reporting period: Regional=RN Care Plan County=RCP-RN Care Plan		
Your Agency <i>D</i> :	<i>Denominator (D)</i> description: Clients who received a Medical Case Management service this reporting period and the client's most recent Acuity was one of the following: Regional=Acuity RN 3 or RN 4 County=Acuity 2-4		
Agency Narrative: describe your current and/or future plan for reaching or exceeding the goal (if you met the goal, leave this section blank or write N/A).			



Performance Measure:	Stable Housing		
Goal	95% of clients have stable housing.		
CAREWare Performance Measures Worksheet: SC or SR – 12			
Your Agency Outcome:		Part B Agencies Outcome:	
Your Agency N:	<i>Numerator (N)</i> description: Clients CW Annual Tab “Housing Arrangement” entry is listed as “ <i>stable/permanent</i> ”		
Your Agency D:	<i>Denominator (D)</i> description: Clients who received a case management or housing this reporting period		
Agency Narrative: describe your current and/or future plan for reaching or exceeding the goal (if you met the goal, leave this section blank or write N/A).			

Section III: Program narrative

Please answer the following eight sections for this reporting period:

1. Service delivery
 - a. Describe the strengths and/or improvements in delivering services:

 - b. Describe the problems and/or challenges in delivering services:

2. Community Resources and Referrals
 Describe efforts undertaken by your Agency and/or case manager(s) to build and/or maintain relationships with community resources and ensure Ryan White funds are payer of last resort:

3. Closed Cases
 - a. Provide the number of clients you have closed from case management during the reporting period for each enrollment status at closing.



Enrollment Status at closing (Reason)	# of closed cases
Referred or discharged	
Removed	
Incarcerated	
Relocated	
Deceased	

b. Describe efforts, both successes and challenges, to provide follow up and engagement with persons who were at risk of following out of care or were lost to follow-up.

4. Case Conferencing

a. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, to reduce duplication of services, and ensure Ryan White funds are payer of last resort.

a. 1. Describe your monitoring process to ensure case conferencing occurs with other providers.

b. Regular case conferences are strongly encouraged for clients who are virally unsuppressed, newly diagnosed, have a high acuity, or a high acuity life area in housing, mental health and/or substance use.

b. 1. Provide a specific example of a client (no client names) who meets one of the issues listed in 4.b. above, and describe your efforts at using case conferencing to address one or more of the following: identify or clarify issues regarding a client’s status, needs and goals; review activities including progress and barriers towards meeting the goals; map roles and responsibilities of the participants; resolve conflicts or strategize solutions; and/or create an integrated Care Coordination Plan.

b. 2. How was this client informed and/or involved in the case conferencing?

5. Quality Management

a. Quality Assurance (QA) activities are a retrospective review of measuring **compliance with service delivery and standards of care.** QA is not the same as QI, although the results of QA activities can be used to develop QI activities.



- a. 1. Describe your QA activities or projects³ and include changes made or planned to improve QA compliance:

- a. 2. Describe how you used or plan to use the QA results to make changes in your program to ensure improvement in client care, health outcomes, and/or client satisfaction:

- b. **Quality Improvement (QI) entails the development and implementation of activities to make changes to your program in response to your performance measure and outcomes data.**
 - b. 1. Describe your current or upcoming Quality Improvement (QI) activities or projects⁴ planned at your agency or program to improve client care, health outcomes and/or client satisfaction. If your agency or program does not currently have a specific QI project, describe how you are ensuring you are using performance measure data to identify needed changes to improve client care or health outcomes.

 - b. 2. If your QI project or activities ended, describe how changes or improvements (as a result of your QI activity) had a positive impact on your agency or program's client care, health outcomes, and/or client satisfaction. If there were no changes/improvements, state what additional changes and QI activities are planned in the future:

 - b. 3. Describe what type of formal client complaints/grievances agency leadership received and if it was resolved (no client name or specifics). What program changes or QI activities are planned to address client satisfaction for this type of complaint/grievance received:

6. **Trauma Informed Care**
Describe efforts made by your agency or case manager(s) to implement the principles of trauma informed services: safety, trust, empowerment, choice, and collaboration.

³ Examples of QA activities: site visits (compliance plan), data entry and chart reviews, service utilization reviews/committee, and other data quality evaluations.

⁴ QI activities are aimed at improving client care, health outcomes, and client satisfaction.



7. Training or technical assistance
 - a. Describe training received/attended by your agency or case manager(s):

 - b. Are there any training or technical assistance needs you have at this time.

8. Recommendations or improvements
Please provide any recommendations or improvement ideas (related to case management standards, policies, forms, technical assistance, CAREWare, Reporting, communication, etc.) you have for the HIV Community Services Program.