2015 - 2017

CQM PLAN

Riverside/San Bernardino, CA TGA

Ryan White Program
Part A/MAI

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DEVELOPMENT

In addition to Ryan White Program Part A/MAI staff, this document was developed with contributions and input from the following:

- Provado The Group, Inc.
- Norcott Consulting
- CQM Workgroup – Consisting of representatives from:
    - AIDS Healthcare Foundation (AHF)
    - Desert AIDS Project (DAP)
    - Foothill AIDS Project (FAP)
    - Riverside County Department of Public Health
    - Inland Empire HIV/AIDS Planning Council (IEHPC)

CLINICAL QUALITY MANAGEMENT PLAN
Riverside/San Bernardino, CA Transitional Grant Area

RYAN WHITE LEGISLATION

The United States Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 and reauthorized and amended it in 1996 and 2000. The CARE Act was reauthorized again in December of 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and was extended for four more years in October of 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. Ryan White provides funding to cities, states, and other public and private entities for the provision of medical and support services to individuals with HIV and AIDS who have low incomes and little or no insurance.

Section 2604(h)(5) of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires that the chief elected official (CEO) of a Ryan White eligible area establish a Clinical Quality Management (CQM) Program to:

1. *Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infections; and*
2. *Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.*

CLINICAL QUALITY MANAGEMENT PROGRAM

Quality Statement

The Ryan White Program's (RWP) CQM Program is committed to promoting maintenance in medical care and improving health outcomes of People Living With HIV/AIDS (PLWHA) in the Riverside/San Bernardino, CA Transitional Grant Area (TGA) by ensuring the provision of high quality and culturally/linguistically competent medical care and support services to PLWHA who are not able to obtain needed services via other programs/funding sources.

Purpose

The purpose of this plan is to set forth a coordinated, systematic approach to addressing quality assessment and improvement throughout the Riverside/San Bernardino, CA TGA.

Definition of Quality

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Treatment Extension Act of 2009. HAB defines quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations."

HRSA's Quality Goals

The Ryan White CQM Program addresses the following key *Ryan White themes along the entire HIV Care Continuum*:

- Improve efforts to identify and inform individuals living with HIV and AIDS who are unaware of their HIV/AIDS status
- Improve access to and retention in care for HIV+ individuals that are aware of their status
- Improve quality of services and improve related outcomes
- Link support services to core medical services
- Improve use of epidemiological, quality, and health outcomes data for planning and priority setting
- Increase accountability and participation of all stakeholders
- Change/adapt with the epidemic

Furthermore, in support of HRSA's mission, "to improve the Nation's Health by assuring equitable access to comprehensive quality health care", the Riverside/San Bernardino CA TGA's CQM Plan incorporates *HRSA's five, long-range strategies*:

1. Reduce Barriers to Care
2. Reduce Health Disparities
3. Improve Quality of Care
4. Strengthen Public Health and Health Care Access
5. Improve the Emergency Preparedness of the Health Care System

In addition to the HRSA goals and strategies, the TGA must align its efforts with the goals and objectives of the *National HIV Strategy* which is a five-year plan that details principles, priorities, and actions to guide the national response to HIV. The national strategy goals closely match those mentioned above:

1. Reduce New Infections
2. Increase Access to Care and Improve Health Outcomes for PLWH
3. Reduce HIV-Related Health Disparities and Health Inequities
4. Achieve a more Coordinated National Response to the HIV Epidemic

All of these strategies, as well as the associated targets, have been incorporated into this revised plan accordingly.

CQM STAKEHOLDERS AND INFRASTRUCTURE

Various stakeholders in the TGA play a role in meeting HRSA CQM requirements and achieving the goals and overall mission of the CQM Program:

San Bernardino County Board of Supervisors (BOS)

The Chair of the BOS is the Chief Elected Official (CEO) and Grantee for Ryan White funds awarded by HRSA to the Riverside/San Bernardino CA TGA. The BOS, therefore, is the official recipient of Ryan White funds in the TGA and is ultimately responsible for ensuring the proper administration of the Ryan White Program and for ensuring that all legal requirements are met. The BOS designates the San Bernardino County Administrative Office (CAO) as its Ryan White representative and appoints the members of the Inland Empire HIV Planning Council (IEHPC). The BOS delegates the Clinical Quality Management duties to the CAO and the Ryan White Program.

San Bernardino County Administrative Office (CAO)

The CAO is designated by the BOS as the Ryan White Grantee for the Riverside/San Bernardino CA TGA. The CAO designates the Ryan White Program of the San Bernardino County Department of Public Health (RWP) as the RW Grantee Representative and as the section responsible for administering the RW Part A grants in the Riverside/San Bernardino CA TGA. The CAO delegates Clinical Quality Management activities to the Ryan White Program.

San Bernardino County Department of Public Health Ryan White Program (RWP)

The RWP of the Department of Public Health is designated by the CAO as the RW Grantee Representative and is responsible for the day-to-day administration of the RW Part A grant in the Riverside/San Bernardino TGA. One of the responsibilities of the RWP is to conduct program and fiscal monitoring, including the assessment of quality and quantity of RW-funded services delivered by RW-funded service providers.

To meet its responsibilities, the RWP designates the entire allowable amount of RW funds (5% of the grant expenditures) to its CQM Program to manage the necessary CQM activities. The CQM Program is a vital component of the RWP and is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards and best practices. The program is designed to address quality assurance (QA) and quality improvement (QI) for all core and support services funded by Ryan White Part A in the Riverside/San Bernardino, CA TGA. In collaboration with the RWP Program Manager and Program Coordinator (both part-time), the CQM Coordinator (full time) is charged with the overall leadership and organization of CQM-related activities. The CQM Coordinator is assisted by an ARIES Data Manager/Staff Analyst, Secretary, Information Tech, and Epidemiologist (all part-time).

Specifically, the CQM Program is responsible for the following:

1. **Leading/facilitating** the development and revision of the TGA-wide CQM Plan
2. **Convening** CQM workgroups as needed to address and meet goals and objectives
3. **Monitoring and analyzing** data to assess progress and inform revision of plans
4. **Keeping up-to-date** with requirements, guidelines, and best practices
5. **Communicating with the IEHPC** and providing periodic CQM reports to the IEHPC
6. **Communicating with service providers** concerning CQM activities and progress
7. **Communicating frequently with HRSA** for guidance and for reporting CQM progress

Administrative Services Unit of the SB County Department of Public Health

As directed by the San Bernardino County Department of Public Health, the Administrative Services Unit (ASU) conducts various administrative functions related to grants, including the procurement of services and contract/fiscal monitoring of the resulting contracts. The ASU works closely with the CQM Program in monitoring for compliance.

Inland Empire HIV Planning Council (IEHPC)

The basic functions of the IEHPC are to assess needs, establish a plan for the delivery of HIV care in the TGA, and establish priorities for the allocation of RW funds. The IEHPC charges its Clinical Quality Management Committee with the responsibility of gathering and assessing quality management data, including reports from the RWP office, for inclusion in continuum of care planning as well as its other mandated functions. Specifically, the IEHPC is involved in CQM in the following ways:

1. **Reviews and provides input** for the TGA-wide CQM Plan
2. Develops the 3-year **Comprehensive HIV/AIDS Services Plan** for the TGA
3. Develops and revises the **Standards of Care** for all RW-funded services
4. **Reviews** RWP updates on CQM activities on a monthly basis
5. **Reviews** CQM reports submitted by the RWP office, as necessary

Ryan White-Funded HIV/AIDS Service Providers (providers)

As of March 2014, the RWP currently funds five (5) agencies that provide core and support services to approximately 3,500 PLWHA in the TGA. These providers are responsible for developing and managing provider-level CQM programs. Specific provider responsibilities include:

1. **Reviewing and providing input** for the TGA-wide CQM Plan
2. Developing/implementing **provider-specific CQM Plans** with time-sensitive goals/objectives
3. Soliciting and maintaining **consumer involvement** in the agency's CQM program
4. **Ensuring provider-level CQM requirements are met** including those delineated in the TGA-wide CQM Plan, contracts, and the IEHPC standards of care
5. Ensuring requirements are met that relate to **data collection and reporting**
6. **Requesting CQM technical assistance** from the RWP when necessary
7. **Participating in various CQM workgroups** and relevant IEHPC committees to provide input regarding CQM aspects.

Ryan White-Funded HIV/AIDS Service Consumers and All People Living with HIV/AIDS

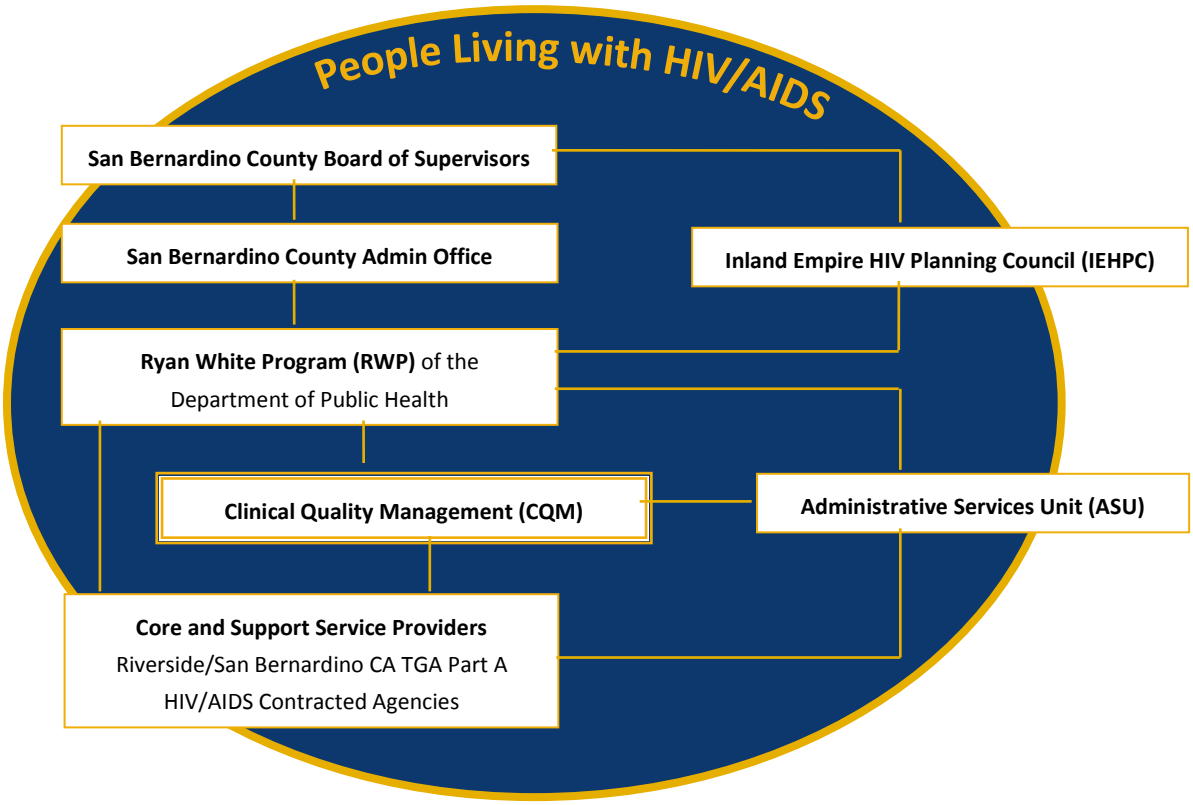
People living with HIV/AIDS (PLWHA) play a key role throughout the entire HIV/AIDS care system. Planning Councils are legislatively required to maintain not less than 33% unaligned consumer membership and must ensure representation from various groups such as historically underserved PLWHA and formerly incarcerated PLWHA. The benefits of PLWHA involvement include: a diverse service consumer perspective, a real-world perspective, identification of needs, identification of service barriers, reporting on service quality, and additional PLWHA recruitment. Specifically, PLWHA responsibilities include:

1. **Reviewing and providing input** for the TGA-wide CQM Plan
2. Participating in **Needs Assessments**
3. Participating in **Client Satisfaction surveys**
4. Participating in provider-level CQM programs and **client advocacy groups**
5. Participating in various **IEHPC committees**
6. **Providing feedback** to RW-funded service providers, IEHPC, RWP, and BOS.

CQM Stakeholder Infrastructure

As prescribed in legislation and depicted in the chart on the next page, the BOS has the ultimate responsibility of establishing a CQM program to ensure compliance with HIV Public Health Service guidelines and to ensure access to high quality HIV health services. However, day-to-day CQM responsibilities are delegated to the Ryan White Program with leadership and organization provided by the CQM Coordinator of the CQM Program. The CQM Coordinator works closely with the IEHPC, ASU, and service providers to achieve the TGA's CQM goals and objectives. Most importantly, PLWHA that utilize RW-funded services are involved in the entire CQM system as it is the improvement of their health and quality of life that is the driving force behind all CQM activities.

The following is a depiction of the CQM stakeholder relationships:



TGA-WIDE CQM PROGRAM GOALS, OBJECTIVES, AND PROCESSES

Ongoing Program Goals and Objectives

The following CQM Program goals/objectives and underlying activities must occur every year to meet the basic needs/requirements of the CQM Program in the Riverside/San Bernardino, CA TGA:

A. Develop, maintain, and expand the TGA CQM Program
1. Review/update TGA CQM Plan
2. Review/analyze CQM indicators
3. Review provider-level CQM Plans
4. Assist IEHPC with development/review/revision of Standards of Care
5. Provide access to CQM-related trainings/technical assistance for IEHPC & providers
6. Provide CQM reports to IEHPC and providers
7. Facilitate collaboration with stakeholders

B. Ensure adherence to guidelines / requirements
1. Review USPHS Guidelines
2. Review/synthesis/incorporate National HIV Strategy
3. Review/synthesis HRSA policies/requirements
4. Review IEHPC Standards of Care
5. Develop/revise/distribute RWP policy letters
6. Develop/revise contract language
7. Develop/revise program monitoring tools
8. Conduct program monitoring
9. Collect and follow-up on corrective action plans (CAPs)
10. Provide technical assistance/trainings
C. Maintain / expand data collection / reporting
1. Review/increase use of ARIES in CQM processes
2. Review/increase use of surveillance data in CQM processes
2. Develop/revise/distribute policies related to data completeness and accuracy
3. Develop/revise contract language related to data requirements and reporting
4. Monitor data accuracy and completeness
5. Collect and follow-up on data-related CAPs
6. Provide technical assistance/trainings
7. Develop and present CQM data reports

Client-Level Goals and Objectives

The CQM Program has considered several factors, including USPHS guidelines, HRSA requirements, HAB Performance Measures, the National HIV/AIDS Strategy, IEHPC directives and service standards, and best practices to develop a comprehensive set of client-level quality goals. See **Attachments 1 and 2** for the most current list of client-level indicators. CQM client-level indicators are grouped by priority with those most important designated as Priority Group A. Priority Group A goals (green) are those that are the most nationally recognized and recommended as well as those that are required for various reporting. Although all indicators are considered important to client health, the RWP office encourages service providers to prioritize both the Group A (green) and Group B (purple) indicators when committing resources. Also, while the ultimate goal is to improve the health of the TGA as a whole (all PLWHA and all high-risk HIV negative individuals), service providers are required to specifically monitor these prioritized indicators for clients receiving Ryan White Part A-funded services and develop methods to improve outcomes for these clients.

TGA CQM Program Processes

1. **TGA CQM Plan Development:** The CQM Program drafted the TGA-wide CQM Plan and presented it to stakeholders for feedback. The final CQM Plan reflects the feedback of these stakeholders and is the foundation upon which all RWP CQM efforts in the TGA should be built. Workgroups will be convened periodically to provide input for the development of plans for specific CQM projects. Participation will include RWP CQM staff and RW-funded provider staff and may also include representation from one or more of the following stakeholders, when appropriate: non-affiliated, unaligned, non-conflicted IEHPC members, RW clients, and other HIV service providers. Specific participation will depend on the subject matter. For instance, the Pharmacy Formulary Workgroup consists primarily of those that deliver HIV pharmacy services and clients that receive RW-funded pharmacy services.

2. **TGA CQM Education/Training:** With input from CQM workgroups, the RWP develops policies to inform service providers of CQM requirements and provide guidance for reaching TGA-wide goals. The RWP then provides general CQM education/training to RW-funded providers and the IEHPC biannually, at a minimum. This is accomplished through CQM-specific meetings and/or as part of routinely scheduled Provider Network and IEHPC meetings. Other, more specific CQM trainings are convened as needed. ARIES-specific information dissemination and trainings are provided during monthly ARIES Technical-lead teleconferences and during specially convened ARIES trainings.

3. **TGA CQM Performance Measurement:** Several methods are used to measure performance of TGA-wide CQM activities:
   - **ARIES:** Service providers are required to enter and update various data elements in ARIES, including client demographics, eligibility information, and CD4 counts/viral loads. The RWP monitors ARIES data entry on a regular basis. Some elements, such as service provision, are monitored on a monthly basis while others, such as eligibility documentation and demographic elements, are monitored biannually. Health outcomes and other CQM indicators are monitored throughout the year. Performance is measured for individual providers to determine if assistance is needed. If a service provider is found to be deficient in an area, RWP staff meets with the service provider to discuss challenges and identify a course of action for improvement. ARIES also allows service providers to monitor their own progress in real time with various reports. See **Attachment 3** for a detailed description of the measures captured in the ARIES canned report: *HAB QM Indicators Summary Report*.
   - **Annual Program Monitoring Visits:** The RWP office conducts comprehensive program monitoring that includes monitoring for compliance with CQM requirements (such as the existence of provider-level CQM plans) and data accuracy/completeness requirements. Service providers are required to submit Corrective Action Plans for aspects that are deficient.
   - **Client-Level Assessments:** Service providers are required to administer client-level assessments including annual client satisfaction surveys that include questions related to agencies' cultural and linguistic competency.
   - **Provider-Level Assessments:** Service providers are required to complete agency assessments to establish baselines and assess progress related to aspects that are not easily measured through quantitative means (e.g. organizational cultural competency). These assessments are followed by written plans for maintenance/improvement and subsequent status reports.

- **Provider Self-Audits:** Service providers are contractually required to assess their own compliance and progress halfway through the fiscal year and report the results to the RWP office. This exercise is intended to gauge providers' readiness for annual on-site monitoring visits at the end of the fiscal year. Providers utilize ARIES as well as chart reviews to conduct self-audits. In addition, all providers have developed provider-level CQM Plans and are expected to assess and update these plans annually.

4. **TGA CQM Program Evaluation:** The CQM Program evaluates the progress and impact of CQM activities on a regular basis. The CQM Plan is revisited and reviewed at least annually to determine if it is effective in guiding activities for the completion of quality initiatives. Individual CQM projects are evaluated to determine if the activities were worthwhile, cost effective, and sustainable. Ultimately, the effect on quality measures, including client health outcomes, is evaluated to determine if quality efforts result in improved client health. Workgroups are convened, as necessary, to assist in these evaluation activities.

   The results of these various evaluations are fed back into the process to revise the approach, if necessary, utilizing the *Plan-Do-Study-Act* (PDSA) approach. Some CQM projects require short PDSA cycles over a month while others require a full year before results can be obtained and analyzed.

PROVIDER-LEVEL GOALS, OBJECTIVES, AND PROCESS

Provider-specific Goals and Objectives

In developing their agencies' CQM goals, providers should first refer to the TGA's Priority Group A performance indicators in **Attachments 1 and 2** and consider addressing these priorities first. Providers should then prioritize other issues that their agencies need to address and develop strategies and plans for improving these issues.

Provider-level CQM Program Processes

1. **Provider-specific CQM Plan Development:** Each agency must develop its own CQM Plan delineating provider-specific goals that address TGA-wide goals as well as goals that are unique to the agency. The plan should identify the staff position that is designated to coordinate CQM activities and should indicate the various stakeholders that will be involved in providing input for the development of the plan as well as in the development of specific CQM projects. Participation in the workgroups could include agency administration, agency CQM staff, agency line staff, and clients.

   Service providers can access the National Quality Center (NQC) website at http://nationalqualitycenter.org/index.cfm/5857/12591 and download a copy of the *HIV/AIDS Bureau Quality Management Manual* as well as browse through the plethora of other CQM related resources. The manual provides step-by-step guidance for the development and implementation of a quality management program, including sections related to the development of CQM plans and quality indicators. Another useful guide is entitled, *Building Capacity of Statewide Quality Management Programs*. Although the guide is geared more towards Part B grantees (state grantees), the information is useful for all HIV/AIDS service

entities. Copy and paste the following in your internet browser address bar to download the guide: nationalqualitycenter.org/download_resource.cfm?fileID=18240.
Yet another helpful NQC tool is the *QM Plan Review Checklist,* which can be accessed by clicking on the following link: http://nationalqualitycenter.org/index.cfm/5923/15139 . The NQC Quality Academy also offers several useful Tutorials; click here: http://nationalqualitycenter.org/index.cfm/17263 .

2. **Provider-level CQM Education/Training:** Each agency must educate/train agency staff in basic CQM. In addition, CQM plans and projects must be clearly communicated to staff members to ensure everyone understands the process and is aspiring to the same goals. Service providers should do whatever possible to encourage learning opportunities related to CQM.

3. **Provider-level CQM Performance Measurement:** Service providers should regularly review data for performance measurement and periodically report findings to the Ryan White Program. Data for performance measurement can come from a variety of sources, such as:
   - ARIES client data (e.g. demographics, service utilization, health outcomes) [See **Attachment 2** and **Attachment 3** for information regarding the utilization of ARIES in tracking measures.]
   - Electronic Medical Record (EMR) systems
   - Appointment systems (missed appointments)
   - Chart reviews
   - Client-level assessments such as Client Satisfaction Surveys
   - HIVQUAL (if utilized)

4. **Evaluation of Provider-level CQM Program:** Similar to the TGA's CQM Program process, the provider-level CQM Programs must evaluate the progress and impact of CQM activities on a regular basis. Providers should revisit and review their agencies' CQM Plans at least annually to determine if they are effective in guiding activities for the completion of quality initiatives. Individual CQM projects should be evaluated to determine if the activities were worthwhile, cost effective, and sustainable. Ultimately, the effect of quality indicators should be the improvement of client health.

   The results of these various evaluations should be fed back into the process to revise the approach, if necessary, utilizing the Plan-Do-Study-Act (PDSA) approach. Any successes should be communicated to staff through rewards and recognition to encourage continued success. In addition, best practices should be replicated and shared with the Ryan White Program and other TGA service providers. Sustaining improvement is also important. Once an improvement plan is shown to be successful, a regular monitoring schedule should be implemented to determine whether the plan remains successful over time.

SUMMARY

Throughout the year, CQM Program staff will collaborate with service providers, consumers, workgroup members, and the IEHPC to continuously work together to improve care thereby making significant changes that improve clinical outcomes and reduce cost. Everyone plays a valuable part in improving the quality of services provided to people living with HIV/AIDS in the Riverside/San Bernardino, CA TGA.

The following tables provide detailed information on each indicator listed in the summary table that follows (Attachment 2). Additional guidelines for many of the indicators can also be found on the HRSA website here: HRSA/ HAB HIV Performance Measures
→ http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

Performance Indicator:	HIV Positivity	Priority Group A – Core Indicator 1	
Percentage of HIV positive tests during the measurement year.			
Numerator:	Number of HIV positive tests in the 12-month measurement period.		
Denominator:	Number of HIV tests conducted in the 12-month measurement period.		
Exclusions:	None		
Data Elements:	1. Number of HIV tests conducted in the measurement year a. Of the number of HIV tests conducted, number that were HIV positive.		
Measurement Source:		Goal:	Based On
ARIES: Outreach Module		1.1%	CDC 2007 – 2011 HIV Positivity Rate
ARIES Report: N/A			
OTHER: EIS Logs, Testing Logs, LEO			

Performance Indicator:	Late HIV Diagnosis (% NOT late)	Priority Group A – Core Indicator 2	
Percentage of individuals that DO NOT have a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV.			
Numerator:	Number of persons that DO NOT have a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period.		
Denominator:	Number of persons with an HIV diagnosis in the 12-month measurement period.		
Exclusions:	None		
Data Elements:	1. Did the individual receive an initial diagnosis of HIV in the measurement year? Y/N a. Did the individual NOT receive a diagnosis of Stage 3 HIV (AIDS) within 3 months of his/her initial diagnosis of HIV? (Y/N)		
Measurement Source:		Goal:	Based On
ARIES: HIV/AIDS Diagnosis Dates		81% (or incr by 25%)	CDC Division of HIV/AIDS Prevention Strategic Plan 2011-2015 (opposite goal)
ARIES Report: Custom Report TBD			
OTHER: eHARS			

Performance Indicator:	Linkage to HIV Medical Care (w/in 3 months)	Priority Group A – Core Indicator 3a	
Percentage of newly dx individuals who attended a routine HIV medical care visit within 3 months of HIV diagnosis.			
Numerator:	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis.		
Denominator:	Number of persons with an HIV diagnosis in last 15-months.		
Exclusions:	Persons diagnosed with HIV in last 3 months.		
Data Elements:	1. Did the individual receive a diagnosis of HIV in the measurement period? Y/N a. If yes, did the individual receive a diagnosis of HIV in the last 3 months? Y/N i. If no, did the individual have at least one routine HIV medical care visit within 3 months of a dx of HIV?		
Measurement Source:		Goal:	Based On
ARIES: HIV/AIDS Diagnosis Date + Medical Visit Service Date or CD4 or Viral Test Date		85%	National HIV/AIDS Strategy Targets for 2020
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)			
OTHER: eHARS; LDAT			

Performance Indicator:	Linkage to HIV Medical Care (w/in 30 days)	Priority Group A – Core Indicator 3b
Percentage of newly dx individuals who attended a routine HIV medical care visit within 30 days of HIV diagnosis.		
Numerator:	Number of persons who attended a routine HIV medical care visit within 30 days of HIV diagnosis.	
Denominator:	Number of persons with an HIV diagnosis in last 13-months.	
Exclusions:	Persons diagnosed with HIV in last month.	
Data Elements:	1. Did the individual receive a diagnosis of HIV in the measurement period? Y/N a. If yes, did the individual receive a diagnosis of HIV in the last month? Y/N i. If no, did the individual have at least one routine HIV medical care visit within 30 days of a dx of HIV?	

Measurement Source:	Goal:	Based On
ARIES: HIV/AIDS Diagnosis Date + Medical Visit Service Date or CD4 or Viral Test Date	85%	National HIV/AIDS Strategy Targets for 2020
ARIES Report: Custom Report TBD		
OTHER: eHARS; LDAT		

Performance Indicator:	No Gap in HIV Medical Visits	Priority Group A – Core Indicator 4
Percentage of clients, regardless of age, with a diagnosis of HIV who had a medical visit in the last 6 months of the measurement year.		
Numerator:	Number of clients in the denominator who had a medical visit in the last 6 months of the measurement year.	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.	
Exclusions:	Individuals who died at any time during the measurement year.	
Data Elements:	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least one medical visit in the first 6 months of the measurement year? (Y/N) i. If yes, did the client have one or more medical visits in the last 6 months of the measurement year?	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date	90%	National HIV/AIDS Strategy Targets for 2020 ("retained")
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)		
OTHER: eHARS; LDAT		

Performance Indicator:	HIV Medical Visit Frequency	Priority Group A – Core Indicator 5
Percentage of individuals, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.		
Numerator:	Number of individuals in the denominator who had 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.	
Denominator:	Number of individuals, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period.	
Exclusions:	1. Individuals who died at any time during the 24-month measurement period.	
Data Elements:	1. Does the individual, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the individual have at least one medical visit in the first 6 months of the 24-month measurement period? (Y/N) i. If yes, did the individual have at least one medical visit in the second 6-month period of the 24-month measurement period? AND was the individual's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period? (Y/N) 1. Did the individual have at least one medical visit in the third 6-month period of the 24-month measurement period? AND was the individual's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N) a. If yes, Did the individual have at least one medical visit in the fourth 6-month period of the 24-month measurement period? AND was the individual's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date	90%	National HIV/AIDS Strategy Targets for 2020 ("retained")
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)		
OTHER: eHARS; LDAT		

Performance Indicator:	Prescription of HIV Antiretroviral Therapy	Priority Group A – Core Indicator 6	
Percentage of individuals, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.			
Numerator:	Number of individuals from the denominator prescribed HIV antiretroviral therapy during the measurement year.		
Denominator:	Number of individuals, regardless of age, with diagnosis of HIV with at least one medical visit in measurement year.		
Exclusions:	None		
Data Elements:	1. Does the individual, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the individual have at least one medical visit during the measurement year? (Y/N) i. If yes, was the individual prescribed HIV antiretroviral therapy during the measurement year? (Y/N)		
Measurement Source:		Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medications-ART		90%	HIV Research Network 2012 Benchmark
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)			
OTHER: eHARS; LDAT			

Performance Indicator:	HIV Viral Load Suppression	Priority Group A – Core Indicator 7	
Percentage of individuals, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.			
Numerator:	Number of individuals in the denominator with an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.		
Denominator:	Number of individuals, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.		
Exclusions:	None		
Data Elements:	1. Does the individual, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the individual have at least one medical visit during the measurement year? (Y/N) i. If yes, did the individual have an HIV Viral Load test with a result of <200 copies/mL at the last test? (Y/N)		
Measurement Source:		Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History		90%	TGA Baseline of 87%
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)			
OTHER: eHARS; LDAT			

Performance Indicator:	Stable Housing Status	Priority Group A – Core Indicator 8	
Percentage of persons with an HIV diagnosis who were NOT homeless or unstably housed in the measurement year.			
Numerator:	Number of persons with an HIV diagnosis who were NOT homeless or unstably housed in the measurement year.		
Denominator:	Number of persons with an HIV diagnosis receiving HIV services in the measurement year.		
Exclusions:	None		
Data Elements:	1. Does the client have a diagnosis of HIV? Y/N a. Did the client have at least one medical visit during the measurement year? (Y/N) i. Was the client homeless or unstably housed? Y/N		
Measurement Source:		Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Living Situation Past 12 mos.		95%	National HIV/AIDS Strategy Targets for 2020 (Homeless<5%)
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)			

Performance Indicator:	Viral Load Monitoring	Priority Group A – Core Indicator 9
Percentage of clients, regardless of age, with a diagnosis of HIV with a viral load test performed at least every six months during the measurement year.		
Numerator:	Number of clients with a viral load test performed at least every 6 months.	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit.	
Exclusions:	Clients newly enrolled in care during last 6 months of the measurement year.	
Data Elements:	1. Does the client, regardless of age, have a diagnosis of HIV/AIDS? (Y/N) a. If yes, did the client have at least two medical visits during the measurement year, with at least 60 days in between each visit? (Y/N) i. If yes, list the dates the viral load tests were performed. 1. Were viral load tests performed at least every six months during the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History	90%	National HIVQual 2011 median
ARIES Report: Custom Report TBD		
OTHER: eHARS; LDAT		

Performance Indicator:	Improve Client Satisfaction	Priority Group A – Core Indicator 10
Increase in the percentage of clients who report overall increased client satisfaction on annual Client Satisfaction Surveys.		
Current Year:	The percentage of current year respondents reporting overall satisfaction.	
Prior Year:	The percentage of prior year respondents reporting overall satisfaction.	
Exclusions:	None	
Data Elements:	Compare the figures to determine change in percentage from prior year to current year.	

Measurement Source:	Goal:
Client Satisfaction Survey Results	Increase in %. Ultimate goal of 95% overall satisfaction.

Performance Indicator:	CD-4 Cell Count Monitoring (2014 Update)	Priority Group B – Indicator 11
Percentage of clients with a diagnosis of HIV/AIDS with at least one recorded CD4 cell count of <=500 in the last 24 months, with at least one CD4 cell count or percentage performed during the measurement year.		
Numerator:	Clients with at least one CD4 cell counts or percentage performed during measurement year.	
Denominator:	All clients with a diagnosis of HIV/AIDS, who had at least one recorded CD4 cell count of <=500 in the last 24 months, who had at least one medical visit during the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV/AIDS? (Y/N) a. If yes, did the client have at least one medical visit during the measurement year? (Y/N) i. If yes, did the client have at least one recorded CD4 cell count of <=500 in the last 24 months? (Y/N) 1) If yes, list the date of the CD4 cell count performed during the measurement year.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History	90%	National HIVQual 2011 median
ARIES Report: Custom Report TBD		
OTHER: eHARS; LDAT		

Performance Indicator:	Partner Services Referral for New HIV+	Priority Group B – Indicator 12
Percentage of newly diagnosed HIV+ individuals who were referred to Partner Services within the measurement year.		
Numerator:	Number of persons who were referred to Partner Services within the measurement year.	
Denominator:	Number of persons with an HIV diagnosis in 12-month measurement period.	
Exclusions:	None	
Data Elements:	1. Did the client receive a diagnosis of HIV in the measurement year? Y/N a. Did the client receive a referral to Partner Services within the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: HIV/AIDS Diagnosis Dates/Basic Medical	90%	LA County QM Goal for all RW clients
ARIES Report: Custom Report TBD		
OTHER: Outreach/Testing Logs/EIS Logs/Notification in Charts		

NOTE: Not to be confused with the IEHPC requirement for annual notification which reads, *"Individuals receiving RW-funded services must indicate by signature that they have been informed annually of the availability of Partner Services in the TGA."*

Performance Indicator:	Medical Case Management Care Plan	Priority Group B – Indicator 13
Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year.		
Numerator:	Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.	
Denominator:	Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.	
Exclusions:	1. Medical case management clients who initiated medical case management services in the last six months of the measurement year. 2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year.	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N) i. If yes, is there a medical case management care plan developed and/or updated two or more times at least three months apart during the measurement year? (Y/N) 1. If yes, list the dates of these medical case management care plans and/or care plan updates.	

Measurement Source:	Goal:	Based On
ARIES: Service Entries for MCM	95%	No related benchmarks/goals
ARIES Report: N/A		
OTHER: Care Plans in Charts/EHRs (signed plans reviewed during monitoring site visits)		

Performance Indicator:	Dental Treatment Plan	Priority Group B – Indicator 14
Percentage of HIV-infected oral health clients who had a dental treatment plan developed and/or updated at least once in the measurement year. *[signed by client to comply with IEHPC Standards of Care]*		
Numerator:	Number of HIV-infected oral health clients who had a dental treatment plan developed and/or updated at least once in the measurement year.	
Denominator:	Number of HIV-infected oral health clients that received oral health care at least once in the measurement year.	
Exclusions:	1. Clients who had only an evaluation or treatment for a dental emergency in the measurement year. 2. Clients who were < 12 months old.	
Data Elements:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client receive non-emergency oral health care at least once in the measurement year? (Y/N) i. If yes, did the client have a dental treatment plan developed and/or updated at least once in the year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Service Entries for Oral Health	95%	Based on 14/15 site monitoring results
ARIES Report: N/A		
OTHER: Dental Tx Plan in Charts/HER (signed plans reviewed during monitoring site visits)		

Performance Indicator:	Tuberculosis Screening	Priority Group B – Indicator 15
Percentage of clients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection.		
Numerator:	Clients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection. NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.	
Denominator:	All clients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.	
Exclusions:	Documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e.g., clients with a history of positive PPD or treatment for TB).	
Data Elements:	1. Does the client, aged three months and older, have a diagnosis of HIV/AIDS? (Y/N) a. If yes, did the client have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N) i. If yes, is there documentation of Medical Reason for not performing a tuberculosis screening test? (Y/N) • If No, has the client had tuberculosis (TB) screening test performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection? (Y/N)	
Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	85%	National HIVQual 2011 median = 73%

Performance Indicator:	Oral Exam	Priority Group B – Indicator 16
Percent of clients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on client self-report or other documentation.	
Denominator:	Number of clients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, did the client receive an oral exam by a dentist during the measurement year?(Y/N)	
Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Dental Service Entry ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	35%	HIVQual 2011 National Median

Performance Indicator:	Substance Abuse Screening	Priority Group B – Indicator 17
Percentage of new clients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year.		
Numerator:	Number of new clients with a diagnosis of HIV who were screened for substance use within the measurement year.	
Denominator:	Number of clients with a diagnosis of HIV who 1) were new during the measurement year, and 2) had a medical visit with a medical provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, was the client new to the program during the reporting period? (Y/N) i. If yes, was the client screened for substance use during the measurement year? (Y/N)	
Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Risk & Assessments-Substance Abuse-Screening Tool OR Assessments-SAMISS ARIES Report: Custom Report TBD	92%	HIVQual 2011 National Median

Performance Indicator:	Mental Health Screening	Priority Group B – Indicator 18
Percentage of new clients with a diagnosis of HIV who have been screened for mental health in the measurement year.		
Numerator:	Number of new clients with a diagnosis of HIV who were screened for mental health within the measurement year.	
Denominator:	Number of clients with a diagnosis of HIV who were 1) new during the measurement year, and 2) had a medical visit with a medical provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, was the client new to the program during the reporting period? (Y/N) i. If yes, was the client screened for mental health during the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Risk & Assessments-Mental Health-Screening Tool OR Assessments-SAMISS	92%	HIVQual 2011 National Median (use same as SA)
ARIES Report: Custom Report TBD		

Performance Indicator:	Hepatitis B Screening	Priority Group B – Indicator 19
Percentage of clients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity.		
Numerator:	Number of clients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity.	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV and who had at least two medical visits during the measurement year, with at least 60 days in between each visit.	
Exclusions:	None	
Data Elements:	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least two medical visits during the measurement year, with at least 60 days in between each visit? (Y/N) i. If yes, is there evidence of documented Hepatitis B infection or immunity in the client medical record? (Y/N) 1. If no, was Hepatitis B screening performed at least once since diagnosis of HIV infection? (Y/N) a. If yes, list date	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History	90%	LA County QM Goal for all RW clients
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)		

Performance Indicator:	Hepatitis B Vaccine Series Completed	Priority Group B – Indicator 20
Percentage of clients with a diagnosis of HIV who completed the vaccination series for Hepatitis B.		
Numerator:	Number of clients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B.	
Denominator:	Number of clients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	1. Clients newly enrolled in care during the measurement year 2. Clients with evidence of current HBV infection (Hep B Surface Antigen, Hep B e Antigen, Hep B e Antibody or Hep B DNA) 3. Clients with evidence of past HBV infection with immunity (Hep B Surface Antibody without evidence of vaccination)	
Data Elements:	1. Does the client have a diagnosis? (Y/N) a. If yes, does the client have documentation of Hepatitis B immunity or is HBV- infected? (Y/N) i. If no, is there documentation that the client has completed the vaccine series for Hepatitis B?(Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History	95%	No related benchmarks/goals
ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)		

Performance Indicator:	Hepatitis C Screening	Priority Group B – Indicator 21
Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV.		
Numerator:	Number of clients with a diagnosis of HIV who have documented HCV status in chart.	
Denominator:	Number of clients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is there documentation of the client's Hepatitis C status in the medical record? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	98%	National HIVQual 2011 Median

Performance Indicator:	Syphilis Screening	Priority Group B – Indicator 22
Percentage of adult clients with a diagnosis of HIV who had a test for syphilis performed within the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year.	
Denominator:	Number of clients with a diagnosis of HIV who: 1) were >18 years old in the measurement year or had a history of sexual activity < 18 years, and 2) had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	1. Clients who were < 18 years old and denied a history of sexual activity.	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is the client ≥ 18 years or reports having a history of sexual activity? (Y/N) 1. If yes, was the client screened for syphilis during the measurement year? ***Consider analyzing data for disparities among youth, men who have sex with men, and uninsured clients.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	86%	HIVQual 2011 National Median

Performance Indicator:	HIV Risk Counseling	Priority Group B – Indicator 23
Percentage of clients with a diagnosis of HIV who received HIV risk counseling in the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who received HIV risk counseling.	
Denominator:	Number of clients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, did the client receive HIV risk counseling at least once during the measurement year?(Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Risk & Assessments-Assessments-Behavioral Risk and/or Risk Reduction Screening ARIES Report: Custom Report TBD	95%	LA County QM Goal for all RW clients

Performance Indicator:	Pneumocystis Pneumonia (PCP) Prophylaxis	Priority Group B – Indicator 24
Percentage of clients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis pneumonia (PCP) prophylaxis (Use the numerator and denomination that reflect client population.)		
Numerator:	Numerator 1: Clients who were prescribed Pneumocystis pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm. Numerator 2: Clients who were prescribed Pneumocystis pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm or a CD4 percentage below 15%. Numerator 3: Clients who were prescribed Pneumocystis pneumonia (PCP) prophylaxis at the time of HIV diagnosis. Aggregate numerator: The sum of the three numerators.	

Performance Indicator:	Pneumocystis Pneumonia (PCP) Prophylaxis	Priority Group B – Indicator 24
Denominator:	Denominator 1. All clients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm, who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 2. All clients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 3. All clients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit. Total denominator: The sum of the three denominators.	
Exclusions:	Denominator 1 Exclusion: Client did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm during the three months after a CD4 count below 200 cells/mm. Denominator 2 Exclusion: Client did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm or CD4 percentage below 15%.	
Data Elements:	Numerator/denominator 1: 1. Is the client 6 years or older and have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N) i. If yes, did the client have a CD4 count <200 cells/mm within the first 9 months of the measurement year? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm? (Y/N) a. If no, was the CD4 count repeated within 3 months? (Y/N) i. If yes, did CD4 count remain < 200 cells/mm? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm? (Y/N) Numerator/denominator 2: 1. Is the client between 1-5 years old and have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N) i. If yes, did the client have a CD4 count <500 cells/mm on CD4 percentage < 15% within the first 9 months of the measurement year? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm? (Y/N) a. If no, was the CD4 count repeated within 3 months? (Y/N) i. If yes, did it remain CD4 count <500 cells/mm of CD4 percentage < 15%? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4 count <500 cells/mm of CD4 percentage < 15%? (Y/N) Numerator/denominator 3: 1. Is the client between 6 weeks and 12 months old and have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N) i. If yes, was PCP prophylaxis prescribed at HIV diagnosis?	

Measurement Source:	Goal:	Based On
ARIES: Medications > Other ARIES Report: Custom Report TBD	80%	National HIVQual Data Mean 2011

Performance Indicator:	Cancer Screening (Rectal / Pap Exams)	Priority Group C – Indicator 25
Percentage of clients with a diagnosis of HIV who have a rectal or pap screening in the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who had a rectal or Pap screen result documented in the measurement year.	
Denominator:	Number of clients with a diagnosis of HIV who: 1) were >18 years old in the measurement year or reported having a history of sexual activity, and 2) had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	1. Clients who were < 18 years old and denied history of sexual activity 2. Clients who have had a hysterectomy for non-dysplasia/non-malignant indications.	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is client > 18 years or reports having a history of sexual activity? (Y/N) i. If yes, was the rectal or pap screening completed during the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Ob/Gyn ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	63%	National HIVQual 2011 median

Performance Indicator:	Chlamydia Screening	Priority Group C – Indicator 26
Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who had a test for chlamydia.	
Denominator:	Number of clients with a diagnosis of HIV who: - were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and - had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	Clients who were < 18 years old and denied a history of sexual activity.	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is the client new to care, sexually active or had a STI within the last 12 months? (Y/N) i. If yes, was the client tested for chlamydia during the measurement year? (Y/N) ***Consider analyzing data for disparities among youth, men who have sex with men, and uninsured clients.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	85%	HIVQual 2009 National Median = 60.5%

Performance Indicator:	Gonorrhea Screening	Priority Group C – Indicator 27
Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year.		
Numerator:	Number of clients with a diagnosis of HIV who had a test for gonorrhea.	
Denominator:	Number of clients with a diagnosis of HIV who: - were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and - had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	Clients who were < 18 years old and denied a history of sexual activity.	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is the client new to care, sexually active or had a STI within the last 12 months? (Y/N) i. If yes, was the client tested for gonorrhea during the measurement year? (Y/N) ***Consider analyzing data for disparities among youth, men who have sex with men, and uninsured clients.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History ARIES Report: Compliance Reports > HAB QM Indicators Summary Report (see Attachment 3)	85%	HIVQual 2011 National Median = 60%

Performance Indicator:	Pneumococcal Vaccine	Priority Group C – Indicator 28
Percentage of clients with a diagnosis of HIV who ever received pneumococcal vaccine.		
Numerator:	Number of clients with a diagnosis of HIV who received pneumococcal vaccine.	
Denominator:	Number of client with HIV who had: 1)no documented evidence[2] of vaccination; and 2) a medical visit with a provider with prescribing privileges at least once in the measurement year	
Exclusions:	Clients with CD4 counts < 200 cells/mm within the measurement year	
Data Elements:	1. Does the client have a diagnosis of HIV? (Y/N) a. If yes, is there documentation in the chart that the clients ever received the pneumococcal vaccine? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History	73%	HIVQual 2011 National Median
ARIES Report: Custom Report TBD		

Performance Indicator:	HIV Test Results for PLWH/A	Priority Group C – Indicator 29
Percentage of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year.		
Numerator:	Number of individuals who are tested in the system/network who test positive for HIV and who are given their HIV antibody test results in the measurement year.	
Denominator:	Number of individuals who are tested in the system/network and who test positive for HIV in the measurement year.	
Exclusions:	1. Clients who test negative for HIV antibodies. 2. Clients who receive an indeterminate HIV antibody test result. 3. Clients who already aware of previous positive confirmatory test (i.e., confirmatory test at first medical care visit). 4. Clients who are less than thirteen years of age.	
Data Elements:	1. Was the client tested for HIV infection during the measurement year? (Y/N) a. If yes, did the client have a positive confirmatory test? (Y/N) i. If yes, was the client given his/her confirmatory test result in the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: N/A	100%	LA County QM Goal
ARIES Report: N/A		
OTHER: LEO; Outreach/Testing Logs/eHARS or LDAT		

Performance Indicator:	HIV Drug Resistance Testing Before Initiation of Therapy	Priority Group C – Indicator 30
Percentage of clients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year.		
Numerator:	Number of clients who had HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy.	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who - were prescribed HIV antiretroviral therapy during the measurement year for the first time; and - had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client, regardless of age, have a diagnosis of HIV/AIDS? (Y/N) a. If yes, was the client seen by a provider with prescribing privileges during the measurement year? (Y/N) i.If yes, was HIV antiretroviral therapy prescribed during the measurement year for the first time? (Y/N) 1. If yes, was an HIV drug resistance test performed at any time prior to prescribing ARV therapy? ii. a. If yes, list date.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + Medical History > Resistance Testing	50%	HIVQual 2011 National Median
ARIES Report: Custom Report TBD		

Performance Indicator:	Lipid Screening	Priority Group C – Indicator 31
Percentage of clients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year.		
Numerator:	Number of clients who had a fasting lipid panel in the measurement year.	
Denominator:	Number of clients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	
Exclusions:	None	
Data Elements:	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least one medical visit during the measurement year? (Y/N) i. If yes, was the client prescribed HIV antiretroviral therapy during the measurement year?(Y/N) ii. 1. If yes, did the client have a fasting lipid panel during the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date + ??? ARIES Report: Custom Report TBD	83%	HIVQual 2011 National Median

Performance Indicator:	Screening for Clinical Depression and Follow-Up Plan	Priority Group C – Indicator 32
Percentage of clients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.		
Numerator:	Clients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.	
Denominator:	All clients 12 yrs+ before beginning of measurement period with at least one eligible encounter during measurement period.	
Exclusions:	1. Client Reason(s) - Client refuses to participate 2. Medical Reason(s) - Client is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the client's health status 3. Situations where the client's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium	
Data Elements:	1. Is the client 12 years or older? (Y/N) a. If yes, did the client have a depressions screening during measurement period? (Y/N) i. If yes, did the depression screening result in a diagnosis of depression? (Y/N) 1. If yes, was an intervention documented? (Y/N) ***Greater measure specification detail is available including data elements for each value set at http://www.lantanagroup.com/especnavigator/#measurelist/20130614.	

Measurement Source:	Goal:	Based On
ARIES: Risk & Assessments-Mental Health (Screen Date/Tool and Tx Status) ARIES Report: Custom Report TBD	36%	HIVQual 2011 National Median

Performance Indicator:	Tobacco Use: Screening and Cessation Intervention	Priority Group C – Indicator 33
Percentage of clients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.		
Numerator:	Clients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.	
Denominator:	All clients aged 18 years and older.	
Exclusions:	Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other med. reason).	
Data Elements:	1. Is client 18 years or older? (Y/N) a. If yes, did the client have 2 or more psychiatric, behavioral, or occupational therapy encounters OR 1 or more medical, wellness, or preventative encounters in the measurement period? (Y/N) i. If yes, did the client receive a tobacco use screening? (Y/N) 1. If tobacco user, did client receive an intervention (counseling and/or pharmacotherapy? (Y/N) ***Greater measure specification detail is available including data elements for each value set at http://www.lantanagroup.com/especnavigator/#measurelist/20130614.	

Measurement Source:	Goal:	Based On
ARIES: N/A ARIES Report: Custom Report TBD	95%	HIVQual 2011 National Median

Performance Indicator:	Dental & Medical History	Priority Group C – Indicator 34
Percentage of HIV-infected oral health clients who had a dental and medical health history (initial or updated) at least once in the measurement year.		
Numerator:	Number of HIV-infected oral health clients who had a dental and medical health history (initial or updated) at least once in the measurement year.	
Denominator:	Number of HIV-infected oral health clients that received clinical oral evaluation at least once in the measurement year.	
Exclusions:	1. Clients who had only an evaluation or treatment for a dental emergency in the measurement year. 2. Clients who were < 12 months old.	
Data Elements:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client have a clinical oral evaluation at least once in the measurement year? (Y/N) i. If yes, did the client have a dental and medical health history (initial or updated) in the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: N/A	95%	No related benchmarks/goals
ARIES Report: Custom Report TBD		
OTHER: Charts; EHR		

Performance Indicator:	Oral Health Education	Priority Group C – Indicator 35
Percentage of HIV-infected oral health clients who received oral health education at least once in the measurement year.		
Numerator:	Number of HIV-infected oral health clients who received oral health education at least once in the measurement year.	
Denominator:	Number of HIV-infected oral health clients that received clinical oral evaluation at least once in the measurement year.	
Exclusions:	1. Clients who had only an evaluation or treatment for a dental emergency in the measurement year. 2. Clients who were < 12 months old.	
Data Elements:	1. Is the client HIV-infected? (Y/N) b. If yes, did the client have a clinical oral evaluation at least once in the measurement year? (Y/N) i. If yes, did the client receive oral health education at least once in the measurement year? (Y/N)	

Measurement Source:	Goal:	Based On
ARIES: N/A	95%	No related benchmarks/goals
ARIES Report: Custom Report TBD		

Performance Indicator:	Periodontal Screening or Exam	Priority Group C – Indicator 36
Percentage of HIV-infected oral health clients who had a periodontal screen or examination at least once in the measurement year.		
Numerator:	Number of HIV-infected oral health clients who had a periodontal screen or examination at least once in the measurement year.	
Denominator:	Number of HIV-infected oral health clients that received clinical oral evaluation at least once in the measurement year.	
Exclusions:	1. Clients who had only an evaluation or treatment for a dental emergency in the measurement year. 2. Edentulous clients (complete). 3. Clients who were < 13 years.	
Data Elements:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client have a clinical oral evaluation at least once in the measurement year? (Y/N) i. If yes, did the client have a periodontal screen or examination at least once in the measurement year?	

Measurement Source:	Goal:	Based On
ARIES: N/A	95%	No related benchmarks/goals
ARIES Report: Custom Report TBD		

Performance Indicator:	Phase 1 Oral Health Treatment Plan Completion	Priority Group C – Indicator 37
Percentage of HIV-infected oral health clients with a Phase 1 treatment plan that is completed within 12 months.		
Numerator:	Number of HIV-infected oral health clients that completed Phase 1 treatment within 12 months of establishing a treatment plan.	
Denominator:	Number of HIV-infected oral health clients with a Phase 1 treatment plan established in the year prior to the measurement year.	
Exclusions:	Clients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year.	
Data Elements:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client have a Phase 1 treatment plan established in the year prior to the measurement year? 1. If yes, was the Phase 1 treatment plan completed within 12 months of establishment?	

Measurement Source:	Goal:	Based On
ARIES: N/A	95%	No related benchmarks/goals
ARIES Report: Custom Report TBD		

Performance Indicator:	% Out/Amb Agencies with < / = 15 Days Wait	Priority Group C – Indicator 38
Percent of Ryan White Program-funded outpatient/ambulatory care (Out/Amb) organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible client to receive an appointment to enroll in Out/Amb services.		
Numerator:	Number of Ryan White Program-funded Out/Amb organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible client to receive an appointment to enroll in Out/Amb services.	
Denominator:	Number of Ryan White Program-funded Out/Amb organizations in the system/network at a specific point in time in the measurement year.	
Exclusions:	None	
Data Elements:	*For agencies….* 1. Is the organization funded by the Ryan-White Program to provide Out/Amb medical care? (Y/N) a. In how many business days is the third next available appointment for a Ryan White Program-eligible client to enroll in Out/Amb at this organization? i. Is the third next available appointment ≤ 15 business days? (Y/N) *For system…* 1. How many outpatient/ambulatory medical care organizations are funded by the Ryan White Program to provide Out/Amb medical care? *a.* Of those organizations, how many have < 15 business days for the third next available appointment to enroll in Out/Amb medical care?	

Measurement Source:	Goal:
ARIES: N/A	100%
ARIES Report: Custom Report TBD	
OTHER: EHR	

Performance Indicator:	Increase % Who Are Aware	Result – Indicator 39
Increase the % of people living with HIV who know their serostatus.		
Numerator:	The estimated number of HIV+ people who are aware of their serostatus	
Denominator:	The estimated total number of people living with HIV in the TGA	
Exclusions:	None	
Data Elements:	1. Is individual HIV+? Y/N a. If yes, was individual informed of their HIV+ status? Y/N *(Also use CDC estimates for US and CA….back calculation to estimate for TGA)*	

Measurement Source:	Goal:	Based On
ARIES: N/A	90%	National HIV Strategy
ARIES Report: N/A		
OTHER: CDC Estimates and Back Calculation Estimation Method		

Performance Indicator:	Reduction of HIV Infection	Result – Indicator 40
A decrease in the number of persons who test positive for HIV the past twelve months versus the number of persons who tested positive for HIV in the prior twelve months.		
Current Year:	The number of current year HIV diagnoses.	
Prior Year:	The number of prior year HIV diagnoses.	
Exclusions:	None	
Data Elements:	*Compare the figures and determine the number and percentage of increase/decrease from Year 1 to Year 2.	

Measurement Source:	Goal:	Based On
ARIES: HIV/AIDS Diagnosis Dates ARIES Report: Custom Report TBD OTHER: eHARS	-25% or reduce annual rate to 3.5/100	National HIV/AIDS Strategy Targets for 2020 [TGA 13/14~466……..therefore target 2020~350]

Performance Indicator:	Decrease Unmet Need	Result – Indicator 41
A decrease in percentage of persons who are identified as having "Unmet Need" in the measurement year as compared to prior year.		
Numerator:	The percentage of persons in the current year identified as having Unmet Need.	
Denominator:	The percentage of persons in the prior year identified as having Unmet Need.	
Exclusions:	None	
Data Elements:	1. Did the client have HIV during the measurement period? Y/N a. Did the client access Outclient/Ambulatory Medical Care, CD-4 or Viral Load Testing, and/or ARV therapy during the reporting period? Y/N i. If No, the client has Unmet Need. *Compare the figures and determine the number and percentage of increase/decrease from Year 1 to Year 2.	

Measurement Source:	Goal:	Based On
ARIES: Medical Visit Service Date or CD4 or Viral Test Date or ART ARIES Report: Custom Report TBD OTHER: Annual Unmet Need Estimate	30%	Adjusted due to new methodology

Performance Indicator:	Reduce Death Rate	Result – Indicator 42
Reduce the death rate among persons with diagnosed HIV infection.		
Numerator:	The number of HIV+ individuals that passed away during the measurement period.	
Denominator:	The number of individuals diagnosed with HIV in the TGA. (x 1,000 for rate by 1,000)	
Data Elements:	1. Was individual diagnosed HIV+ in or before the measurement year? Y/N a. If yes, did individual pass away during the measurement period? Y/N	
Change:	Compare rates from year to year to determine if rate has declined	

Measurement Source:	Goal:	Based On
ARIES: Agency Status / Death Date ARIES Report: Custom Report TBD OTHER: eHARS	By 33%	National HIV/AIDS Strategy Targets for 2020

Performance Indicator:	Reduce Disparities in Rate of New Dx	Result – Indicator 43
Reduce the disparities in rate of new diagnosis among gay/bisexual men and black females		
Numerator:	The number of new HIV+ individuals in each group diagnosed during the measurement period.	
Denominator:	The number of individuals in each group in the general population in the TGA. (x 100,000 for rate by 100,000)	
Change:	Compare rates from year to year and determine % change as well as difference in rates among groups.	

Measurement Source:	Goal:	Based On
ARIES: HIV/AIDS Diagnosis Dates ARIES Report: Custom Report TBD OTHER: eHARS	By 15%	National HIV/AIDS Strategy Targets for 2020

TOP PRIORITY INDICATORS: 2015-2017 (The following is a summary of the indicators. More detail can be found in Attachment 1.)

Indicator #	Performance Indicators (*** = RSR ; # = HAB; @ = NHAS)	Detail Page #	Baseline (FY 13/14)	14/15	2020 Target	Out/Amb	MCM	Oral	MH	SA	HCBS	EIS	CM	Housing	Food	Transp	Psych
1	HIV Positivity #	1	1.7%	1.2%	1.1%							X					
2	Late HIV Diagnosis (% not late) #	1	76%	89%	81%							X					
3a	Link to HIV Med Care (new dx...3 mos.) *** #	1	67%	75%	85%		X					X	X				
3b	Link to HIV Med Care (new dx...30 days) @	2	na	28%	85%		X					X	X				
4	No Gap in HIV Medical Visits # @	2	78%	96%	90%	X	X				X		X				
5	HIV Medical Visit Frequency *** # @	2	64%	73%	90%	X	X				X		X				
6	Prescription of HIV ARV Therapy *** #	3	78%	67%	90%	X	X				X						
7	HIV Viral Load Suppression # @	3	87%	85%	90%	X	X	X	X	X	X	X	X	X	X	X	X
8	Stable Housing Status *** # @	3	67%	68%	95%	X	X						X	X			
9	Viral Load Monitoring *** #	4	74%	81%	90%	X	X	X	X	X	X	X	X	X	X	X	X
10	Improve Client Sat. (not dissatisfied)	4	91%	na	95%	X	X	X	X	X	X	X	X	X	X	X	X
11	CD-4 T-Cell Monitoring *** #	4	69%	79%	90%	X	X	X	X	X	X	X	X	X	X	X	X
12	Referred to Partner Services	5	52%	58%	90%	X	X	X	X	X	X	X	X	X	X	X	X
13	MCM Care Plan #	5	67%	71%	95%		X										
14	Dental Treatment Plan #	5	70%	95%	95%			X									
15	Tuberculosis Screening *** #	6	84%	82%	85%	X	X				X						
16	Oral Exam *** #	6	34%	33%	35%		X	X									
17	Substance Use Screening *** #	6	40%	51%	92%		X		X	X	X		X				
18	Mental Health Screening***	7	40%	50%	92%		X		X	X	X		X				
19	Hepatitis B Screening *** #	7	67%	63%	90%	X											
20	Hepatitis B Vaccination Series Completed *** #	7	18%	23%	95%	X											
21	Hepatitis C Screening *** #	8	30%	77%	98%	X											
22	Syphilis Screening *** #	8	71%	72%	86%	X											
23	HIV Risk Counseling*** #	8	16%	9%	95%	X						X					
24	Pneumocystis Pneumonia (PCP) Prophy.*** #	8	na	na	80%	X											

The Riv/SB Ryan White Program encourages funded agencies to prioritize the top 24 indicators when committing resources, with the most emphasis on the top 10 indicators.

OTHER MEASURES: 2015-2017

Indicator #	Performance Indicators		Baseline (FY 13/14)	14/15	2020 Target	Out/Amb	MCM	Oral	MH	SA	HCBS	EIS	CM	Housing	Food	Transp	Psych
25	Cervical Cancer Screening (rectal or paps) #	10	30%	20%	63%	X											
26	Chlamydia Screening #	10	70%	71%	85%	X											
27	Gonorrhea Screening #	10	70%	71%	85%	X											
28	Pneumococcal Vaccine #	11	45%	59%	73%	X											
29	HIV Test Results for PLWHA #	11	99%	na	100%	X						X					
30	HIV Drug Resistance Testing #	11	43%	73%	50%	X											
31	Lipid Screening #	12	na	na	83%	X											
32	Screening for Clinical Depression & Follow-Up #	12	na	na	36%	X			X								
33	Prev. Care/Screening: Tobacco Cessation #	12	na	na	95%	X											
34	Dental & Medical History #	13	na	na	95%			X									
35	Oral Health Education #	13	na	na	95%			X									
36	Periodontal Screening or Exam #	13	na	na	95%			X									
37	Phase 1 Oral Health Tx Plan Completion #	14	na	na	95%			X									
38	% Out/Amb Agencies with </= 15 Days Wait #	14	na	na	100%	X											
RESULT INDICATORS (Outcome of Above)																	
39	Increase % who are Aware @	14	80%	88.7%	90%	X	X	X	X	X	X	X	X	X	X	X	X
40	REDUCTION of HIV Infections @	15	466	430	350	X	X	X	X	X	X	X	X	X	X	X	X
41	DECREASE Unmet Need	15	34%	na	30%	X	X	X	X	X	X	X	X	X	X	X	X
42	REDUCE death rate by at least 33% @	15	**na**	**na**	by 33%	X	X	X	X	X	X	X	X	X	X	X	X
43	REDUCE Disparities in Rate of New Dx @	15	**na**	**na**	by 15%	X	X	X	X	X	X	X	X	X	X	X	X

Calculations for HIV/AIDS (HAB) Quality Management (QM) Indicators Report in the AIDS Regional Information & Evaluation System

The HAB QM Indicators are very complex. This document is intended to assist ARIES users in understanding what data elements go into generating each QM Indicator. For information on a specific measure, please refer to the pages listed below.

Group	Performance Measure	Page
Core Measures	Gap in Medical Visits	3
	Medical Visits Frequency	5
	Viral Load Suppression	7
	Prescribed Antiretroviral Therapy	9
All Ages Measures	TB Screening	11
	Viral Load Monitoring	Use Viral Load Suppression (7)
Adolescent/Adult Measures	Cervical Cancer Screening	13
	Chlamydia Screening	15
	Gonorrhea Screening	17
	Hepatitis B Screening	19
	Hepatitis B Vaccination	21
	Hepatitis C Screening	23
	Oral Exam	25
	Syphilis Screening	27

Group	Performance Measure	Page
Medical Case Management Measures	Care Plan	29
	Gap in Medical Visits	Use Gap in Medical Visits (3)
	Medical Visit Frequency	Use Medical Visit Frequency (5)
Systems Level	Housing Status	31
	Linkage to HIV Medical Care	33

Additional Assistance

To open the ARIES User Manual, hit the F1 key while logged into the system or select Help from the black navigation bar at the top of screen.

California providers can call the ARIES Help Desk for assistance. They can be reached at 1-866-411-2743. Please do not leave any client information on their voice message.

Gaps in Medical Visits

Performance Measure	Percentage of clients, regardless of age, with a diagnosis of HIV who had a medical visit in the last 6 months of the measurement year	**Reporting Period** One year
Numerator	Number of clients from the denominator who had a medical visit in the last 6 months of the measurement year	
	Services tab > Outpatient/Ambulatory Medical Care service (see below) = within the last 6 months of the reporting period **OR**	Medical tab > Medical History subtab > CD4 Date = within the last 6 months of the reporting period **OR** Medical tab > Medical History subtab > Viral Load Date = within the last 6 months of the reporting period
Denominator	Number of clients, regardless of age, with a **diagnosis of HIV** with at least one **medical visit** in the first 6 months of the measurement year	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR**	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR**

Gaps in Medical Visits

	Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period [Note: If the user selects Contract, Program, or Funding Source filter(s) for this indicator, the filter apply to the Outpatient/Ambulatory Medical Care services in the denominator, but not the numerator.]
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period	
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • Contrary to HAB's original measure which measures clients who did **not** have a medical visit in the last 6 months of the measurement year, ARIES measures clients who **not have gaps** in medical visits. This decision was made so that all percentage "moved in the same way" – the closer to 100%, the more positive the outcome. • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES applies client exclusions where HAB does not.	

Medical Visits Frequency

Performance Measure	Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	**Reporting Period** Two years
Numerator	Number of clients from the denominator who had 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	
	Services tab > Outpatient/Ambulatory Medical Care (see below) > Date **OR** →	Medical tab > Medical History subtab > CD4 Date **OR** Medical tab > Medical History subtab > Viral Load Date
Denominator	Number of clients, regardless of age, with a **diagnosis of HIV** with at least one **medical visit** in the first 6 months of the 24-month measurement period	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period [Note: If the user selects Contract, Program, or Funding Source filter(s) for this indicator, the filter apply to the Outpatient/Ambulatory Medical Care

Medical Visits Frequency

	services in the denominator, but not the numerator.]
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES applies client exclusions where HAB does not.

Viral Load Suppression

Performance Measure	Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies per mL at last HIV viral load test during the measurement year	Reporting Period One year
Numerator	Number of clients from the denominator whose (1) last viral load test within the measurement year is (2) less than 200 copies per mL	
	Medical tab > Medical History subtab > Tests > Viral Load > Date = a value within the measurement year **AND** →	Medical tab > Medical History subtab > Tests > Viral Load > Value is less than 200 copies per mL.
Denominator	Number of clients, regardless of age, with a **diagnosis of HIV** with at least one **medical visit** in the measurement year	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following:	

Viral Load Suppression

	• Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES applies client exclusions where HAB does not. NOTE: Given changes in treatment guidelines, the Viral Load Monitoring indicator is increasingly difficult to measure as a stand-alone indicator and was not programmed into ARIES. Providers who are interested in assessing Viral Load Monitoring can run the All Client Export for Viral Load Suppression. The resulting file includes the last two viral load test dates and values for all clients in the Viral Load Suppression indicator.

Prescription of HIV Antiretroviral Therapy

Performance Measure	Percentage of clients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	**Reporting Period** One year
Numerator	Number of clients from the denominator prescribed HIV antiretroviral therapy during the measurement year	
	Medications tab > ART subtab > ART Type = Highly Active Anti-Retroviral Therapy (HAART) (Triple Therapy) **OR** →	Medications tab > ART subtab > Anti-Retroviral Drugs = any of the following: • Atripla (tenofovir DF/emtricitabine/efavirenz) (d05847) • Complera (emtricitabine/rilpivirine/tenofovir) (d07796) • Stribild (cobicistat/elvitegravir/emtricitabine/tenofo) (d07899) • Triumeq (abacavir/dolutegravir/lamivudine) (d08284) • Trizivir (abacavir/lamivudine/zidovudine) (d04727)
Denominator	Number of clients, regardless of age, with a **diagnosis of HIV** with at least one **medical visit** in the measurement year	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period

Prescription of HIV Antiretroviral Therapy

Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES applies client exclusions where HAB does not.

Tuberculosis Screening

Performance Measure	Percentage of clients aged 3 months and older with a diagnosis of HIV, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	**Reporting Period** One year
Numerator	Number of clients from the denominator who had (1) Date PPD was read or (2) IGRA Date at least once since HIV Diagnosis	
	Medical tab > Medical History subtab > Date PPD/TST Read = date following the date of HIV Diagnosis NOTE: Results from the tuberculin skin test must be interpreted by a health care professional. **OR** Medical tab > Medical History subtab > IGRA Date = date following the date of HIV diagnosis **AND** →	Date of HIV Diagnosis is determined by using the earliest date among the following data elements on the Basic Medical subtab: • Date First HIV Positive, • If blank, ARIES uses January 1 of Year First HIV+, • If blank, ARIES uses the date of the earliest HIV Test record where result is Positive, • If no HIV Test records exist where result is Positive, ARIES uses AIDS Diagnosis Date, • If blank, ARIES uses the date of the earliest AIDS Defining Condition record, • If no AIDS Defining Condition record exists, ARIES uses the date of the earliest CD4 Test on the Medical History subtab where the T Cell Count is below 200, • If no CD4 Tests exist where below 200, Date of HIV Diagnosis cannot be determined.
Denominator	All clients aged 3 months and older with a **diagnosis of HIV**, who had at least one **medical visit** during the measurement year	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR**	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty

Tuberculosis Screening

	Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	• Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period
Exclusions	Clients who meet the following criteria are excluded from the measure: Medical History subtab > Tuberculosis > Date of TB Diagnosis **OR** Treatment Start Date is before the end of the reporting period Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period	
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • ARIES bases the denominator on client with "at least one medical visit during the measurement year," whereas HAB limits it to clients with "at least two visits during the measurement year, with at least 90 days in between each visit." • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES applies client exclusions for deceased and disenrolled clients where HAB does not.	

Cervical Cancer Screening

Performance Measure	Percentage of female clients with a diagnosis of HIV who have a Pap screening in the measurement year	**Reporting Period** One year
Numerator	Number of female clients in the denominator who had **Pap screen results** documented in the measurement year Pap screen result is determined by: Medical Tab > OB/GYN & Pregnancy > Pap Smear & Pelvic Exam Dates = a date within the reporting period	
Denominator	Number of female clients age 13 and older with a **diagnosis of HIV** who had a **medical visit** with a provider with prescribing privilege at least once in the measurement year	

Diagnosis of HIV is determined by:	Medical visit is determined by:	Female is determined by:
Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the	Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	Demographics > Demographic Detail > Identifiers > Current Gender = Female **OR** Transgender FTM **OR** Demographics > Demographic Detail > Demographics > Sex at Birth = Female Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Cervical Cancer Screening

	end of the reporting period		
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in four ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased or disenrolled clients. HAB does not. • HAB's denominator is defined as female clients over age 18 or younger with a history of sexual activity. Since ARIES does not capture current sexual history, and since this indicator is in the Adolescent and Adult Measures, ARIES defines the denominator as female clients age 13 and older. • In addition to excluding female clients 18 and younger with no history of sexual activity, HAB also excludes clients who have had a hysterectomy for non-dysplasia/non-malignant indications. ARIES does not capture this data and thus cannot exclude these clients.		

Chlamydia Screening

Performance Measure	Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year		**Reporting Period** One year
Numerator	Number of clients in the denominator who had a test for chlamydia in the measurement year		
	Medical tab > Medical History subtab > STI/Hepatitis = Chlamydia **AND** →	Medical tab > Medical History subtab > STI/Hepatitis > Date (Chlamydia) = a value within the measurement year	
Denominator	Number of clients age 13 and older with a **diagnosis of HIV** who had a **medical visit** with a provider with prescribing privilege at least once in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Chlamydia Screening

	end of the reporting period		
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab > STI/Hepatitis > most recent Chlamydia test within the reporting period > Is Not Medically Indicated box is checked		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased or disenrolled clients. HAB does not. • HAB's denominator is defined as clients who are: (a) newly enrolled in care; (b) sexually active; or (c) had a STI within the last 12 months. ARIES does not capture current sexual history, and since this indicator is in the Adolescent and Adult Measures, ARIES defines the denominator as clients age 13 and older.		

Gonorrhea Screening

Performance Measure	Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for gonorrhea within the measurement year		**Reporting Period** One year
Numerator	Number of clients in the denominator who had a test for gonorrhea in the measurement year		
	Medical tab > Medical History subtab > STI/Hepatitis = Gonorrhea **AND** →	Medical tab > Medical History subtab > STI/Hepatitis > Date (Gonorrhea) = a value within the measurement year	
Denominator	Number of clients age 13 and older with a **diagnosis of HIV** who had a **medical visit** with a provider with prescribing privilege at least once in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** • Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Gonorrhea Screening

Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab > STI/Hepatitis > most recent Gonorrhea test within the reporting period > Is Not Medically Indicated box is checked
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased and disenrolled clients. HAB does not. • HAB's denominator is defined as clients who are: (a) newly enrolled in care; (b) sexually active; or (c) had a STI within the last 12 months. ARIES does not capture current sexual history, and since this indicator is in the Adolescent and Adult Measures, ARIES defines the denominator as clients age 13 and older.

Hepatitis B Screening

Performance Measure	Percentage of clients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV		**Reporting Period** One year
Numerator	Number of clients in the denominator for whom **Hepatitis B screening** was performed at least once since the diagnosis of HIV		
	Medical tab > Medical History subtab > STI/Hepatitis = Hepatitis B **AND** Medical Tab > Medical History subtab > STI/Hepatitis = Date (Hepatitis B) = a value after HIV Date of Diagnosis	Date of HIV Diagnosis is determined by using the earliest date among the following data elements on the Basic Medical subtab: • Date First HIV Positive, • If blank, ARIES uses January 1 of Year First HIV+, • If blank, ARIES uses the date of the earliest HIV Test record where result is Positive, • If no HIV Test records exist where result is Positive, ARIES uses AIDS Diagnosis Date, • If blank, ARIES uses the date of the earliest AIDS Defining Condition record, • If no AIDS Defining Condition record exists, ARIES uses the date of the earliest CD4 Test on the Medical History subtab where the T Cell Count is below 200, • If no CD4 Tests exist where below 200, Date of HIV Diagnosis cannot be determined.	
Denominator	Number of clients age 13 or older with a **diagnosis of HIV** with at least two **medical visits** in the measurement year, with at least 60 days in between each visit		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Hepatitis B Screening

	reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	• Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab> STI/Hepatitis = Hepatitis B test has Diagnosis = Positive diagnostic test **AND** Date is before the end of the reporting period **OR** Medical Tab > Medical History subtab > Immunizations > Immunization Type = Hepatitis B – Dose 3 and Date is before the end of the reporting period **OR** Medical Tab > Medical History subtab > Immunizations > Immunization Type = Twinrix – Dose 3 and Date is before the end of the reporting period		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • HAB has no client exclusions. ARIES excludes deceased or disenrolled clients, as well as clients who have been diagnosed with, or immunized against, Hepatitis B period to the end of the reporting period.. • HAB's denominator includes all clients regardless of age. However, since this indicator is in the Adolescent and Adult Measures, ARIES defines the denominator as clients age 13 and older.		

Hepatitis B Vaccination

Performance Measure	Percentage of clients with a diagnosis of HIV who completed the vaccination series for Hepatitis B		**Reporting Period** One year
Numerator	Number of clients in the denominator with documentation of having ever completed the vaccination series for Hepatitis B		
	Medical tab > Medical History subtab > Immunizations > Immunization Type = Hepatitis B – Dose 3 and Date is before the end of the reporting period **OR** →	Medical tab > Medical History subtab > Immunizations > Immunization Type = Twinrix – Dose 3 and Date is before the end of the reporting period	
Denominator	Number of clients age 13 or older with a **diagnosis of HIV** who had a **medical visit** with a provider with prescribing privilege at least once in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Hepatitis B Vaccination

	end of the reporting period		
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab > STI/Hepatitis = Hepatitis B test has Diagnosis = Positive diagnostic test **AND** Date if before the end of the reporting period		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in four ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased or disenrolled clients. HAB does not. • HAB excludes newly enrolled clients. ARIES does not. • Though HAB's denominator does not explicitly state age requirements, this indicator is in the Adolescent and Adult Measures so ARIES defines the denominator as clients age 13 and older.		

Hepatitis C Screening

Performance Measure	Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV		**Reporting Period** One year
Numerator	Number of clients in the denominator for whom Hepatitis C screening was performed at least once since the diagnosis of HIV		
	Medical tab > Medical History subtab > STI/Hepatitis = Hepatitis C **AND** Medical tab > Medical History subtab > STI/Hepatitis = Date (Hepatitis C) = a date after HIV Date of Diagnosis	Date of HIV Diagnosis is determined by using the earliest date among the following data elements on the Basic Medical subtab: • Date First HIV Positive, • If blank, ARIES uses January 1 of Year First HIV+, • If blank, ARIES uses the date of the earliest HIV Test record where result is Positive, • If no HIV Test records exist where result is Positive, ARIES uses AIDS Diagnosis Date, • If blank, ARIES uses the date of the earliest AIDS Defining Condition record, • If no AIDS Defining Condition record exists, ARIES uses the date of the earliest CD4 Test on the Medical History subtab where the T Cell Count is below 200, • If no CD4 Tests exist where below 200, Date of HIV Diagnosis cannot be determined.	
Denominator	Number of clients age 13 or older with a **diagnosis of HIV** with at least one **medical visit** with a provider with prescribing privileges at least once in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Hepatitis C Screening

	reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	• Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab > STI/Hepatitis = Hepatitis C test has Diagnosis = Positive diagnostic test **OR** (b) Hepatitis C test has a Treatment Start Date before the end of the reporting period		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased or disenrolled clients. HAB does not. • Though HAB's denominator does not explicitly state age requirements, this indicator is in the Adolescent and Adult Measures so ARIES defines the denominator as clients age 13 and older.		

Oral Exam

Performance Measure	Percentage of clients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	**Reporting Period** One year
Numerator	Number of clients from the denominator who had an **oral exam** by a dentist during the measurement year, based on client self-report or other documentation	
	Services tab > Primary Service = Oral Health Care **AND** Date of Service = during the reporting period **OR** →	Care Plan tab > Referrals subtab > Primary Service = Oral Health Care **AND** Outcome = Kept Appointment **AND** Outcome Date is during the reporting period NOTE: To record an oral exam based on client self-report, complete a Care Plan Referral as described above

Denominator	Number of clients age 13 and older with a **diagnosis of HIV** with at least one **medical visit** in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR**	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

	Oral Exam		
	Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	not blank **AND** Viral Load Date is within reporting period	
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased and disenrolled clients. HAB does not. • Though HAB's denominator does not explicitly state age requirements, this indicator is in the Adolescent and Adult Measures so ARIES defines the denominator as clients age 13 and older.		

Syphilis Screening

Performance Measure	Percentage of clients with a diagnosis of HIV who had a test for syphilis within the measurement year		**Reporting Period** One year
Numerator	Number of clients in the denominator who had a **test for syphilis** in the measurement year		
	Medical tab > Medical History subtab > STI/Hepatitis = Syphilis **AND** →	Medical tab > Medical History subtab > STI/Hepatitis > Date (Syphilis) = a value within the measurement year	
Denominator	Number of clients age 13 and older with a **diagnosis of HIV** who had a **medical visit** with a provider with prescribing privilege at least once in the measurement year		
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the	Medical visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period	Age is determined by: Demographics > Demographic Detail > Identifiers > Date of Birth = 13 years or older

Syphilis Screening

	end of the reporting period		
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Medical tab > Medical History subtab > STI/Hepatitis > most recent Syphilis test within the reporting period > Is Not Medically Indicated box is checked		
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in three ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased or disenrolled client. HAB does not. • HAB's denominator is defined as clients who are: (a) newly enrolled in care; (b) sexually active; or (c) had a STI within the last 12 months. ARIES does not capture current sexual history, and since this indicator is in the Adolescent and Adult Measures, ARIES defines the denominator as clients age 13 and older.		

Care Plan

Performance Measure	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	**Reporting Period** One year
Numerator	Number of clients from the denominator who had a **Care Plan** developed and/or updated two or more times which are at least three months apart in the measurement year	
	Care Plan is determined by: Services tab > Primary Service = Medical Case Management (including Treatment Adherence) **AND** Secondary Service = • Initial Assessment and Plan Development • Plan Re-Evaluation • Service Coordination and Medical Follow-Up within the measurement year **OR** →	Care Plan tab > Care Plan subtab > Date Need Identified is within the measurement year **OR** Care Plan tab > Care Plan subtab >Tasks > Date Initiated is within the reporting period **OR** Care Plan tab > Referral subtab > Referral Date is within the reporting period
Denominator	Number of **medical case management clients**, regardless of age, with a **diagnosis of HIV** who had at least one **medical case management visit** in the measurement year	
	Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR**	A Medical Case Management visit is determined by: Services tab > Program = Ryan White **AND** Services tab > Primary Service = Medical Case Management (including Treatment Adherence)

Care Plan

	Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period • Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period **OR** Clients whose first Medical Case Management service was within six months of the end of the reporting period	
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased clients. HAB does not.	

Housing Status

Performance Measure	Percentage of clients with a diagnosis of HIV who were stably housed in the 12-month measurement period	**Reporting Period** One year
Numerator	Number of clients from the denominator who were **stably housed** as of the end of the 12-month measurement period. Stably housed is defined as: Demographics tab > Living Situation subtab > Stability Scale = Stable/Permanent **AND** As Of Date is as of the end of the measurement period	
Denominator	Number of clients with a **diagnosis of HIV,** who were receiving **HIV services** in the last 12 months. Diagnosis of HIV is determined by: Medical tab > Basic Medical subtab > CDC Disease Stage = any of the following: • CDC-Defined AIDS • Disabling AIDS • HIV positive, asymptomatic • HIV positive, disabling • HIV positive, disease stage unknown • HIV positive, symptomatic, not AIDS • Pediatric, confirmed HIV positive **OR** Medical tab > Basic Medical subtab > Date First HIV Positive **OR** Year First HIV+ **OR** AIDS Diagnosis Date has a date that occurs before the end of the reporting period **OR** Medical tab > Basic Medical subtab > HIV Test Result is Positive **AND** test date is before the end of the reporting period **OR** Medical tab > Basic Medical subtab > AIDS Defining Condition is not blank **AND** is not Other Diagnosis **AND** date occurs before end of reporting period **OR** Medical tab > Medical History subtab > T Cell Count is under 200 **AND** CD4 Date is before the end of the reporting period	HIV Service is determined by: Services tab > Primary Service = at least one HIV service of any type during the measurement period
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased as of the end of the reporting period	

Housing Status	
	• Confirmed Deceased as of the end of the reporting period • Disenrolled as of the end of the reporting period • Discharged as of the end of the reporting period
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • Contrary to HAB's original measure which measures clients who "were homeless or unstably housed," ARIES measures clients were stably housed. This decision was made so that all percentages "moved in the same way" – the closer to 100%, the more positive the outcome. • ARIES excludes deceased or disenrolled clients. HAB does not. • HAB documentation for this measure is contradictory: in one section, it states the client needs at least one medical visit during the measurement period, but in another section is simply states HIV services. ARIES adopted the broader scope – at least one HIV service of any type.

Linkage to HIV Medical Care

Performance Measure	Percentage of clients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	**Reporting Period** One year
Numerator	Number of clients from the denominator who attended a routine **HIV medical care visit** within 3 months of the **date of HIV diagnosis**	
	HIV Medical care visit is determined by: Services tab > Primary Service = Outpatient/Ambulatory Medical Care **AND** Secondary Service = any of the following: • CD-4 T-Cell Count • Follow-Up Visit • Infectious Diseases • Laboratory Service • Medication • Neurology • New Patient Intake • Ob/Gyn • Oncology • Other Specialty • Outpatient/Ambulatory Medical Care • Urgent Care Visit • Viral Load Test **OR** •	Medical tab > Medical History subtab > T Cell Count is not blank **AND** CD4 Date is within reporting period **OR** Medical tab > Medical History subtab > Value is not blank **AND** Viral Load Date is within reporting period
Denominator	Number of clients with a **diagnosis of HIV** in the 12-month measurement period.	
	Date of HIV Diagnosis is during the reporting period and is determined by using the earliest date among the following data elements on the Basic Medical subtab: • Date First HIV Positive, • If blank, ARIES uses January 1 of Year First HIV+, • If blank, ARIES uses the date of the earliest HIV Test record where result is Positive, • If no HIV Test records exist where result is Positive, ARIES uses AIDS Diagnosis Date, • If blank, ARIES uses the date of the earliest AIDS Defining Condition record,	HIV Service is determined by: Services tab > Primary Service = at least one service of any type during the measurement period

Linkage to HIV Medical Care

	• If no AIDS Defining Condition record exists, ARIES uses the date of the earliest CD4 Test on the Medical History subtab where the T Cell Count is below 200, • If no CD4 Tests exist where below 200, Date of HIV Diagnosis cannot be determined.	
Exclusions	Clients who meet the following criteria are excluded from the measure: Demographics tab > Agency Specifics subtab > Agency Status = any of the following: • Reported Deceased within 7 days of diagnosis • Confirmed Deceased within 7 days of diagnosis	
HAB's Definition	To read the HAB definition of this measure, go to http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. ARIES operationalizes this measure in two ways that diverge from HAB's definition: • ARIES includes CD4 and Viral Load tests as evidence that a client was in medical care. • ARIES excludes deceased clients. HAB does not.	