



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**

SOUTH CAROLINA RYAN WHITE & HOPWA PROGRAM

SC RYAN WHITE PART B

QUALITY MANAGEMENT PLAN

GRANT YEAR 2025 - 2026

Revised and approved by the SC DPH Ryan White Program: August 21, 2025

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE PREVENTION & CONTROL
STD, HIV, & VIRAL HEPATITIS SECTION
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TABLE OF CONTENTS

1: QUALITY STATEMENT	2
1.1: Annual Quality Goals	2
2: QUALITY INFRASTRUCTURE	2
2.1: Leadership & Accountability	2
2.2: Internal Quality Committee	3
2.3: Quality Management Steering Committee	3
2.4: Consumer engagement activities	4
2.4.1: Needs Assessment	4
2.4.2: Client Satisfaction Survey.....	4
2.4.3: Consumer Advisory Board	4
2.5: Quality Management Plan.....	4
2.6: Evaluation	5
2.6.1: Program Evaluation Methods	5
3: PERFORMANCE MEASUREMENT	7
4: QUALITY IMPROVEMENT	8
5: WORK PLAN	9
6: RESOURCES	11

1: QUALITY STATEMENT

The goal to improve access to quality healthcare and support services are fundamental to the mission, values, and strategic plan for the South Carolina Department of Public Health (SC DPH) and the SC Ryan White Quality Management Program. The mission of the SC Ryan White Quality Management Program and the STD, HIV, and Viral Hepatitis Section is, in part, to ensure that all People with HIV (PWH) in South Carolina receive quality medical care and support services to improve health outcomes. Based on the mission, the SC Ryan White Quality Management Program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards, and best practices. The monitoring of subrecipient clinical and service-level data will allow for client health outcomes to be tracked to identify successes and address disparities in specific populations.

The SC Ryan White Program serves over 10,000 clients through its collaboration with funded subrecipients to reach sustained viral suppression for each client. Quality management is the cornerstone of the Ryan White Program, which ensures that clinical standards are being met, patient satisfaction and needs are assessed, and care retention is achieved and maintained by standardizing care and processes. Quality management ensures that the program activities meet client service needs by leveraging and optimizing resources and maintaining a commitment to PWH. The SC Ryan White Quality Management Program ensures continuous monitoring, evaluation, and process improvement within the SC DPH's STD, HIV, and Viral Hepatitis Section and HIV Care and Support Programs.

The key components of the SC Ryan White Quality Management Program are:

- Performance and Outcome Measurement
- Data Analysis, Presentation, and Evaluation
- Identification, implementation, and utilization of Continuous Quality Improvement (CQI) strategies
- Monitor adherence to established HIV clinical practice standards and the federally approved clinical practice guidelines for HIV/AIDS
- Coordinate data collection for the routine review of provider performance
- Identification and implementation of solutions for improvement in processes and outcomes

1.1: ANNUAL QUALITY GOALS

Quality Infrastructure	Performance Measures	Quality Improvement	Applicability of Subrecipient
Establish a functioning and comprehensive Quality Management infrastructure that is appropriate and aligned with HRSA standards.	Monitor performance measures to assess outcomes, quality of care, and health disparities based on service type and quality indicators.	Promote and foster the implementation of QI activities with subrecipients agencies to attain Performance Measurement goals.	Apply Quality Management activities to strengthen capacity by monitoring the implementation of Quality Management initiatives at subrecipient agencies.

2: QUALITY INFRASTRUCTURE

2.1: LEADERSHIP & ACCOUNTABILITY

The SC Ryan White Quality Management Program is planned, implemented, and evaluated by the SC Ryan White Quality Manager in collaboration with the Internal Quality Committee (IQC) and the SC Quality Management Steering Committee. The SC Ryan White Program Services Manager is ultimately responsible for all quality management-related activities and authorizes the Quality Manager and the IQC to plan, implement, and evaluate performance improvements of all funded subrecipients. The STD, HIV, and Viral

Hepatitis Section Director and the Communicable Disease Prevention and Control Bureau Director are champions of the Quality Management Program by offering their guidance, direction, and support in advancing optimal health and wellness for PWH.

The intersectionality of quality management can foster a more inclusive and recognizable environment for collaboration and participation with the SC Ryan White Program.

2.2: INTERNAL QUALITY COMMITTEE

The IQC provides direct guidance to the SC Ryan White Program staff concerning the Quality Management Program. The IQC convenes monthly to discuss PCN 15-02 and the interface with program activities. It serves as a vehicle through which all SC Ryan White Program staff and stakeholders can coordinate efforts to demonstrate improvements in their services. Needs for infrastructure, performance measurement, and quality improvement are assessed, and training opportunities are provided as appropriate.

The core members are as follows:

- Ryan White Program Services Manager
- Ryan White Quality Manager
- Nurse Administrator
- STD, HIV Nurse Practitioner

The ad-hoc IQC members include:

- Administrative Manager
- ADAP Program Manager
- Ryan White Monitoring and Evaluations Coordinator
- Medical Case Management Coordinator
- Outreach Senior Consultant
- Patient Advocacy and Adherence Coordinator
- Grants Administrators
- Viral Hepatitis Coordinator

2.3: QUALITY MANAGEMENT STEERING COMMITTEE

The SC Quality Management Steering Committee provides guidance, consultation, and input regarding the Quality Management Program. The committee reviews Performance Measures from the numerous HIV quality initiatives and determines which measures are included for annual review. The SC Ryan White Quality Manager facilitates the SC Quality Management Steering Committee. Meetings are scheduled twice a year, and ad hoc meetings will address specific Performance Measures issues.

The committee utilizes a multidisciplinary approach to provide objective review and evaluation and continuous improvement of HIV care and support services. The committee members share information regarding quality management plans, best practices, and processes within and among network partners. The state membership consists of individuals representing: Ryan White Parts A, B (including ADAP), C, D, and F Programs, as well as SC DPH representatives from the SC Ryan White Program, STD, HIV, and Viral Hepatitis Prevention Programs, Office of Pharmacy, and the Surveillance, Assessment, and Evaluation Section. Participation by Ryan White-funded subrecipients is required under contract with SC DPH, and three (3) Ryan White Parts A, C, and D are invited. Including all Ryan White-funded subrecipients (A, B, C, and D) is essential for statewide coordination and collaboration of care and support services for PWH.

Other stakeholders and PWH are invited and encouraged to attend the SC Quality Management Steering Committee. Stakeholders can engage with and participate in the SC Quality Steering Committee in coordination with their quality management staff at the subrecipient and state levels. Data and information

can be shared via several platforms. The Needs Assessment provides specific client-level information that can indicate a myriad of needs. Each subrecipient has a comment box that establishes accessibility for clients to provide feedback on the Ryan White services identified and provided relative to the client's needs.

2.4: CONSUMER ENGAGEMENT ACTIVITIES

Consumer engagement activities, including the Needs Assessment, Client Satisfaction Survey, and Consumer Advisory Boards ensure that the perspectives of PWH are central to service planning, delivery, and quality improvement. These tools inform program efforts to better meet client needs, enhance service quality, and promote meaningful engagement.

2.4.1: Needs Assessment

The biannual Needs Assessment is a survey developed by subrecipients to gather information on client needs, to support access to care, improve patient outcomes, and enhance patient satisfaction. It is conducted as a structured process to collect data about the needs of PWH who receive care from a SC Ryan White-funded agency.

Administered every other year, alternating with the Client Satisfaction Survey, the assessment involves collecting input directly from clients to identify unmet needs, service gaps, and available Ryan White Program resources that could help address those needs.

The collected data is analyzed at both the subrecipient and statewide levels to determine which services are needed and by which populations of PWH. The survey focuses specifically on SC Ryan White-funded services and was developed with significant input from agency directors and staff. The resulting data helps inform program planning, resource allocation, and support for funded services across the state.

2.4.2: Client Satisfaction Survey

The biannual Client Satisfaction Survey (CSS) gives PWH receiving services from a SC Ryan White-funded subrecipients a chance to provide feedback on their experience with funded services.

Administered every other year, alternating with the Needs Assessment, the CSS was developed to address the Needs Assessment's limitations by focusing on client satisfaction. It ensures that clients have a visible and meaningful role in evaluating the services they receive.

The survey captures direct feedback from clients about their experiences after receiving services, enabling the assessment of the quality and impact of care. Led initially by Peers, the CSS has become an established component of the SC Ryan White Program infrastructure, playing a key role in measuring client perspectives, engagement, and satisfaction. This process supports ongoing performance measurement and strengthens efforts to align services with client needs.

2.4.3: Consumer Advisory Board

Consumer Advisory Boards (CABs) are made up of PWH who receive services from a SC Ryan White-funded subrecipient. These client-led groups create space for open dialogue that leads to meaningful action, helping ensure services meet the needs of both current and future clients. CABs provide valuable feedback on service delivery and client retention by sharing insights from the consumer perspective.

While the SC Ryan White Program sets a minimum standard for CABs through its policy, subrecipients may enhance their CAB structure by holding more frequent meetings, expanding membership, or modifying voting procedures.

2.5: QUALITY MANAGEMENT PLAN

The Quality Management Plan outlines the infrastructure, performance measurement strategy, quality improvement process, applicability to subrecipients, and an annual workplan for monitoring subrecipients' clinical performance based on the goals and objectives set each grant year. The plan is reviewed and updated annually by the Ryan White Quality Manager and approved by the SC Ryan White Program. Once approved, it is shared with SC Ryan White-funded subrecipients and made publicly available on the SC DPH Ryan White webpage.

The SC Ryan White Reporting Calendar provides key dates for collecting and submitting Quality Management data. Data is analyzed quarterly to evaluate progress toward performance measure goals. Subrecipients' Quality Management activities are also reviewed quarterly to monitor and assess performance.

2.6: EVALUATION

The Quality Management Program evaluates the overall effectiveness of the quality infrastructure and activities to ensure that it aligns with its goals and objectives, as outlined in the workplan. The program continuously evaluates strengths, identifies opportunities for improvement, and implements strategies for improvement as indicated. Based on findings, there will be a review of the annual goals and implementation improvement strategies for the following year.

Program effectiveness will be reviewed quarterly to evaluate the goals and objectives outlined in the workplan. Every quarter, a check-in will occur to check on key activities of the workplan. Discussions to address the annual quality goals will be integrated as an agenda item into Quality Management meetings held in the fourth quarter of the grant year. This will establish goals for the upcoming year. The Quality Manager will share all Quality Management updates and activities related to the workplan, including successes and challenges. There is an opportunity to share program progress with the Section Director during the management team meetings and the SC Ryan White Program Services Managers' supervisory meetings. The SC Ryan White Program Services Manager will share details of the progress of the workplan activities, noting whether expected goals were achieved with the desired impact.

The evaluation findings will be shared in a tiered or phased process. Initially, the IQC core group will complete a primary evaluation. Subsequent findings will also be reviewed, and the evaluation findings will be shared with the larger IQC group. Quality Management activities that yield insufficient outcomes will be compared to Ryan White data sources, and an improvement plan will be established. Input will be obtained from IQC to gain perspective and insight, and a platform of dialogue will be created to ensure inclusion and participation. This will allow for improvement and bolster future planning. The conclusion from the evaluation findings will be shared with upper management and the STD, HIV, and Viral Hepatitis Section Director.

2.6.1: Program Evaluation Methods

2.6.1a: Quality Management Plan

The Quality Manager will review the overall Quality Management plan annually, focusing on the goals and objectives, and produce a revised plan by the beginning of the following calendar year. The Quality Management plan will incorporate lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the IQC, SC Ryan White Program Services Manager, and the STD, HIV, and Viral Hepatitis Section Director.

2.6.2b: Quality Improvement Projects

The Ryan White Quality Manager will collect data in various ways to evaluate performance regarding the training of subrecipient staff in CQI and providing TA for CQI projects. The Quality Manager uses a quality

organizational assessment tool to survey subrecipients for knowledge and skills in CQI at the beginning and at the end of trainings or projects.

The Quality Manager will use service utilization and outcomes data to evaluate the effectiveness of individual Continuous Quality Improvement (CQI) projects. Responsibilities include:

- Developing and implementing action plans for identified improvement areas, monitoring progress, and adjusting strategies as needed
- Leading the development, completion, and ongoing updates of the Plan-Do-Study-Act (PDSA) cycle and other quality improvement methods
- Identifying and addressing training and educational needs related to quality improvement efforts

2.6.3c: Performance Measures

Performance measures, definitions, and indicators will be reviewed quarterly. At the end of each fiscal year, the Quality Manager will compile a report detailing outcomes on Performance Measures for each subrecipient, service category, and for the SC Ryan White Program overall:

- Annual Programmatic and Quality Management site visits
- Review of the Clinical Report Cards (CRC)

2.6.4d: Roles & Responsibilities of SC DPH Staff

Ryan White Program Services Manager

- Directs and manages the federal Ryan White Program for the state
- Assists with grant oversight and management
- Supervises the Program Services team
- Ensures all development and implementation of programmatic monitoring policies and tools

Ryan White ADAP Manager

- Directs all ADAP daily operations, including data management and contract monitoring
- Provides oversight and monitoring of the daily ADAP contract pharmacy
- Reviews contract compliance, including antiretroviral therapy management and dispensing

Ryan White Quality Manager

- Analyzes, interprets, and evaluates services provided and client-level data from a variety of sources, including reports from Ryan White-funded subrecipients and ADAP
- Closely monitor subrecipients' Quality Management plans and quarterly reports
- Provides technical assistance to Ryan White-funded subrecipients in the development of local Quality Management plans and activities
- Conducts site visits to review Quality Management plans and activities
- Communicates with the IQC and other subcommittees and workgroups

Ryan White Nurse Administrator

- Coordinates revisions for the SC ADAP Clinical Review Process
- Ensures policies, protocols, and guidelines are aligned with the federally approved clinical practice guidelines for HIV/AIDS
- Provides technical assistance to Ryan White-funded subrecipients in the development of local Quality Management plans and activities

Ryan White Monitoring & Evaluations Coordinator

- Manages the development, coordination, and evaluation of Ryan White services
- Conducts routine programmatic monitoring through site visits, desk reviews, and reporting

Ryan White Medical Case Management Coordinator

- Serves in a consultant capacity, providing programmatic consultation and technical assistance to providers to improve the coordination of service delivery
- Conducts site visits to review case management services
- Provides technical assistance to Ryan White-funded subrecipients for case management
- Ensures the development, implementation, and evaluation of statewide case management Standard Operating Procedures (SOPs) and Service Standards

Ryan White Ending the HIV Epidemic & HOPWA Program Coordinator

- Provides monitoring and evaluation for the EHE initiatives and HOPWA Program
- Conducts EHE and HOPWA-related trainings and technical assistance

Ryan White Outreach Senior Consultant

- Utilizes data to target populations and places that have a high probability of reaching PWH
- Provides service coordination with local and state HIV outreach providers to avoid duplication of efforts
- Responsible for establishing, monitoring, and improving service outcomes related to Ryan White Outreach services

Ryan White Patient Advocacy & Adherence Coordinator

- Provides Peer-related trainings and TA
- Co-facilitates the Peer Workgroup
- Develops Peer-related policies, standards, and forms
- Oversees the Ryan White and HOPWA grievance line

STD, HIV Nurse Practitioner

- Provides oversight on policies, protocols, and guidelines that are aligned with the federally approved clinical practice guidelines for HIV/AIDS
- Serves as a liaison with the HIV medical consultant
- Participates in the IQC

3: PERFORMANCE MEASUREMENT

The SC Ryan White Quality Management Program utilizes strategies outlined in the HIV/AIDS Bureau (HAB) HIV/AIDS Performance Measures and seeks to meet the expectations set forth or outlined in Policy Clarification Notice 15-02. Each Performance Measurement is directly linked to a core or supportive service category and reflects RWHAP-funded services. Local HIV epidemiology guides services provided to clients, which impact service utilization and Performance Measures. Performance measurement data are obtained primarily from client-level data entered directly into Provide Enterprise (PE) by subrecipients. Statewide data is compiled to identify how many clients had services provided in each core and support service category. A comparison is made between all clients receiving any Ryan White service and each service category.

Based on the percentage of service utilization in each service category, the number of required Performance Measures for each service category is established. Annually, performance is obtained from the CRC. Each subrecipient's Performance Measurements are reviewed and compared to the state benchmark. If a subrecipient falls below twenty percent of a state benchmark for any of the established Quality Management Performance Measures, the Quality Manager will provide improvement strategies and progress reports, including time frames and targets, for monitoring and additional technical assistance, if applicable.

Each subrecipient has access to its Ryan White Service Report (RSR). It details service utilization for each service category at the subrecipient level, which is directly linked. The client-level service utilization data will be compared to HRSA's minimum standards for Performance Measurement for each service category. PE will host all data and variables concerning client care and treatment. This data is translated and then transferred to PE, which is manually entered by subrecipients and exported out of PE. The data is formed into the Clinical Report Card (CRC), which is reviewed annually on a statewide basis. Subrecipients can obtain data from the CRC monthly for review and support efforts surrounding continuous quality improvement.

After analyzing the findings, client-level outcomes and Performance Measures are tailored to the goals and objectives outlined by the SC Quality Management Steering Committee. The data will be stratified by gender, age, race, sexual orientation, and any other measure noted by the committee. This will be shared annually with the committee through various media, including charts, graphs, and reports. The IQC will provide Performance Measures, standards, and guidance. Comparisons can be made to the statewide service utilization and indicate where resources and the client's needs are present. This will provide targeted details on client needs as data is analyzed and stratified.

Service categories are reviewed annually through the programmatic site visit. All service category performance discussed includes year-to-year and annual comparisons to the state benchmark. Based on the terms of the contract, there is an expectation that subrecipients will provide the core and support services to clients. Data is captured on all other service categories and is analyzed to improve the process and clinical outcomes.

The SC Ryan White Program monitors quarterly subrecipient data to ensure accurate, complete, and timely data entry is occurring as required by their Ryan White contracts. Data analysis is performed quarterly for core and support service Performance Measures. Also, through the Surveillance, Assessment, and Evaluation Section, the Epidemiological Profile is readily available annually to provide stratification on data and guide implementation and quality improvement activities. Clients served can be stratified by age, race, sex, gender, transmission route, etc. Once reports are generated and analyzed, the Quality Manager and members of the IQC articulate the findings and disseminate data internally to SC Ryan White Program staff and the SC Quality Management Steering Committee members.

As appropriate, some Performance Measures are also monitored through annual quality management site visits and quarterly monitoring. Performance measurement data are observed, analyzed, and reported annually to the Ryan White HIV Planning Council, subrecipients, and stakeholders. Performance measures are reviewed annually to reflect identified needs, the federally approved clinical practice guidelines for HIV/AIDS, and best practices. They are also incorporated into annual planning for quality improvement activities.

4: QUALITY IMPROVEMENT

The information gathered from quality measurement activities is used to improve patient care, health outcomes, and patient satisfaction. Quality Improvement promotes in-depth evaluation of quality indicators that need improvement. Quality improvement activities examine existing processes and modify them accordingly to address quality challenges.

All quality improvement activities are conducted within at least one funded service category at any given time and are documented in the Quality Management plan.

The SC Ryan White Quality Management Program will assess the agencies' performance by chart reviews, CRCs, Ryan White Service Report, and information gathered from site visits. Subrecipients will submit quality improvement activities using the PDSA cycle methodology to the Quality Manager for review and

feedback. The activities of the PDSA cycle will be documented in each subrecipient’s Quality Management plan.

Quality planning will support strategic planning decisions, quality initiatives, overall design, development, and initial implementation efforts related to new and restructured processes. Quality planning is performed by utilizing information gathered from quality improvement to identify priorities, determine if and how to modify processes, and monitor the effectiveness of new initiatives. SC Ryan White Program staff will continue collaborating with SC Ryan White-funded subrecipients to plan, develop, and implement new initiatives to enhance the quality of care provided to PWH.

5: WORK PLAN

The Quality Manager and the IQC team monitor the work plan activities continuously. The table below provides a detailed description of the work plan and activities. The work plan will be disseminated via the SC DPH Ryan White’s webpage.

Goal A: Establish a functioning and comprehensive QM infrastructure that is appropriate and sufficiently aligned with HRSA’s standards for QM Programs.

OBJECTIVES	KEY ACTION STEPS	DUE DATES	PERSON(S) RESPONSIBLE
A.1: Finalize 2025 SC Ryan White Quality Management Plan	A.1a: Review and revise the plan	September 2025	RW Quality Manager
	A.1b: Finalize and post QM plan on the Ryan White website	October 2025	RW Quality Manager
A.2: Identify GTI platform changes to enhance PE for end users	A.2a: Meeting routinely to discuss system changes, e.g., Outreach Module, MCM documentation processes, Peer Adherence, Quality Management	On-going	RW Program Services Staff
A.3: Develop and strengthen platforms for consumer engagement	A.3a: Strengthen subrecipient CABs or an entity in its likeness	March 2025	RW Quality Manager, Subrecipients
A.4: Utilize the established process for continuity of QM structure and processes	A.4a: Annual review of quality goals and objectives	January 2025	RW Quality Manager
	A.4b: Establishing annual quality goals and setting priorities for the upcoming grant year	February 2025	RW Quality Manager, RW Nurse Administrator
	A.4c: Complete annual evaluation and disseminate findings	March 2025	RW Program Services Staff
	A.4d: Updating the QM plan and obtaining necessary approvals	March 2025	RW Quality Manager
A.5: Finalize the Client Satisfaction Survey and prepare for dissemination	A.5a: Meet to define parameters for final version and dissemination plan to subrecipients for client participation	December 2025	Peer Adherence Coordinator, Data Manager, Program Service Manager, Quality Manager
	A.5b: Analyze data and trends of the client satisfaction survey	April 2026	Peer Adherence Coordinator, Data Manager, Program Service Manager, Quality Manager
A.6: Increase participation with Needs Assessment Workgroup	A.6: Identify subrecipients that will engage and work on the Needs Assessment Workgroup	March 2026	Quality Manager, RW Subrecipients
	Redefine processes and structure to enhance the Needs Assessment Survey	March 2026	Quality Manager, RW Subrecipients

Goal B: Maintain and monitor Performance Measurement to assess the outcomes, quality of care, and health disparities based on service categories and quality indicators.

OBJECTIVES	KEY ACTION STEPS	DUE DATES	PERSON(S) RESPONSIBLE
B.1: Define Performance Measures for RWHAP core and support services	B.1a: Review HRSA HAB Performance Measures and SC QM Performance Measures for clinical standards adherence	Annually	RW Quality Manager, RW Nurse Administrator
	B.1b: Obtain, review, and determine service category minimum standards based on PCN 15-02	Annually	RW Quality Manager, Performance Measurement Workgroup
	B.1c: Provide updated Performance Measure clinical adherence and service utilization data to the SC QM Steering Committee, and subrecipients	Annually	RW Nurse Administrator, RW Quality Manager, QM Steering Committee
B.2: Analyze Performance Measurement data to measure the quality of care and health disparities	B.2a: Annually monitor RSR to determine the appropriate number of Performance Measures for service categories	Annually	RW Quality Manager
B.3: Identify and develop goals to create Performance Measures for medical case management, outreach, and peer adherence.	B.3a: Each identified area of Program Services staff will identify 3-5 goals and rank them in importance	December 2025	RW Program Services Staff
	B.3b: Develop Performance Measures/objectives for Program Services programming to improve health outcomes	March 2026	RW Program Services Staff

Goal C: Promote and foster the implementation of CQI activities with Ryan White and/or subrecipients to attain Performance Measurement goals.

OBJECTIVES	KEY ACTION STEPS	DUE DATES	PERSON(S) RESPONSIBLE
C.1: Review processes from the implementation of the client satisfaction survey	C.1a: Enhance questions and formatting, and create efficiencies with analysis	June 2026	RW Quality Manager, Patient Advocacy and Adherence Coordinator
	C.1b: Analyze and incorporate the results into consumer engagement activities	November 2026	RW Quality Manager, Patient Advocacy and Adherence Coordinator
	C.1c: Provide technical assistance to subrecipients in the administration and data collection of the client satisfaction survey	On-going	RW Quality Manager, Patient Advocacy and Adherence Coordinator
C.2: Evaluate processes and effectiveness of HIV programs within a service category	C.2a: Establish and utilize a protocol for improved statewide CQI by utilizing Performance Measures, data, and evaluation	May 2025	RW Quality Manager, RW Nurse Administrator
	C.2b: Dissemination of statewide CQI data analysis to the subrecipients, RW, and IQC Committee	October 2026	RW Quality Manager
	C.2c: QM Program monitoring of statewide CQI PDSA through site visits, CRC, and PDSA submissions	Annually, Quarterly	RW Quality Manager
C.3: Utilize CQI methodology to support the development of Performance Measurement for core and supportive services	C.3a: Utilize goals to develop a CQI process for Medical Case Management, Peer Adherence, and Outreach	Quarterly, Monthly	RW Program Services Staff

Goal D: Apply QM program activities to subrecipients in efforts to strengthen capacity by monitoring the implementation of QM programs at their respective agencies.

OBJECTIVES	KEY ACTION STEPS	DUE DATES	PERSON(S) RESPONSIBLE
D.1: Increase capacity building for QM programs at the agencies	D.1a: Conduct CQI Technical Assistance	As needed	RW Quality Manager, RW Nurse Administrator
	D.1b: Communicate relevant CRC findings to subrecipient QM staff	Annually	RW Quality Manager
	D.1c: Provide QM TA for subrecipients consistent with learning needs	As needed	RW Quality Manager
D.2: Incorporate Performance measurement goals for subrecipients' CQI activities	D.2a: Discuss with subrecipients accessibility and capacity to manage data systems	Quarterly	RW Quality Manager; RW Program Services Staff, QM Steering Committee
	D.2b: Guide data aggregation and analysis through available resources and tools	Ongoing	RW Nurse Administrator, RW Quality Manager
	D.2c: Feedback on improvement plans by subrecipients on Performance Measurement	Quarterly	RW Nurse Administrator, RW Quality Manager
D.3: Implement QM Plan across agencies	D.3a: Require subrecipients to submit updated QM Plans for GY 2025	Annual	RW Quality Manager, RW Program Services Staff
	D.3b: Monitor implementation of QM plans through on-site visits	Monitoring – Ongoing	RW Nurse Administrator, RW Quality Manager
	D.3c: Evaluation of QM Plan and feedback of CQI activities	Ongoing	RW Quality Management Nurse Administrator, RW Quality Manager

6: RESOURCES

[Department of Health & Human Services Clinical Practice Guidelines for HIV/AIDS](#)

[Quality Management Policy Clarification Notice 15-02](#)

[Running the Clinical Report Card \(CRC\) in Provide Enterprise](#)

[Ryan White HIV/AIDS Part B National Monitoring Standard](#)

[Ryan White HIV/AIDS Program Part B Manual](#)

[SC Ryan White Program Needs Assessment \(2020\)](#)

[SC Ryan White Program Performance Measures](#)

[SC Ryan White Program Plan-Do-Study-Act Template](#)

[SC Ryan White Program Quality Management Webpage](#)

[SC Ryan White Program Service Standards](#)