

**ATTACHMENT I**  
**QUALITY OF SERVICE INDICATORS**  
**METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL**

CATEGORY	QUALITY OF SERVICE INDICATORS
<b>Primary Care</b>	90% of clients (enrolled in care > 6 months) will have 2 or more medical visits, at least 3 months apart, in an HIV care setting in a 12-month period
	90% of clients (who have been in care for > 6 months) will have 2 or more CD4 counts performed, at least 3 months apart, in a 12-month period
	90 % of clients (who have been in care for > 6 months) will have 2 or more viral load tests performed, at least 3 months apart, in a 12-month period.
	90% of clients with AIDS (enrolled in care > 3 months) will be prescribed HAART regimen
	95% of clients with a CD4 count below 200 cells/mm <sup>3</sup> (enrolled in care > 3 months), with at least one medical visit in the measurement year, will be prescribed PCP prophylaxis
	90% of pregnant women in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester, will be prescribed antiretroviral therapy (excluding those enrolled in care during last 3 months of measurement year; and those not presenting for prenatal care)
	100% of client medical records will include a problem list
	100% of client problem lists will include documentation of known allergies
	90% of clients on antiretroviral (ARV) therapy will be assessed and counseled for adherence 2 or more times in the measurement year (except those enrolling or initiating ARV therapy during the last six months of the measurement year)
	90% of female clients 18 and older will have an annual Pap test (except those who have had a hysterectomy for non-dysplasia/non-malignant indications)
	100% of clients who are newly enrolled, sexually active or who have had an STI within the last 12 months of the measurement year will be screened for gonorrhea at least once during the measurement year
	100% of clients who are newly enrolled, sexually active or who have had an STI within the last 12 months of the measurement year will be screened for Chlamydia at least once during the measurement year
	90% of clients will be screened for syphilis at least once during the measurement year
	100% of clients will have TB screening documentation in the past 12 months (except those with a history of culture positive TB or previous documented positive test)
	95% of clients screened for Hepatitis C at least once since the diagnosis of HIV infection
	95% of clients screened for Hepatitis B at least once since the diagnosis of HIV infection
	85% of clients will have documentation of prevention/risk reduction counseling at least once during the 12-month period

**NOTES:**

1. Evaluation for all indicators based on client receiving Part A-funded services who:
  - Is at least 18 years old
  - Is currently living
  - Has had at least one medical visit
  - Has been seen in the last six months
2. Chart review will be used for indicators only if the entire chart (if multiple volumes) is accessible
3. Enrolled is defined as date of first primary care visit with a provider  
(Day=calendar day; Month=calendar month)
4. Indicators based on HRSA's National HIV Clinical Performance Measures

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<b>Medical Case Management (MCM)</b>	80% of case managed clients have had 2 or more primary care visits, at least 3 months apart, in the measurement year
	80% of MCM clients have had an Individual Service Plans developed and/or updated two or more times, at least three months apart, in the measurement year (except those initiating MCM services in the last 6 months of the measurement year or those who were discharged from MCM services prior to six months of service in the measurement year)
<b>Food/Nutrition</b>	90% of clients referred for nutrition services received screening, education or counseling during the measurement year (provided by a registered dietitian)
	100% of menus were reviewed by a registered dietitian as scheduled (home delivered meals quarterly and food pantry menus semi-annually)
<b>Mental Health</b>	100% of Individual Treatment Plans updated annually
	80% of clients receiving Mental Health Services have had 2 or more primary care visits, at least 3 months apart, in the measurement year
<b>Oral Health</b>	75% of clients received an oral health exam by a dentist at least once during the measurement year
<b>Outreach</b>	100% of outreach staff members have completed orientation, supervision, and continuing education, as outlined in the EMA's Standards
<b>Legal</b>	100% of new clients referred for Legal Services will receive a Legal Check up within 45 days of referral.
<b>Peer Counseling</b>	100% of Peer Counselors have completed orientation, supervision, and continuing education, as outlined in the EMA's Standards
	100% of client records contain documentation of progress toward linking clients to or enrolling them in primary care
<b>Substance Abuse</b>	80% of clients receiving Substance Abuse Services have had 2 or more primary care visits, at least 3 months apart, in the measurement year
	100% of Treatment Plans completed within 1 month of assessment
<b>Housing</b>	85% of clients will be stably housed (NHAS)
<b>Universal</b>	100% of clients received a case management/mental health/substance abuse/legal screening at agencies funded under Primary Care, Case Management, Substance Abuse and Mental Health at enrollment or reenrollment.
	85% of clients receiving Part A services in the EMA have had at least one documented primary care visit in a 6-month period (note: includes clients who receive primary care outside the Part A agencies)
	100% of Part A contractors have an HIV-specific quality management plan in place and are updated annually
	100% of Part A contractors have provided at least one annual cultural competence-focused staff training which complies with the EMA's elements of cultural competence
<b>Systems Level</b>	90% of RW funded Outpatient/Ambulatory medical care organizations in the system/network with a waiting time 15 or fewer business days for a RW eligible patient to receive an appointment to enroll in medical care.