

## 2023 Ryan White Contracted Provider Meeting Packet

### Table of contents

Page 2	Agenda
Page 3	Links shared during meeting
Page 4	2023 Ryan White Contract Provider Meeting slides
Page 58	FY 2023 Contract Guide
Page 86	Ending the COVID-19 Public Health Emergency Resumption of Renewal for Medical Assistance and Minnesota Care
Page 100	Proposed Timeline – Final Steps to Centralized Eligibility
Page 101	Ryan White Program: linguistic services policy and procedures
Page 105	Medical transportation resource inventory
Page 108	Fueled Up Fridays webinar series

### Contact

Ryan White HIV/AIDS Program  
Hennepin County Public Health  
525 Portland Ave, MC L963  
Minneapolis, MN 55415  
RyanWhite@hennepin.us  
Hennepin.us

05/02/2023



## 2023 Ryan White Contracted Provider Meeting

Friday, April 28<sup>th</sup> 2023, 10:00 – 11:30 am, via MS Teams

### Agenda

Topic	Presenter	Time
1. Welcome and Introductions	Eriika	10:00
2. Funding Updates	Jonathan	10:15
3. CAREWare	Cody	10:20
4. Contract Updates	Jacki, Mona & Walter	10:25
5. STRETCH BREAK		10:40
6. Programmatic Updates	Jonathan & Carissa	10:45
7. Quality Management Update	Aurin & Aubrey	10:55
8. Positively Hennepin	Brenda	11:05
9. Council Update	Audra	11:10
10. Questions & Closing	Eriika	11:20

### Contacts

- **Contract Managers:** Walter Urey, [Walter.Urey@hennepin.us](mailto:Walter.Urey@hennepin.us), 612-715-0026, Jacki Gould, [Jacqueline.Gould@hennepin.us](mailto:Jacqueline.Gould@hennepin.us), 612-348-6171
- **Manager:** Jonathan Hanft, [Jonathan.Hanft@hennepin.us](mailto:Jonathan.Hanft@hennepin.us), 612-348-5964
- **HIV Grants Supervisor:** Eriika Etshokin, [Eriika.Etshokin@hennepin.us](mailto:Eriika.Etshokin@hennepin.us), 612-543-4237
- **HIV Services Planner:** Carissa Weisdorf, [Carissa.Weisdorf@hennepin.us](mailto:Carissa.Weisdorf@hennepin.us), 612-348-6827
- **Quality Management:** Scott Bilodeau, [Scott.Bilodeau@hennepin.us](mailto:Scott.Bilodeau@hennepin.us), 612-348-4357, Aurin Roy, [Aurin.Roy@hennepin.us](mailto:Aurin.Roy@hennepin.us), 612-472-4836, Aubrey Hagen, [Aubrey.Hagen@hennepin.us](mailto:Aubrey.Hagen@hennepin.us), 612-369-4421
- **Data Analyst:** Cody Raasch, [Cody.Raasch@hennepin.us](mailto:Cody.Raasch@hennepin.us), 612-348-7414
- **Council:** Audra Gaikowski, [Audra.Gaikowski@hennepin.us](mailto:Audra.Gaikowski@hennepin.us), 612-596-2001, Jeremy Stadelman, [Jeremy.Stadelman@hennepin.us](mailto:Jeremy.Stadelman@hennepin.us), 612-596-7894
- **Positively Hennepin:** Brenda Senyana, [Brenda.Senyana@hennepin.us](mailto:Brenda.Senyana@hennepin.us), 612-596-3202
- **For All CAREWare & EvalWeb Questions:** [health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us)



Links shared during the 2023 Contracted Provider Meeting

CAREWare	<ol style="list-style-type: none"> <li>1. MN CAREWare 6 Login <a href="https://state.mn.us/cw6/login">CW6 - Login (state.mn.us)</a></li> <li>2. CAREWare Helpdesk Email <a href="mailto:health.cwpens@state.mn.us">health.cwpens@state.mn.us</a></li> <li>3. Minnesota CAREWare information from MN Department of Health <a href="https://www.health.state.mn.us/careware/">Minnesota CAREWare Website</a></li> <li>4. CAREWare SharePoint Site: <a href="https://mn365.sharepoint.com/sites/MDH/careware/SitePages/Home.aspx">https://mn365.sharepoint.com/sites/MDH/careware/SitePages/Home.aspx</a></li> </ol>
Contract Updates	<ol style="list-style-type: none"> <li>1. <a href="https://bit.ly/RW23ContractGuide">https://bit.ly/RW23ContractGuide</a></li> </ol>
Programmatic Updates	<ol style="list-style-type: none"> <li>1. Service provider information and resources: <a href="https://hennepin.us/ryan-white">hennepin.us/ryan-white</a></li> <li>2. Service standards: <a href="https://www.mnhivcouncil.org/standards-of-care">https://www.mnhivcouncil.org/standards-of-care</a></li> <li>3. Fueled up Fridays registration: <a href="https://tinyurl.com/springfridays23">https://tinyurl.com/springfridays23</a></li> </ol>
Quality Management Update	<ol style="list-style-type: none"> <li>1. Quality Requirements Scheduling: <a href="https://bit.ly/QMSchedule">https://bit.ly/QMSchedule</a></li> <li>2. Quality Requirements Evaluation: <a href="https://forms.office.com/Pages/ResponsePage.aspx?id=n9_vioCHv0aPt0ySRI0ovlG_wWHFzr9Li4MQPaJxLeFURVZJUTVaV1RGVzhZSko0VlpaS0IMRk4xUC4u">https://forms.office.com/Pages/ResponsePage.aspx?id=n9_vioCHv0aPt0ySRI0ovlG_wWHFzr9Li4MQPaJxLeFURVZJUTVaV1RGVzhZSko0VlpaS0IMRk4xUC4u</a></li> <li>3. Quality Reports (see Basecamp post) <a href="https://ryanwhite.basecampHQ.com/projects/14185068-hennepin-county-ryan-white-providers/posts/114574012/comments">https://ryanwhite.basecampHQ.com/projects/14185068-hennepin-county-ryan-white-providers/posts/114574012/comments</a></li> <li>4. Apply to join QMAC <a href="https://bit.ly/QMACapplication">https://bit.ly/QMACapplication</a></li> <li>5. Email <a href="mailto:aurin.roy@hennepin.us">aurin.roy@hennepin.us</a> to sign up for the <a href="https://hennepin.us/quality-learning-community">Quality Learning Community</a> on Basecamp</li> </ol>
Positively Hennepin	<ol style="list-style-type: none"> <li>1. <a href="https://www.hennepin.us/your-government/projects-initiatives/positively-hennepin">https://www.hennepin.us/your-government/projects-initiatives/positively-hennepin</a></li> </ol>
Council Update	<ol style="list-style-type: none"> <li>1. Apply to join the council at <a href="https://www.mnhivcouncil.org/">MCHACP - MN Council for HIV/AIDS Care and Prevention (mnhivcouncil.org)</a></li> <li>2. Provider Mental Health panel discussion: <a href="https://bit.ly/2023MHPanel">https://bit.ly/2023MHPanel</a></li> <li>3. Minnesota and Minneapolis - St. Paul TGA Integrated Plan for 2022-2026: <a href="https://bit.ly/MNHIVplan">https://bit.ly/MNHIVplan</a></li> </ol>
2023 Contracted Provider Meeting evaluation	<ol style="list-style-type: none"> <li>1. <a href="https://bit.ly/2023CPMEval">https://bit.ly/2023CPMEval</a></li> </ol>

# Hennepin County Ryan White Program Contracted Provider Meeting

H E N N E P I N   C O U N T Y

M I N N E S O T A

Public Health

APRIL 28, 2023

# Hennepin County Ryan White Program Staff

**Jonathan Hanft**

Jonathan.Hanft@hennepin.us  
Ryan White Program Manager

**Eriika Etshokin**

Eriika.Etshokin@hennepin.us  
Ryan White Services Grants Supervisor

**Carissa Weisdorf**

Carissa.Weisdorf@hennepin.us  
HIV Services Planner

**Audra Gaikowski**

Audra.Gaikowski@hennepin.us  
Planning Council Coordinator

**Jeremy Stadelman**

Jeremy.Stadelman@hennepin.us  
Planning Council Administrative Specialist

**Cody Raasch**

Cody.Raasch@hennepin.us  
Ryan White Data Analyst

**Scott Bilodeau**

Scott.Bilodeau@hennepin.us  
Quality Management Coordinator

**Aurin Roy**

Aurin.Roy@hennepin.us  
CDC Public Health Associate – HIV Health Disparities Reduction

**Aubrey Hagen**

Aubrey.Hagen@hennepin.us  
CDC Public Health Associate – HIV Community Outreach Specialist

**Brenda Senyana**

Brenda.Senyana@hennepin.us  
Positively Hennepin Implementation Coordinator

# Hennepin County Ryan White Contract Staff

## **Jacqueline Gould**

Jacqueline.Gould@hennepin.us

Ryan White Contract Manager

- The Aliveness Project
- HealthPartners
- Hennepin County Healthcare for the Homeless
- Hennepin Healthcare
- Minnesota Community Care
- Red Door Clinic
- University of Minnesota
- West African HIV Task Force

## **Walter Urey**

Walter.Urey@hennepin.us

Ryan White Contract Manager

- African American AIDS Task Force
- Allina
- Children's Minnesota
- Clare Housing
- Open Arms
- Pinnacle Services
- Rainbow Health
- Sub-Saharan African Youth & Family Services

# Welcome, Housekeeping, and Introductions

- Please introduce yourself in the chat. Include:
  - your name
  - pronouns
  - where you work
  - your role
  - your contact information
- If this is your first meeting, we will ask you to come on-camera and off-mute for a short introduction



# Agenda

1. Welcome and introductions
2. Funding updates
3. CAREWare
4. Contract updates
5. Stretch break
6. Programmatic updates
7. Quality Management
8. Positively Hennepin
9. MN Council for HIV/AIDS Care and Prevention
10. Questions and closing

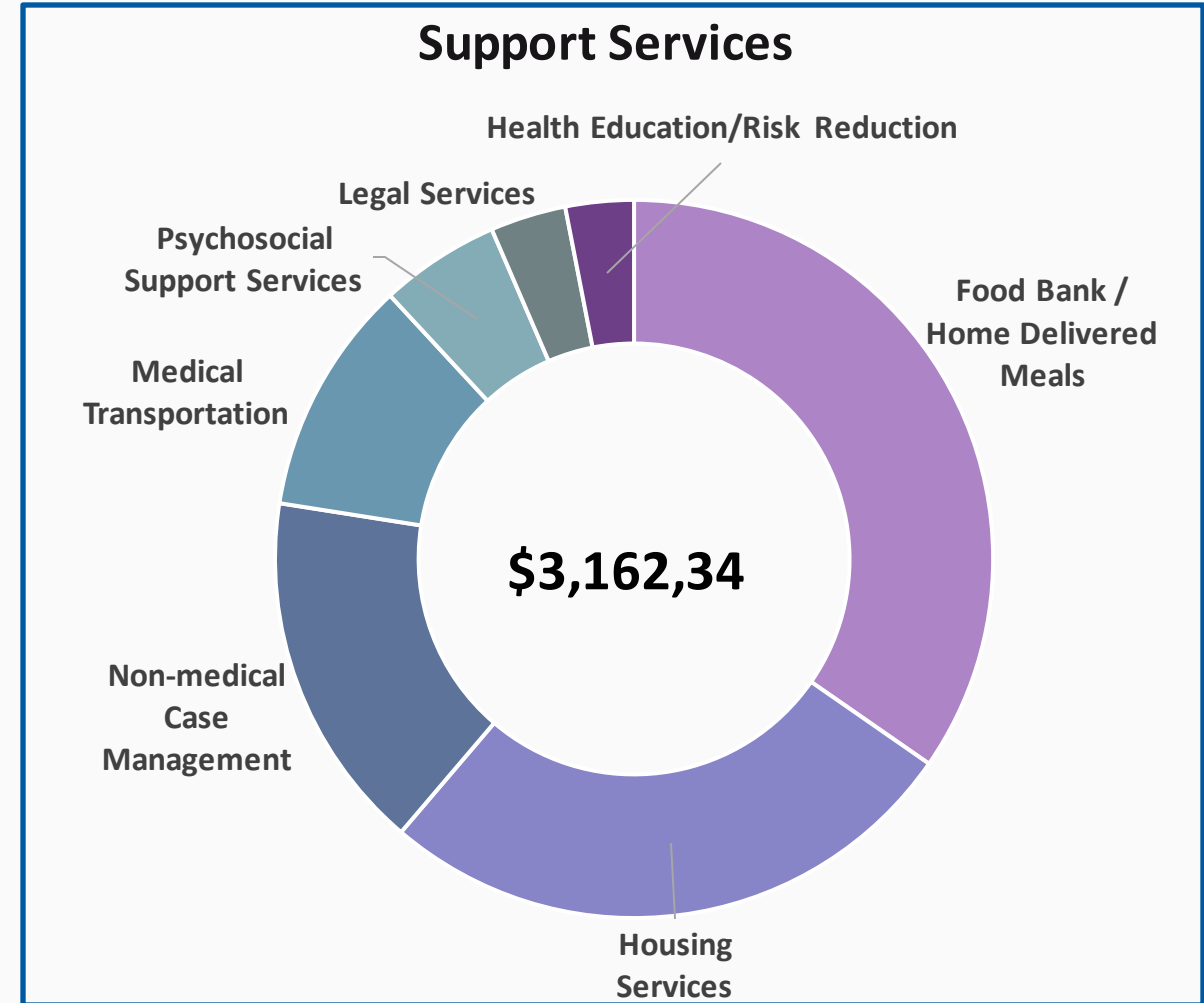
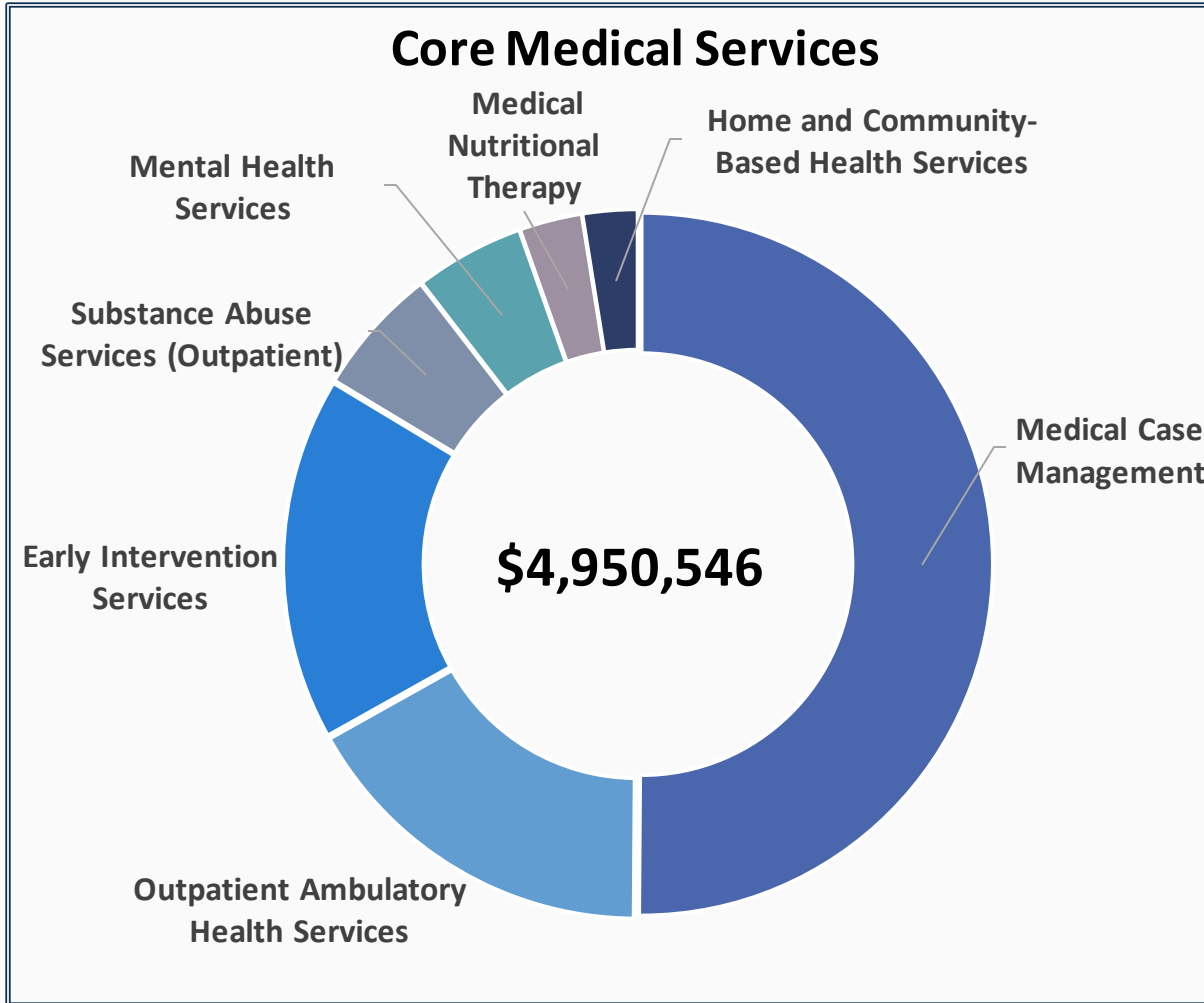




# Hennepin County Ryan White Program Funding (FY 2023)

Source	Core Medical	Support	TOTAL
Part A	\$3,956,346	\$ 1,419,934	\$5,376,280
Part B/Rebate	\$994,200	\$1,742,700	\$2,736,900
<b>TOTAL</b>	<b>\$4,950,546</b>	<b>\$3,162,634</b>	<b>\$8,113,180</b>

# 2023 Hennepin Combined Allocations



## Pop quiz

Which support service is allocated the largest amount of funding

- a. Psychosocial support
- b. Medical transportation
- c. Housing services
- d. Food bank/Home delivered meals
- e. None of the above



# CAREWare updates

- Contact CAREWare Helpdesk for assistance and training requests:  
[health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us)
- CAREWare SharePoint site has all CAREWare manuals, documents, and training videos. Contact the CAREWare Helpdesk to get access to the SharePoint site
- CAREWare current issues: missing viral load
- Additional changes to come with Centralized Eligibility





# Contract Updates

- Contract guide
- Invoice Processing
- Updates
- Administrative Documents
- Transitional Grant Area
- Funding
- Reallocation Policy
- Budget Policy
- Reporting requirements and schedule



# Contract guide

<https://bit.ly/RW23ContractGuide>

## HENNEPIN COUNTY PUBLIC HEALTH

### Ryan White HIV/AIDS Program FY 2023 Contract Guide

A guide for Hennepin County Ryan White HIV/AIDS Program contracted service providers

April 13, 2023



#### Contents

Ryan White HIV/AIDS Program: FY 2023 contract guide.....	1
Expectations for all service providers.....	4
Universal standards.....	4
Eligibility.....	4
CAREWare data entry.....	4
Quality management.....	4
Service specific expectations.....	5
Early intervention services.....	5
Food bank/home-delivered meals.....	8
Health education/risk reduction.....	9
Home and community-based health services.....	10
Housing: permanent co-housing.....	11
Housing: transitional housing program.....	12
Legal services.....	13
Medical case management (not including treatment adherence or adult foster care).....	14
Medical case management: adult foster care.....	15
Medical case management: treatment adherence.....	16
Medical nutrition therapy.....	17
Medical transportation services.....	18
Mental health services.....	19
Non-medical case management.....	20
Outpatient/ambulatory health services.....	21
Psychosocial support.....	22
Substance abuse: outpatient.....	23
Effectiveness measures defined.....	24
Targeted testing (early intervention services only).....	24
Linkage to care for newly diagnosed clients.....	25
Retention in Care.....	26
ART prescription (OAHs only).....	27
Viral suppression.....	28
	3

Ryan White HIV/AIDS Program contract guide

# Invoice Processing

- Invoices should match the services and number of clients served in CAREWare
- Invoice amounts are tracked to be sure the service budget is not exceeded
- Invoice processing may be delayed if there are discrepancies
- Last summer the County started requiring 2 signatures on your invoices
- Starting this year, the County is flagging some random invoices for auditing purposes



# General Contracting Updates

- Report any key staff changes to the contract manger. This includes key program staff, executive director, and finance staff within 5 days of change.
- For key staff changes, make sure there is a succession plan.



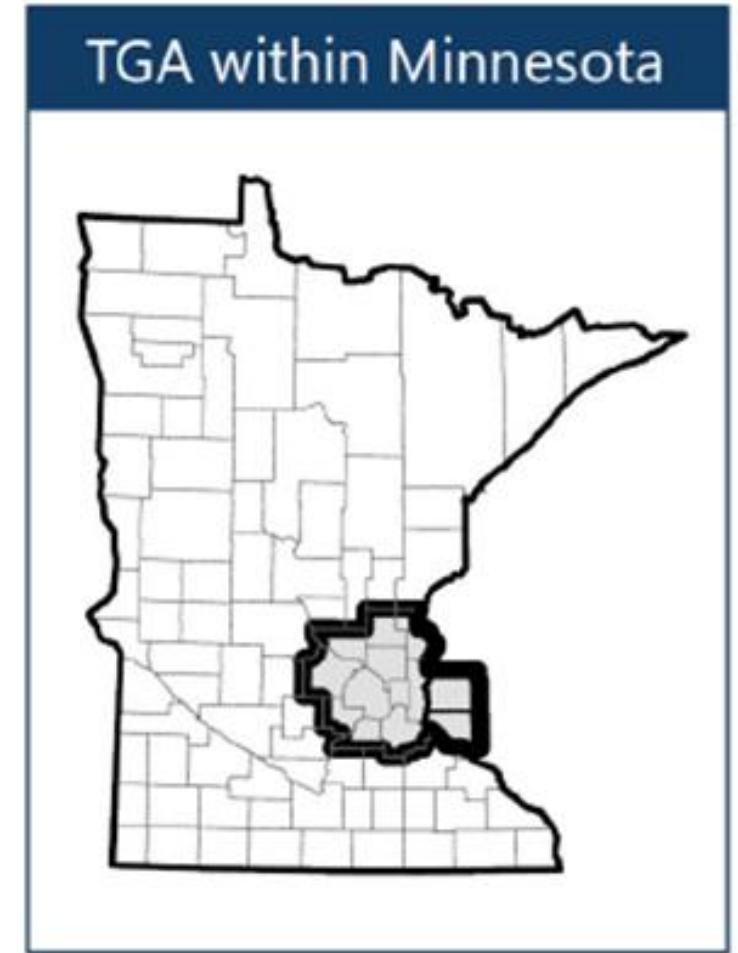


# Administrative Documents

- Reminder to keep certificate of insurance and registration and/or required filings are UpToDate

# Transitional Grant Area (TGA)

- Anoka
  - Carver
  - Chisago
  - Dakota
  - Hennepin
  - Isanti
  - Ramsey
  - Scott
  - Sherburne
  - Washington
  - Wright
- Wisconsin Counties**
- Pierce
  - St Croix



# Funding and How to Use It

## Part A MAI

- Must reach disproportionately affected minority populations
- Consumer must live in the TGA

## Part A

- Consumer must live in the TGA

## Part B

- Must live in the state of Minnesota
- Must reach targeted populations

## Rebate

- Must live in the state of Minnesota
- Must reach targeted populations

# Reallocation Policy

Providers who have spent less than 40% of funding by 2nd quarter or less than 70% by 3rd quarter may have funds reallocated.

Funds may be reallocated on the following basis to any provider:

- that has spent 60% of contracted funds by the end of the 2nd quarter within the same service category.
- that can adequately demonstrate the ability to spend additional funds within the same service category.
- for which more than 60% of their contracted funds have been spent by the end of 2nd quarter in another service category upon reallocation of funds to the service category by the Council.
- that can adequately demonstrate the ability to spend funds in another service category upon reallocation of funds to the service category by the Council.
- to be used to support “one-time” funding proposals solicited once a year by DEPARTMENT.

# Budget Policy

- The purpose of the budget policy is to promote PROVIDER knowledge of the federal government and DEPARTMENT requirements, policies, and procedures for program budget. The procedure for submitting budget line-item change request is to promote administrative efficiency. A budget revision process has been developed to facilitate PROVIDER in submitting requests for line-item budget change.
- PROVIDER is expected to review the policies for answers to budget related questions as referenced in Clause 7, Paragraph B of your contract, prior to submitting a line-item budget change request. Decision to approve or deny the request is at DEPARTMENT's discretion.

# Line-Item Budget Change Request Procedure

- PROVIDER will review federal government requirements, including programmatic and fiscal monitoring standards as well as policy clarification notices (PCNs) prior to submitting budget change request.
- DEPARTMENT decision will align with posted standards and policies.
- If PROVIDER finds the decision is contrary to posted policies, PROVIDER may submit a written request to reconsider and must include reference to policy in question.
- PROVIDER must request budget modifications by the 15<sup>th</sup> of the month two months prior to the end of the fiscal year. Any requests after the deadline, will not be approved

## Hennepin County Ryan White Report Due Dates

	Part A	Part B/Rebate
<b>Invoices</b>	15th of the month	15th of the month
<b>Quarterly Performance and Quality Report</b>	Jun 20, Sept 20, Dec 20, Mar 20	Jul 20, Oct 20, Jan 20, Apr 20
<b>MAI Final Report</b>	March 15	N/A
<b>CAREWare</b>	15 <sup>th</sup> of the month	15 <sup>th</sup> of the month
<b>Form I Report</b>	Jul 15 and Jan 15	Jul 15 and Jan 15
<b>Primary HIV Medical Care Clinical Data Elements Report</b>	Jan 15, Apr 15, Jul 15, Oct 15	Jan 15, Apr 15, Jul 15, Oct 15
<b>Documentation of Points of Entry Referral Agreement</b>	Sept 1	Sept 1
<b>Points of Entry Annual Report</b>	Mar 15	Mar 15
<b>Quality Improvement Work Plan</b>	Apr 1	Apr 1
<b>Medical Transportation Resource Inventory</b>	Jun 20, Sept 20, Dec 20, Mar 20	Jul 15, Oct 15, Jan 15, Apr 15
<b>Revenue &amp; Expense Reports</b>	Jan 30	Jan 30



## Pop quiz

The expenditure threshold for reallocation of funds after six months is:

- a. 75%
- b. 35%
- c. 40%
- d. 55%
- e. None of the above



# STRETCH BREAK



# Programmatic updates

- Unwinding of the Medicaid Continuous Enrollment Provision
- Centralized Eligibility
- Linguistic services
- Medical transportation resource management tool
- Service Standards
- Training and Technical Assistance (TA)

# Unwinding of the Medicaid Continuous Enrollment Provision

- The Public Health Emergency (PHE) is ending and normal processing for MA and MNCare eligibility determination will resume.
- Program HH staff at DHS are working with other areas of DHS to coordinate communication and a process for ending the PHE and resuming normal MHCP processing of renewals.
- Program HH is preparing lists of clients that are potentially impacted for client communication and coordination with medical case managers and benefits counselors. Provider presentations are planned in multiple sessions over the next 2 months.
- All Ryan White Program service providers play an important role in ensuring that their clients who are no longer eligible for MA or MNCare obtain other health insurance coverage and do not have gaps in care.



# Centralized Eligibility update

Proposed Timeline – Final Steps to Centralized Eligibility (CE)			
1	<b>Server Move 1</b> <ul style="list-style-type: none"> <li>Moving all MN HIV data from 3<sup>rd</sup> party hosted server to DHS Enterprise hosted server.</li> </ul>	1/27-1/30	COMPLETE
2	<b>MN Portal Go-Live</b> <ul style="list-style-type: none"> <li>MN Portal (splash page) links to CAREWare, At A Glance Screen, and link to reset CAREWare password</li> </ul>	Early Summer	In Progress
3	<b>CE Provider Meetings</b> <ul style="list-style-type: none"> <li>Ryan White Provider Connections Mtg (Part B mandatory, Part A, C, D encouraged/welcome)</li> </ul>	March/May/June	In Progress
4	<b>CE Community Communications</b> <ul style="list-style-type: none"> <li>Bulletins/listserv announcements from DHS</li> </ul>	March/May/June	In Progress
5	<b>Server Move 2 (ADAP to MN State Network)</b> <ul style="list-style-type: none"> <li>Combine data from MDH CAREWare and DHS CAREWare to allow for CE processing</li> </ul>	Early August	In Progress
6	<b>CE Go-Live!</b> <ul style="list-style-type: none"> <li>At A Glance Screen released: One page of client eligibility and demographic data all in one place. Shows Ryan White eligibility in real time.</li> </ul>	Early August	In Progress
7	<b>Electronic Document Management System (EDMS) for CAREWare</b> <ul style="list-style-type: none"> <li>Technology allows links in CAREWare to client submitted verifications of Ryan White eligibility</li> </ul>	October	

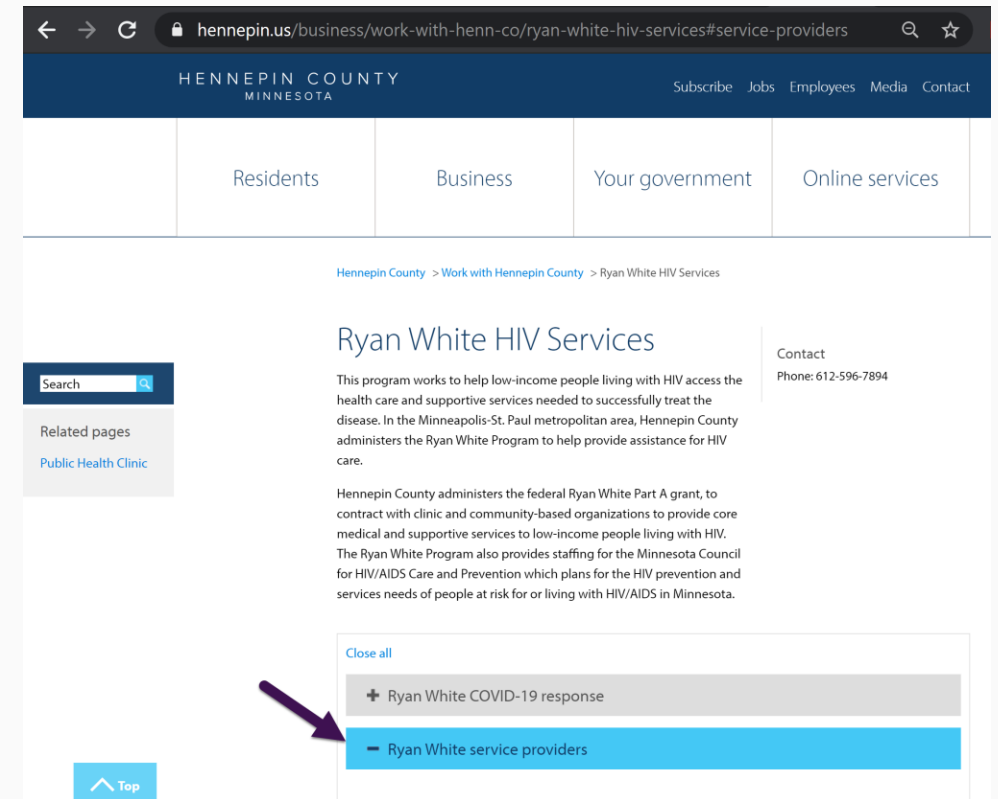
# Linguistic services

- Hennepin County manages linguistic services for the entire Ryan White HIV/AIDS Program in Minnesota.
- Exhibit A is a simple form submitted through Qualtrics at <https://bit.ly/RWPEXhibitA>



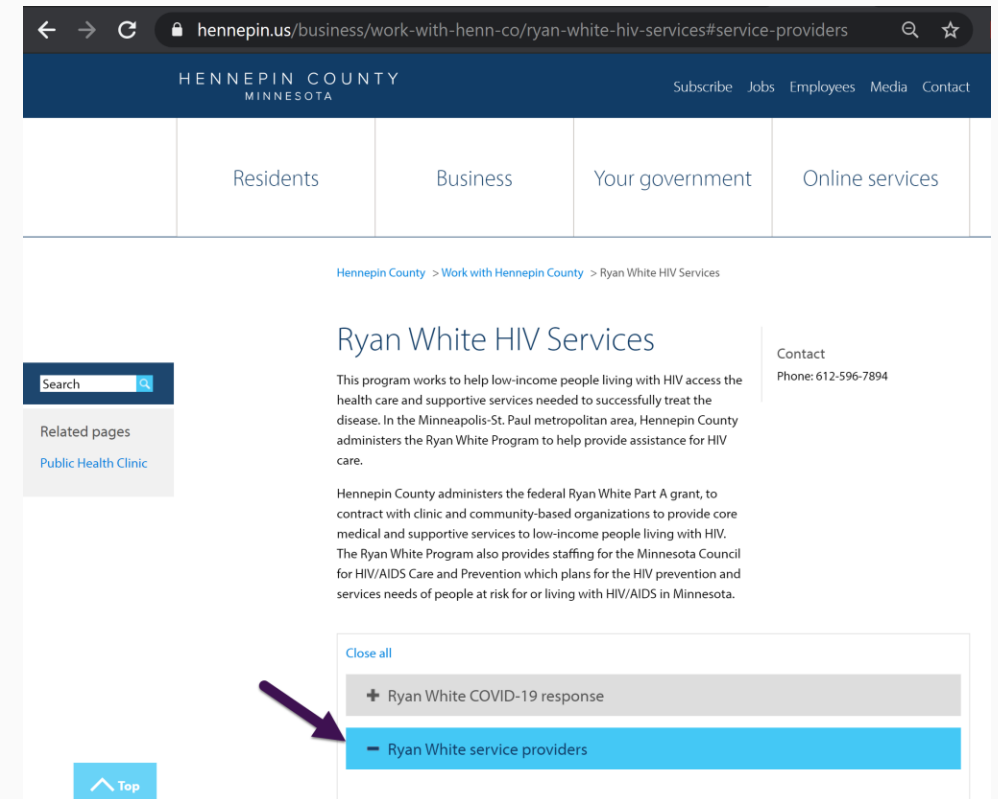
# Start with Hennepin County staff if you need Spanish, Somali, or Hmong interpretation for up to 15 minutes

- Call 612-348-9069 Monday - Friday
  - Spanish - 8:30-5:00
  - Somali - 8:15-4:45
  - Hmong - 7:30-11:30
- Hennepin County staff receive training on RWHAP



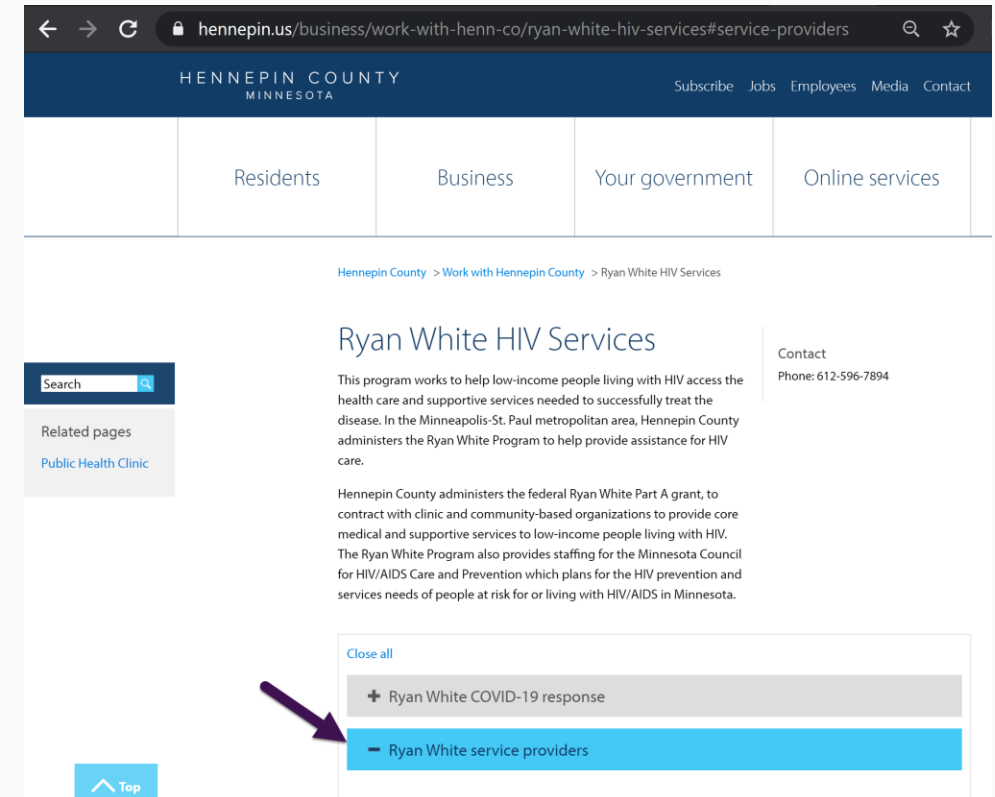
# Call the language line for other languages, when an interpreter is needed for more than 15 minutes or outside business hours

- Language Line is 888-259-5761
- Provide Department ID 536099



# Medical transportation resource management tool

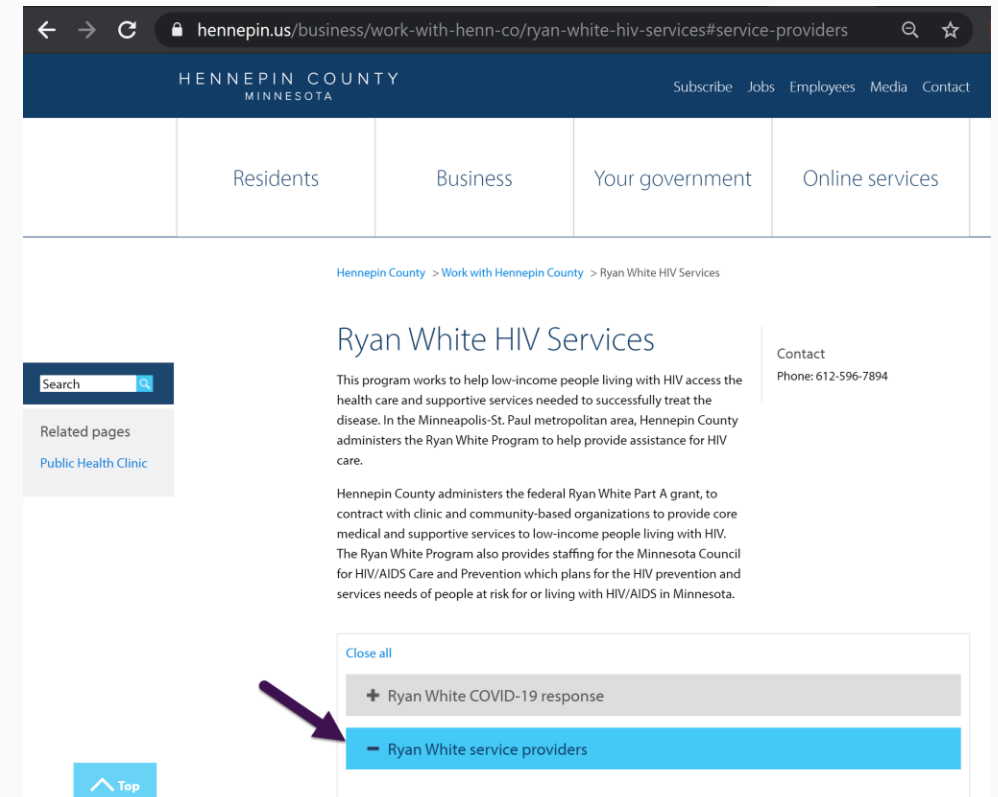
- Submit spreadsheet report quarterly
- First report is due July 15, 2023





# Service standards and other provider resources are found on the HC RWHAP webpage

- Reminder: up-to-date standards of care and policy documents are linked on the Hennepin County Ryan White HIV/AIDS Program webpage.



# Clinical Consultant Services

- Required for Medical Case Management staff
- Provided in a group setting or one-on-one consultation
- Benefits:
  - Get answers to your questions
  - Share successes and challenges on the clients you serve
  - Assistance with questions and referrals related to mental health

# Training and technical assistance

- Onboarding process for new lead provider staff, contact [ryanwhite@hennepin.us](mailto:ryanwhite@hennepin.us) for more details.
- HIV racial equity training – “Fueled Up Fridays” Workshop Series starts April 28<sup>th</sup> through June 2<sup>nd</sup>. Register <https://tinyurl.com/springfridays23>
- Training videos available on Basecamp
  - Staff transition and succession planning
  - Quarterly report training
  - Quality improvement (QI)
  - Power query



## Pop quiz

---

### True or False

Fueled up Fridays is a new HIV racial equity training series designed for providers to build skills and knowledge around culturally-relevant community engagement and empowerment, advocacy, and systemic effects on HIV health and wellness outcomes.

- a. True
- b. False



# Quality Management

- Quality Goals
- Quality Management Requirements
- Quarterly Reports
- QMAC & QLC





# 2022 Clinical Quality Management Goals

No.	Goal	Baseline (CY2021)	Progress (CY2022)
1	90% of RWP TGA Black/African American MSM consumers are virally suppressed	84.6% (20.4% missing VL) Range: 77.8% – 90.3%*	87.3% (13.6% missing VL) Range: 57.1% - 95.2%*
2	90% of RWP TGA multi-racial consumers are virally suppressed	86.2% (30.6% missing VL) Range: 81.8% – 100.0%*	92.9% (14.7% missing VL) Range: 89.6% - 100%*
3	Net of 300 more people (4,445) with HIV are enrolled in the RWP in the TGA	4,145 (preliminary)	3,883 (preliminary)
4	80% of RWP TGA consumers who were unstably housed as of 12/31/21 are virally suppressed	75% (20% missing VL)	80.4% (34.1% missing VL)
5	RW providers ensure at least 75% of HIV tests administered in the TGA with men of color who have sex with men, transgender individuals, people who inject drugs, people experiencing homelessness, African-born, and Native American/American Indian individuals	45.4% (881/1744) Range: 12.2% – 60.2%	84.4% (1552/1839) Range: 64.1% - 90.0%

\*Excluding providers with counts < 5

# 2023 Clinical Quality Management Goals

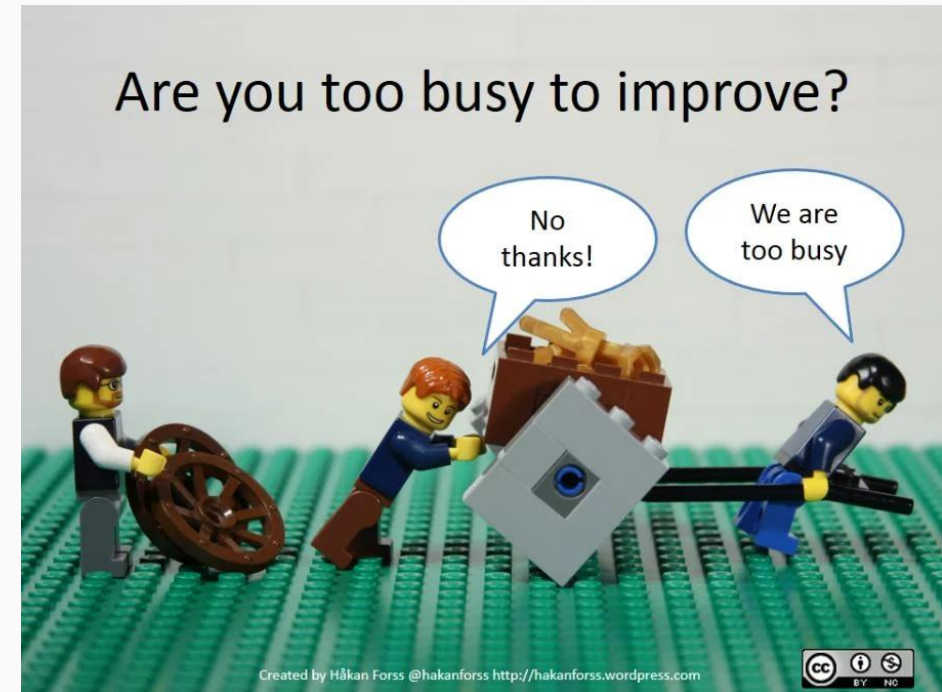
No	Goal	Baseline (CY2022)
1	90% of RWP TGA Black/African American MSM consumers are virally suppressed	87.3% (13.6% missing VL) Range: 57.1% - 95.2%*
2	TBD at next QMAC meeting (May 18, 2023)	TBD
3	4,445 people with HIV are enrolled in the RWP in the TGA	3,883 (preliminary)
4	58% of a cohort of RWP TGA who were unstably housed and not virally suppressed as of 12/31/22 are virally suppressed	53.6% (15/28) of 2021 cohort
5	Increase the percentage of HIV outbreak cases who are connected to HIV medical care within 30 days of diagnosis	Baseline pending

\*Excluding providers with counts < 5



# Quality Requirements

- **Thank you for your QI Plan submissions.** Feedback has been given, thank you for your responses.
- **Annual training on quality management** has been posted on Basecamp. Fill out the post-training evaluation [here](#)
- **Site Visits:** returning to in person with Ryan White team visiting sites. All site visits have been scheduled between May-June, please reach out to Carissa Weisdorf with any questions.
- If you have **Quality Management questions or concerns**, you can book an appointment with us here: <https://bit.ly/QMSchedule>





# Quarterly Reports

- **Part A deadlines:** 6/20/23, 9/20/23, 12/20/23, 3/20/24
- **Part B/Rebate deadlines:** 7/20/23, 10/20/23, 1/20/24, 4/20/24
- **Calendar reminders:** 1 week before and 1 day before the due date
- **Complete online** (link pending)
- See [Basecamp post](#) for training and tips



# Quality Management Advisory Committee (QMAC) & Quality Learning Community

- QMAC has provider and consumer vacancies, apply here: <https://bit.ly/QMACapplication>
  - Must live in TGA
  - \$25 gift card per hour participation for consumers
- QLC is open to everyone on Basecamp – to sign up, email: [aurin.roy@hennepin.us](mailto:aurin.roy@hennepin.us)
  - Receive notifications on guidelines, webinars, training and opportunities



# Pop quiz

---

Which of these is **not** a quality improvement principle?

- a. Ensure you have accurate data before acting
- b. Most problems are found in processes, not people
- c. Steal shamelessly, share senselessly
- d. Aim for big breakthroughs
- e. None of the above





# Positively Hennepin

*the county's strategy to end the HIV Epidemic in Hennepin County*

# Positively Hennepin

- Background:

- In 2010, the National HIV/AIDS Strategy was issued
- In 2016, *Positively Hennepin* was developed and implemented to align with national efforts. It was last updated in 2021.

- Vision:

- All people living with HIV/AIDS have healthy, vibrant lives
- There are NO new HIV infections
- All people have equitable access to HIV prevention and health care services



# Positively Hennepin

- Goals:
  - Goal A: Decrease new HIV infections
  - Goal B: Ensure access to and retention in care
  - Goal C: Engage & facilitate the empowerment of communities disproportionately affected by HIV to stop new infections and eliminate disparities
- Operating Principles:
  - Reduce health disparities and promote health and racial equity
  - Achieve a fully integrated public and private response to the epidemic





# Positively Hennepin

- Learn more at:
  - <https://www.hennepin.us/your-government/projects-initiatives/positively-hennepin>
- For questions, contact:
  - Brenda Senyana, Positively Hennepin Implementation Coordinator at [Brenda.Senyana@hennepin.us](mailto:Brenda.Senyana@hennepin.us)



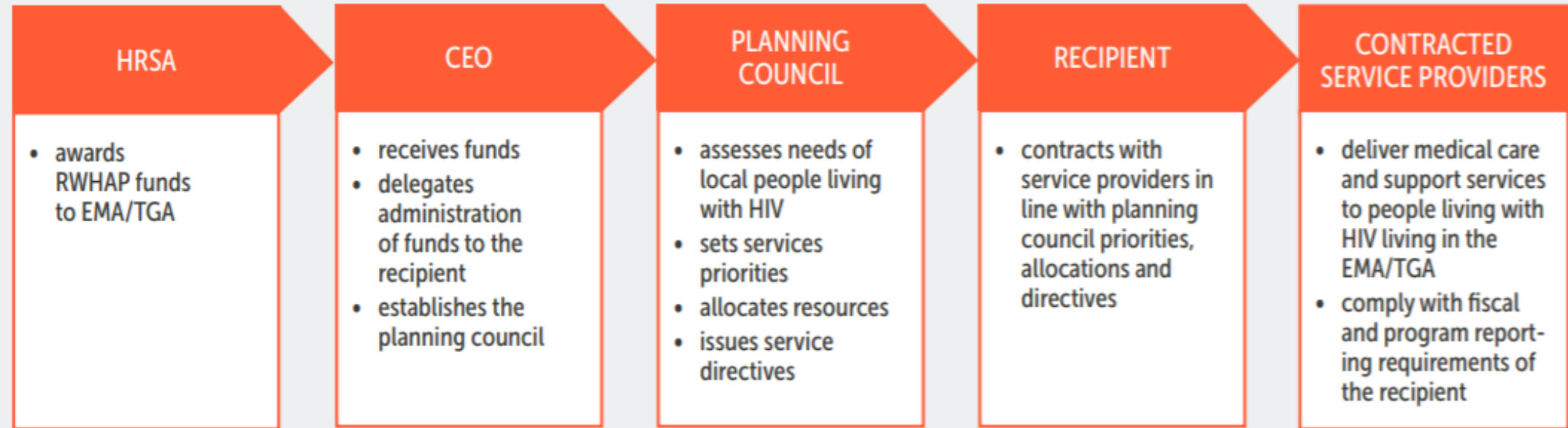
# Minnesota Council for HIV/AIDS Care and Prevention update

- Ryan White Part A funding flow overview
- Council membership; current vacancies
- Integrated HIV Prevention and Care Plan 2022 - 2026



# Minnesota Council for HIV/AIDS Care and Prevention

## How RWHAP Part A Improves Access and Services for People Living with HIV





#### PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities\*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers



#### PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies\*\*



#### HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers



#### FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs†





## Your involvement matters. Your voice matters. You matter.

Join the Minnesota Council for HIV/AIDS Care and Prevention.

Be a voice for how we serve and fund services for people with HIV or at high-risk for HIV.

The council is seeking applications  
for a new term from March 1, 2023 – February 28, 2025

Apply online at [mnhivcouncil.org](https://mnhivcouncil.org)

Or request an application by emailing [HIVCouncil@hennepin.us](mailto:HIVCouncil@hennepin.us)

No professional credentials required; you just need to be passionate about ending the epidemic.



**Minnesota Council for HIV/AIDS  
Care and Prevention**

Each year, about 300 Minnesotans are diagnosed with HIV or AIDS.

Last year, nearly 10,000 Minnesotans were living with HIV or AIDS.

Current vacancies include:

- State Medicaid agency
- Healthcare planning agency
- Greater Minnesota
- 1 additional open spot

# Mental health provider discussion

---

Thursday, May 18, 9:30am – 11:30am,  
Room 110, Health Services Building.

The Disparities Elimination Committee  
is hosting a mental health provider  
discussion to learn about systematic  
issues that create barriers for PWH  
in accessing mental health services.

Please attend and share the flyer with  
those interested in attending.





# Integrated HIV Prevention and Care Plan 2022-2026



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





## **Minnesota Council for HIV/AIDS Care and Prevention**

Audra Gaikowski  
Council Coordinator  
[audra.gaikowski@hennepin.us](mailto:audra.gaikowski@hennepin.us)  
612-596-2001

Jeremy Stadelman  
Administrative Specialist  
[jeremy.stadelman@hennepin.us](mailto:jeremy.stadelman@hennepin.us)  
612-596-7894

[mnhivcouncil.org](http://mnhivcouncil.org)

## Pop quiz

What percentage of Part A planning council members must be unaligned consumers?

- a. 40%
- b. 33%
- c. 25%
- d. 50%
- e. 66%





# Any questions?





Please give us your feedback, submit evaluation at  
<https://bit.ly/2023CPMEval>

# Ryan White HIV/AIDS Program FY 2023 Contract Guide

A guide for Hennepin County Ryan White HIV/AIDS Program contracted service providers

April 21, 2023





## Ryan White HIV/AIDS Program

This document describes contractual changes and expectations for subrecipients contracted through Hennepin County's Ryan White HIV/AIDS Program (RWHAP) for the current fiscal year.

Any questions should be directed to your contract manager or the RWHAP email below.

Ryan White HIV/AIDS Program  
525 Portland Ave S, MC L963  
Minneapolis, MN 55415  
[RyanWhite@hennepin.us](mailto:RyanWhite@hennepin.us)  
<https://www.hennepin.us/ryan-white>

Published April 21, 2023

Last updated April 21, 2023

# Contents

Ryan White HIV/AIDS Program .....	1
FY 2023 Contract Guide .....	1
Expectations for all service providers .....	4
<b>Universal standards</b> .....	4
<b>CAREWare data entry</b> .....	4
<b>Quality management</b> .....	4
Service specific expectations .....	5
Early intervention services .....	5
Food bank/home-delivered meals .....	8
Health education/risk reduction .....	9
Home and community-based health services .....	10
Housing: housing assistance .....	11
Housing: transitional housing program .....	12
Legal services .....	13
Medical case management (not including treatment adherence or adult foster care) .....	14
Medical case management: adult foster care .....	15
Medical case management: treatment adherence .....	16
Medical nutrition therapy .....	17
Medical transportation services .....	18
Mental health services .....	19
Non-medical case management .....	20
Outpatient/ambulatory health services .....	21
Psychosocial support .....	22
Substance abuse: outpatient .....	23
Effectiveness measures defined .....	24
Targeted testing (early intervention services only) .....	24
Linkage to care for newly diagnosed clients .....	25
Retention in Care .....	26
ART prescription (OAHS only) .....	27
Viral suppression .....	28

# Expectations for all service providers

All service providers should refer to their contract for requirements. If you have questions about contractual requirements, reach out to your contract manager.

## Universal standards

All providers must follow the universal standards. You can read the document here:

[2022 universal standards.pdf \(mnhivcouncil.org\)](#)

## Eligibility

Eligibility requirements changed April 1, 2022 to align with the HRSA HAB Policy Clarification Notice 21-02 (PCN 21-02): <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>

Eligibility will only be required annually, not every six months. Details, developed jointly by Hennepin County and the Minnesota Department of Human Services, have been sent to all contracted service providers. Contact your contract manager if you have additional questions.

## CAREWare data entry

Provider must comply with CAREWare data entry requirements and deadlines. The CAREWare administration team is housed at the Minnesota Department of Health. You can contact them at [health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us). Once you have a CAREWare account, you will be granted access to the Minnesota CAREWare SharePoint site with data entry requirements and deadlines.

## Quality management

Providers must:

- Have a process for ensuring compliance with universal and service specific standards found on the [Minnesota Council for HIV/AIDS Care and Prevention website](#).
- Have a system for assessing and improving Ryan White funded services
- Have a quality management program that includes the creation, submission, and implementation of an annual quality improvement plan due annually on April 1 and reported on quarterly.
- Have a documented process for obtaining consumer input on Ryan White services at least annually through such means as consumer advisory board, focus groups, surveys, satisfaction questionnaires, suggestion boxes, etc.
- Ensure health outcomes for consumers are continuously improving and disparities in health outcomes are continuously decreasing.

# Service specific expectations

## Early intervention services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/early\\_intervention\\_services\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/early_intervention_services_standards.pdf)

### Changes for current fiscal year:

- No changes

### Performance measures

- Number of case findings: all newly diagnosed case findings or out-of-care/previously diagnosed case findings linked to care; see your contract for this number
- Number of tests to be administered; see your contract for this number
- Tests among the target populations: 75%
- Linkage to care within 30 days for newly diagnosed case findings: 90%

### EvaluationWeb

- Tests that are paid by the RWHAP should be entered into EvaluationWeb.
- Information about EvaluationWeb is available on the Minnesota Department of Health website: <https://www.health.state.mn.us/diseases/hiv/partners/evalweb/index.html>
- The EvaluationWeb and CAREWare team use the same support email: [health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us)

## Target populations

- People experiencing homelessness
  - To track testing among this population, ensure the test site indicates an encampment or homeless shelter in the EvaluationWeb test entry.
- People who inject drugs
- Transgender individuals (any race/ethnicity)
- Men of color who have sex with men
- American Indian individuals (all genders and risk factors)
- Black/African-born individuals (all genders and risk factors)

## CAREWare services

In addition to EvaluationWeb test entries (which are not name based), newly diagnosed case findings and out-of-care/previously diagnosed case findings with their associated services should be entered in CAREWare.

Service name	Service description
EIS: Case Finding Newly Diagnosed (Clinical)	The service date is the date the case finding was diagnosed with HIV. The clinical distinction is used by Red Door only if this is a case that walked into the clinic without previously working with EIS staff.
EIS: Case Finding Newly Diagnosed (Non-clinical)	The service date is the date the case finding was diagnosed with HIV
EIS: Case Finding Out of Care (Clinical)	The service date is the date the case finding was identified by the early intervention services (EIS) program staff as an out-of-care/previously diagnosed case finding. The clinical distinction is used by Red Door only if this is a case that walked into the clinic without previously working with EIS staff.
EIS: Case Finding Out of Care (Non-clinical)	The service date is the date the case finding was identified by the EIS program staff as an out-of-care/previously diagnosed case finding.
EIS: Case Finding Not Med Adherent	NEW: EIS providers have reported encountering people with HIV (PWH) who are not out of care more than six months but are not taking HIV medications. Linking these PWH to HIV medical care to re-engage in anti-retroviral therapy is a public health win. These cases are not the primary focus of EIS, but these efforts can be entered into CAREWare to track efforts.
EIS: Confirmatory HIV Test	Enter the date of a confirmatory HIV test if it was conducted.
EIS: Health Education	Health education is component of early intervention services; see the standards: <a href="https://www.mnhivcouncil.org">Early Intervention Services (mnhivcouncil.org)</a> . Health education may be provided at one or multiple sessions, depending on the needs of the client.

Service name	Service description
EIS: Care Coordination	Care coordination and referral to care are different but related. Care coordination involves coordination and confirming linkage. (Example: calls between a medical case management or healthcare provider, follow-up to ensure a client attended an appointment, etc.). Care coordination could occur after a client has attended an HIV medical appointment.
EIS: Referral to Care	Referral to care is where information is provided on where to seek care but there is not coordination between the place they are seeking care.
EIS: HIV Medical Appointment	The service date is when the case finding attends their first HIV medical appointment. Both newly diagnosed and out of care/previously diagnosed case findings use this same service.
EIS: Clinical Visit	Used by Red Door only. If clinic decides to conduct a clinical visit as part of the case finding.
EIS: CD4 Count	Used by Red Door only. If clinic decides to conduct labs during a clinical visit.
EIS: Viral Load	Used by Red Door only. If clinic decides to conduct labs during a clinical visit.



## Food bank/home-delivered meals

Food shelf, on-site meals, and home-delivered meals are separate service activities, but they have the same service standards and same performance measures. Find their respective services and unit rates below.

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/food\\_bank\\_home\\_delivered\\_meals\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/food_bank_home_delivered_meals_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

### CAREWare services

Service name	Service description
Food Shelf (Full)	Approximately 50 pounds of food Unit rate: \$56.53
Food Shelf (Half)	Approximately 25 pounds of food Unit rate: \$38.44
On-site meal	Unit rate: \$10.00/meal
Home-delivered meal	Unit rate: \$9.65/meal

# Health education/risk reduction

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/health\\_education\\_-\\_risk\\_reduction\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/health_education_-_risk_reduction_standards.pdf)

## Changes for current fiscal year

- No changes

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

## CAREWare services

Service name	Service description
HERR: Educational Series	If an individual or group HERR service is offered in a multi-part series, enter each session with this service.
HERR: Group Education	Health education provided in a group setting
HERR: Individual Education	Health education provided individually
HERR: Information Access & Referral	A brief encounter where a client requests information about HIV

# Home and community-based health services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/home\\_and\\_community-based\\_health\\_services\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/home_and_community-based_health_services_standards.pdf)

## Changes for current fiscal year

- No changes.

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

## CAREWare services

Service name	Service description
Homemaker	Unit rate: \$32.66/hr. Billed and entered into CAREWare as 15-minute increments

## Housing: housing assistance

Refer to service standards: [https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing-rental\\_assistance\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing-rental_assistance_standards.pdf)

### Changes for current fiscal year

- New Service in 2023

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 86%

Service name	Service description
Housing- Housing Assistance: Client Coordination Session	Any work done with the client in the Housing Assistance program should be entered under this service
Housing - Housing Assistance: Rental Subsidy Expense	Provide the amount of the rental subsidy with this service in CAREWare

## Housing: transitional housing program

Refer to service standards: [https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing-rental\\_assistance\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing-rental_assistance_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 86%

Service name	Service description
Housing-THP: Client Coordination Session	Any work done with the client in the transitional housing program should be entered under this service.
Housing-THP: Application Fee Expense	Provide the amount of the application fee with this service in CAREWare
Housing-THP: Moving or Bridging Expense	Provide the amount of the moving or bridging expense with this service in CAREWare
Housing-THP: Rental Subsidy Expense	Provide the amount of the rental subsidy with this service in CAREWare
Housing-THP: Utilities Expense	Provide the amount of the utilities expense with this service in CAREWare

## Legal services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/legal\\_services\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/legal_services_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

Service name	Service description
Legal Services	An encounter with a client receiving legal services



## Medical case management (not including treatment adherence or adult foster care)

- Refer to service standards:  
[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical\\_case\\_management\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical_case_management_standards.pdf)
  - These were updated in July 2020.
- The medical case management acuity assessment and client service tiers were updated through a recipient/subrecipient partnership during the service standards review.
- A PDF version of the acuity assessment is available at this link:  
[http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical\\_case\\_management\\_acuity\\_assessment.pdf](http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical_case_management_acuity_assessment.pdf)
- Training on the new service standards and acuity assessment was conducted by the recipient. You can find that information here: <https://www.hennepin.us/-/media/hennepinus/business/work-with-hennepin-county/ryan-white/mcm-acuity-assessment-tool-2021.pdf>

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 91%

### CAREWare services

Service name	Service description
MCM: Acuity Assessment (2021)	As noted above, enter 1 as the number of units and the acuity assessment score in the separate field
MCM: Individual Service Plan	The service date is the date the individual service plan was developed. Ensure that an individual service plan is updated in line with the service standards
MCM: Tier A	A unit is a 15-minute encounter Tier A clients have high intensity needs. A client is Tier A if: <ul style="list-style-type: none"><li>• They have an acuity assessment score of 7 or greater</li><li>• They have one or more of the High Need Categories.</li></ul> More information on what qualifies as a high need category can be found in the acuity assessment tool and training linked above.

Service name	Service description
MCM: Tier B	A unit is a 15-minute encounter Tier B clients have low intensity needs. A client is Tier B if <ul style="list-style-type: none"> <li>• They have an acuity assessment score of 6 or below</li> </ul>
MCM: Nurse Encounter	Only used by Hennepin County Health Care the Homeless for specialized medical case management for people experiencing homelessness

## Medical case management: adult foster care

This specialized medical case management is only provided by one provider.

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 91%

Service name	Service description
MCM-AFC: Adult Foster Care	A unit is a 15-minute encounter

# Medical case management: treatment adherence

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/treatment\\_adherence\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/treatment_adherence_standards.pdf)

## Changes for current fiscal year

- No changes

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 94%

Service name	Service description
MCM-TA: Individual Med Adherence - Brief	Unit rate: \$31.00 Moderate to low complexity medication adherence consultation lasting up to ten minutes
MCM-TA: Individual Med Adherence - Routine	Unit rate: \$92.00 Moderate complexity medication adherence consultation lasting a minimum of 30 minutes
MCM-TA: Individual Med Adherence - Comprehensive	Unit rate: \$123.00 Moderate to high complexity medication adherence consultation lasting a minimum of 45 minutes
MCM-TA: Group Medication Adherence	Unit rate: \$186.00 Group session lasting a minimum of one hour in length and including referral to an individual level medication adherence consultation for each participant.
MCM-TA: Medication Adherence Supplies	Enter the amount spent on supplies in CAREWare

# Medical nutrition therapy

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical\\_nutrition\\_therapy\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical_nutrition_therapy_standards.pdf)

## Changes for current fiscal year

- No changes

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 94%
  - Evaluations have found dietician interactions are correlated with higher viral suppression rates.
  - As part of the RWHAP funded MNT, the dietician should discuss barriers to HIV medication adherence.

## CAREWare services

All four services are billable at a unit rate of \$92.00/hour. Services should be entered in 15-minute increments.

Service name	Service description
MNT: Group Nutrition Counseling	15-minute increment(s) providing group nutrition counseling
MNT: Individual Nutrition Counseling	15-minute increment(s) providing individual nutrition counseling
MNT: Linkage to DHS Nutrition Program	15-minute increment(s) spent linking a client to a DHS nutrition program
MNT: Linkage to Food Programs	15-minute increment(s) spent linking a client to a food program

## Medical transportation services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical\\_transportation\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/medical_transportation_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

### CAREWare services

Service providers may not provide all available transportation services. Contact your contract manager if you have questions about which service(s) you want to provide.

Service name	Service description
\$10 Bus Card (MetroTransit)	Providing \$10 worth of rides on MetroTransit
Bus Card (not MetroTransit)	Enter the amount of this bus card in CAREWare
Bus Token	A bus token for a single ride on MetroTransit
Parking Voucher	Provide the cost of the parking voucher in CAREWare
Provide Ride	Provide the cost of providing the ride. This is reimbursed through miles driven.
Taxi Voucher	Provide the cost of the taxi ride with the CAREWare service. Taxi rides includes ride-sharing apps (Uber, Lyft).



## Mental health services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/mental\\_health\\_services\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/mental_health_services_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 93%

### CAREWare services

Service providers may not provide all available mental health services. Contact your contract manager if you have questions about which service(s) your program wishes to provide.

Service name	Service description
MH: Individual Therapy	Therapy provided by a licensed mental health professional in an individual setting
MH: Group Therapy	Therapy provided by a licensed mental health professional in a group setting
MH: Diagnostic Assessment	Diagnostic assessment conducted by a licensed mental health professional
MH: Aftercare Planning	Planning for a client who is transitioning to a different mental health program or is preparing to conclude mental health services
MH: Care Coordination	Any coordination conducted on behalf of a client in mental health services
MH: Referrals	Any referral to mental health, other healthcare, or support services for the client in mental health services

## Non-medical case management

Refer to service standards: [https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/non-medical\\_case\\_management\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/non-medical_case_management_standards.pdf)

### Changes for current fiscal year

- No changes

### Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

### CAREWare services

Non-medical case management programs provide different types of services. Refer to your contract for more information or contact your contract manager.

Service name	Service description
NMCM: Benefits Counseling	Assisting a client on selecting health insurance plan or other public benefits
NMCM: Care Coordination	Any care coordination (healthcare, housing, support services) on behalf of a client
NMCM: Psychiatric Social Work	Specialized non-medical case management provided by Health Care for the Homeless for clients experiencing homelessness

## Outpatient/ambulatory health services

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/outpatient\\_ambulatory\\_health\\_services\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/outpatient_ambulatory_health_services_standards.pdf)

### Changes for current fiscal year

- Final invoices are due earlier – please submit by April 30, 2024

### Performance measures

- Clients to be served; see your contract for the number
- ART prescription: 98%
- Viral suppression: 98%
- Retention in care is *not* a performance measure for OAHS, since all clients are retained in care by engaging in this service.

### Reimbursement and CAREWare services

If a client is uninsured, the RWHAP will pay for Outpatient/Ambulatory Health Services at a rate of up to 225% of the Minnesota or FQHC enhanced MA rate. Enter the clinical services provided along with the associated cost using OAHS: Clinical Visit, OAHS: CD4 Count, OAHS: Viral Load, OAHS: Pap Smear (cervical or anal), and OAHS: Other Procedure/Test services in CAREWare.

If a client is underinsured, the RWHAP will pay for co-insurance, co-payment, or deductible costs. Enter as OAHS: Co-Insurance, OAHS: Co-Payment, and/or OAHS: Deductible along with the cost.

Service name	Service description
OAHS: Clinical Visit	If a client is uninsured and a clinical visit is provided. Enter the reimbursement rate of the service in CAREWare.
OAHS: CD4 Count	If a client is uninsured and a CD4 count is conducted. Enter the reimbursement rate of the service in CAREWare.
OAHS: Viral Load	If a client is uninsured and a viral load is conducted. Enter the reimbursement rate of the service in CAREWare.
OAHS: Pap Smear (cervical or anal)	If a client is uninsured and a paper smear is conducted. Enter the reimbursement rate of the service in CAREWare.
OAHS: Other Procedure/Test	If a client is uninsured and any other procedure or test is provided. Enter the reimbursement rate of the service in CAREWare.
OAHS: Co-Insurance	If an underinsured client has clinical services conducted. Enter the co-insurance amount in CAREWare.
OAHS: Co-Payment	If an underinsured client has clinical services conducted. Enter the co-payment amount in CAREWare.
OAHS: Deductible	If an underinsured client has clinical services conducted. Enter the deductible amount in CAREWare.

# Psychosocial support

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/psychosocial\\_support\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/psychosocial_support_standards.pdf)

## Changes for current fiscal year

- No changes

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%

## CAREWare services

Service name	Service description
PSS: Group Support	Psychosocial support provided in a group setting.
PSS: Individual Support	Psychosocial support provided individually
PSS: MH Screening Tool Administered	In line with the service standards, all PSS clients should receive a mental health screening tool. This tool should be developed with the program's clinical consultant.
PSS: MH Clinician Consult	As needed, the screening tool should be reviewed with the clinical consultant.
PSS: Linkage to Clinical MH Services	As needed, a PSS client should be linked to clinical mental health services

# Substance abuse: outpatient

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/substance\\_abuse\\_treatment\\_outpatient\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/substance_abuse_treatment_outpatient_standards.pdf)

## Changes for current fiscal year

- No changes

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: 86%

## CAREWare services

Service name	Service description
SA: Group Substance Use Counseling	15-minute increment(s) providing substance use counseling in a group setting
SA: Individual Substance Use Counseling	15-minute increment(s) providing Substance use counseling provided individually
SA: Linkage to SA Treatment	15-minute increment(s) spent linking a client to substance use treatment program
SA: Linkage to Other Services	15-minute increment(s) spent linking a client to other services to support their health. These can be healthcare or support services.
SA: Rule 25 Assessment	15-minute increment(s) spent administering a Rule 25 assessment
SA: Treatment Aftercare Planning	15-minute increment(s) conducting aftercare planning
SA: Treatment Plan	15-minute increment(s) developing a treatment plan
SA: Treatment Referral and Coordination	15-minute increment(s) spent on behalf of the client referring them to and coordinate their treatment



# Effectiveness measures defined

In the outcome grid of the RWHAP contract, subrecipients will find the following performance measures, called an indicator in the contract. Additional information, including a numerator and denominator, are provided in the appendix that are not found in the contract.

## Targeted testing (early intervention services only)

Subrecipients providing early intervention services will be measured on their ability to identify and test clients within the populations defined in the Early Identification of Individuals with HIV/AIDS (EIIHA) work plan. Populations may be added during the fiscal year based on epidemiological data or community feedback; populations will not be removed.

In previous fiscal years, the positivity rate measured the effective use of public-funded HIV testing resources. Systemwide analyses reveal positivity rates vary considerably across subrecipients, often due to the random distributions of case findings. Example: If a subrecipient conducts 50 tests and finds 2 case findings vs 0 case findings in a quarter, the positivity rate looks amazing at 4%, though it was only a difference of 2 case findings. While the positivity rate will be evaluated from a system level by Hennepin County Public Health, it will not be used at a subrecipient level.

Targeted Testing Terminology	Defined
Indicator	Percentage of Eligible Persons tested who are in the targeted demographic(s)
- Indicator Explained	Eligible Persons is any client you conduct an HIV test with.
- Numerator	The number of HIV tests conducted with clients in the defined demographic groups
- Denominator	The total number of HIV tests conducted
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	EvaluationWeb
Obtained By	Provider
Performance Goal	75%

## Linkage to care for newly diagnosed clients

Linkage to care is defined by the HIV/AIDS Bureau (HAB)<sup>1</sup> as “Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis.” This only applies to early intervention service (EIS) programs.

Linkage to Care Terminology	Defined
Indicator	Percentage of Eligible Persons who attend an HIV medical care appointment within 30 days of diagnosis
- Indicator Explained	Eligible Person is any case finding who is newly diagnosed and identified by that EIS program
- Numerator	Number of clients who attended a routine HIV medical care visit within 30 days of the case finding date. The case finding date is the date of diagnosis
- Denominator	Number of clients identified as a newly diagnosed case finding
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	CAREWare
Obtained By	Provider
Performance Goal	90%

---

<sup>1</sup> Housed within Health Resources and Services Administration (HRSA), the federal funder of the Ryan White HIV/AIDS Program. You can find the full list of HAB defined measures here: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

## Retention in Care

Retention in care is defined as a Ryan White client having evidence of at least one HIV medical appointment in the measurement year. All services are asked to report on retention in care except early intervention services (measured on linkage to care) and outpatient/ambulatory health services (OAHS). By definition, all OAHS clients are retained in care. OAHS is measured on ART prescription and viral suppression.

Retention in Care Terminology	Defined
Indicator	Percentage of Eligible Persons who have attended an HIV medical appointment in the past 12 months as evidenced by a viral load, CD4 count, or Form I medical appointment date documented in CAREWare.
- Indicator Explained	Eligible Persons are Ryan White clients served during the time of measure. The retention in care rate will be measured on a rolling 12-month period for quarterly reports. Since retention in care is consistently high across service activities, the subrecipient will be asked to provide retention in care for their entire program, not by funding source or service activity.
- Numerator	Number of Ryan White clients in the defined group who have evidence of at least one HIV medical appointment in the measurement year
- Denominator	Number of Ryan White clients in the defined group who received at least one Ryan White service in the measurement year
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	CAREWare, eHARS <sup>2</sup>
Obtained By	Provider
Performance Goal	98%

<sup>2</sup> eHARS is the acronym for enhanced HIV/AIDS reporting system. This is the HIV surveillance system used by the Minnesota Department of Health. In line with the Health Commissioner's order, select lab values from the surveillance system are uploaded to CAREWare for Ryan White clients.

## ART prescription (OAHS only)

HRSA continues to require ART prescription as a performance measure for outpatient/ambulatory health care service (OAHS). When receiving ART prescription data directly from the OAHS subrecipient, HCPH recognized ART prescription rates are essentially 100%. Documenting ART prescriptions in CAREWare demonstrates to the Ryan White federal funder that great HIV work is happening here in Minnesota and meets federal reporting requirements.

ART Prescription Terminology	Defined
Indicator	Percentage of Eligible Persons, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the past twelve months.
- Indicator Explained	Eligible Persons are any clients who received an OAHS service. ART Prescription will be measured on a rolling 12-month period for quarterly reports.
- Numerator	The number of Ryan White clients who have an ART prescription documented in CAREWare.
- Denominator	The total number of Ryan White clients who received OAHS services.
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	CAREWare
Obtained By	Provider
Performance Goal	98%

## Viral suppression

Viral suppression is the ultimate measure of success in the Ryan White HIV/AIDS Program. HIV viral loads in CAREWare are uploaded from eHARS and by Ryan White funded outpatient/ambulatory health service (OAHS) subrecipients.

Viral Suppression Terminology	Defined
Indicator	Percentage of Eligible Persons, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at their last HIV viral load test during the past twelve months.
- Indicator Explained	Eligible Persons are Ryan White clients served during the time of measure. The viral suppression rate will be measured on a rolling 12-month period on quarterly reports.
- Numerator	Number of Ryan White clients in the defined group with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
- Denominator	Number of Ryan White clients in the defined group who received at least one Ryan White service in the measurement year and have a documented viral load in CAREWare. Clients without a documented viral load in CAREWare should be excluded from the denominator.
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	CAREWare, eHARS
Obtained By	Provider
Performance Goal	Housing: 86% Medical case management, including adult foster care: 91% Medical case management: treatment adherence: 94% Medical nutrition therapy: 94% Mental health services: 93% Outpatient/ambulatory health services: 94% Substance abuse: outpatient services: 86%



# Ending the COVID-19 Public Health Emergency (PHE) Resumption of Renewal for Medical Assistance (MA) and MinnesotaCare (MCRE)

Rachel Heule | ADAP Coordinator

# What is the COVID-19 PHE and why is it ending?

**Jan 2020:** Secretary of Health and Human Services announces COVID-19 PHE determination.

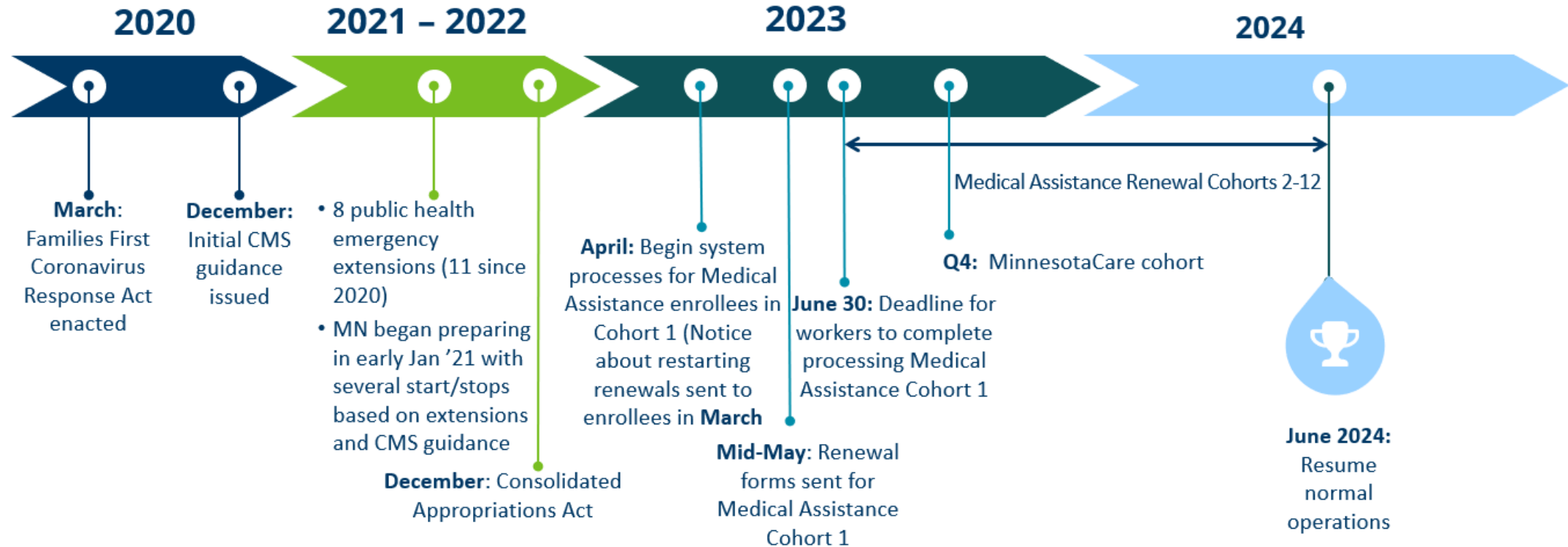
**March 2020:** Families First Coronavirus Response Act (FFCRA) passed into law , which included a requirement that Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 PHE ends

**April 2020:** MN DHS announced that for the duration of the COVID-19 PHE, MA and MCRE enrollees would remain covered unless the enrollee died, was no longer a state resident or voluntarily requested case closure.

**Dec 2023:** Congress passed the Consolidated Appropriations Act, 2023 (CAA), that unties the COVID-19 continuous coverage requirements from the COVID-19 PHE and ends the requirement on March 31, 2023.

**April 2023:** MN DHS begins implementation of 12-14 month process to unwind its continuous coverage requirements and eligibility process.

# MN DHS Timeline for COVID-19 PHE



# Who does this impact?

## People enrolled in MinnesotaCare

### People enrolled in Medical Assistance including:

- Medical Assistance for Families with Children and Adults
- Medical Assistance for People Age 65 and Older, Blind or Disabled
- Medical Assistance for Employed Persons with Disabilities (MA-EPD)
- Medicare Savings Programs (MSP): Qualified Medicare Beneficiaries (QMB), Service Limited Medicare Beneficiaries (SLMB), Qualified Individuals (QI) and Qualified Working Disabled (QWD)
- Emergency Medical Assistance (EMA)
- Medical Assistance under the TEFRA Option
- Medical Assistance Northstar Care for Children
- Medical Assistance for the Treatment of Breast and Cervical Cancer (MA-BC)
- Medical Assistance for People Receiving Services at the Center for Victims of Torture (MA-CVT)
- Minnesota Family Planning Program (MFPP)

# What do MA and MCRE enrollees need to do now?

## Report changes to their contact information

Medical Assistance enrollees or household has both Medical Assistance and MinnesotaCare contact your county or tribe

Minnesota Care enrollees contact Health Care Consumer Support at 651-297-3862 or 800-657-3672.

## Watch for and read Communiations being mailed from DHS, Counties, Tribes.

Medical Assistance renewals will be according to the month the enrollee originally enrolled. They should be sent out 6-8 weeks before the renewal is due.

For assistance with determining what month enrollee is due for renewal; contact the enrollee's health plan, county or tribe

## Save paper proofs

Renewals will require proof of income for enrollee and family members. Enrollees should save current paystubs, income tax returns and other documents that show their income to send in with their renewal form.

For more information, go online to <https://mn.gov/dhs/renewmycoverage>

# When will the renewal process restart?

## Medical Assistance Renewals

- Renewals for Medical Assistance enrollees take place based on the anniversary month of application for coverage.
- Renewal processes for Medical Assistance will restart in April 2023, beginning with enrollees who have a July renewal (submitted and processed in June)

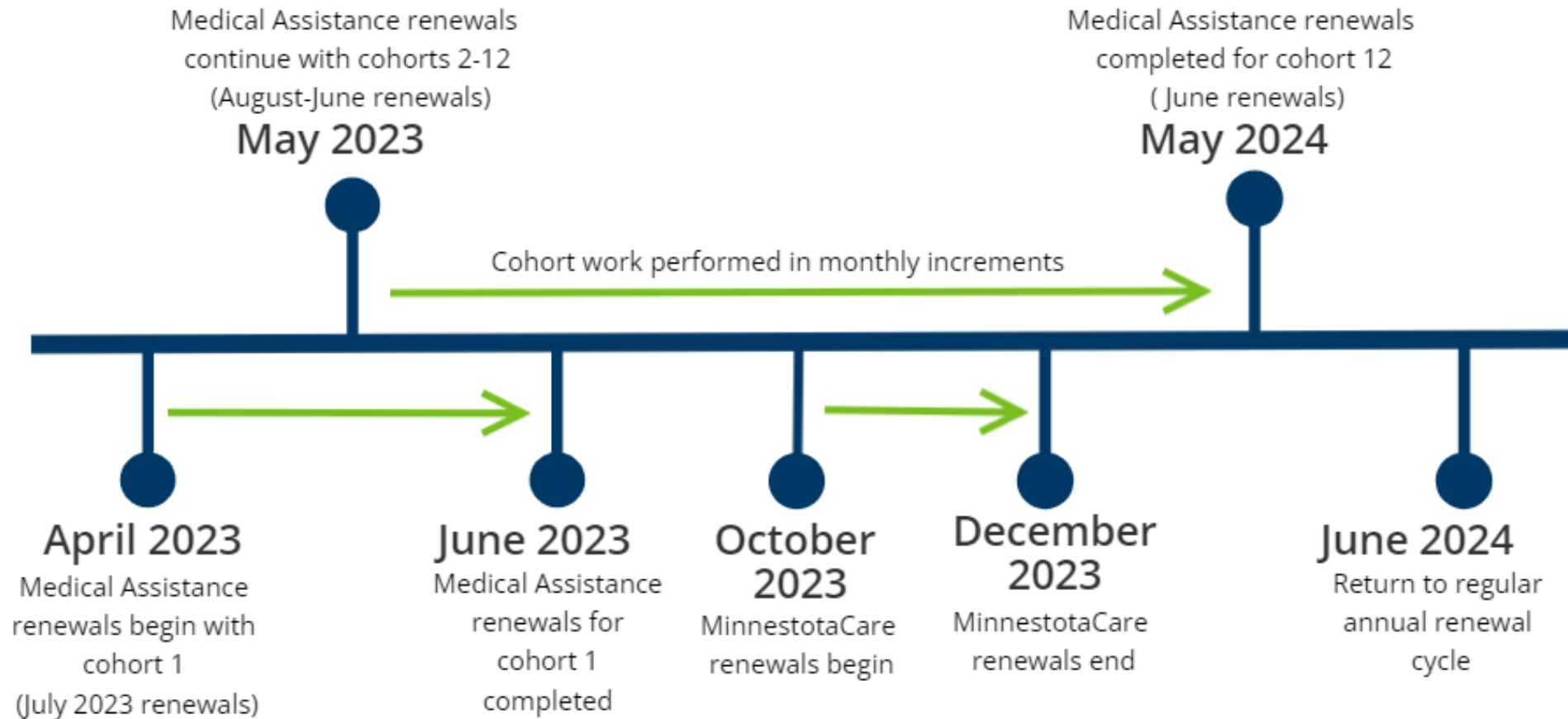
## MinnesotaCare Renewals

- Renewals for MinnesotaCare coverage will restart beginning in October 2023 for coverage effective Jan. 1, 2024.

More Info: [Renew My Coverage Timeline](#)



# Timeline for Renewal process restarting



# Special Enrollment Periods (SEP)

Loss of MA or MCRE due to the COVID-19 PHE will create a SEP for enrollees

- 60 days for Off-Exchange, Qualified Health Plans\* and Medicare Advantage
- 30-60 days for Employer Sponsored Insurance (ESI)

NOTE: Program HH/MN ADAP must assess client and approve clients for Insurance Premium Assistance before the first premium can be paid. Please reach out as soon as a change of insurance is known so we can assist timely.

\*MNSURE SEP may increase, waiting on information about federal guidance. This information will be updated here: [Announcements / Assister Central - MNsure](#)

# What work is Program HH doing about the PHE ending?

## Currently:

- Using existing data sources to identify Program HH clients that may be impacted by the PHE ending. Will be sending out provider lists to each agency, much like during Open Enrollment.
- Working with DHS internally to see what reports can be made available to our team in regards to MA renewal months.
- Developing communications out to clients that may be impacted to make sure they update their contact information for notices. And also targeted communications based on insurance type.
- Identifying clients that may need VEI forms and working to obtain those sooner than later.
- Planning with Benefits Counseling teams to plan for increases in insurance changes and processes to accommodate.
- Will communicate new information and updates through the Program HH/MN ADAP ListServ.

# Program HH Enrolled Clients Identified

MCHP Enrollment	Clients	Notes
MA METS without ESI	195	Need VEI's. Approximately 1/3rd of this group has FPL between 138-200% and may be MCRE eligible ongoing, dependent on ESI access
MA METS with ESI	41	Will need ADAP opened if no longer MA eligible
MinnesotaCare	80	Need VEI's
MA DX or EX without Medicare or ESI*	14	May need VEI's if client or spouse is earning wages
MA DX or EX with Medicare and no ESI*	31	Full Low Income Subsidy (LIS) active and should qualify in 2024 as well. May qualify for Part C IPA exception if over-income for MHCP's but still receiving full LIS for Part D Cost sharing
QMB*	38	Full LIS active and should qualify in 2024 as well. Approximately 2/3rds of this group have FPL that may qualify for SLMB/QI. May qualify for Part C IPA exception if over-income for MHCP's but still receiving full LIS
SLMB*	45	Full LIS active and should qualify in 2024 as well. May qualify for Part C IPA exception if over-income for MHCP's but still receiving full LIS

\*RWISE income assessment may not align with MHCP income calculation if client has wages or other income subject to deductions/disregards by the MHCP. These cases may need more in depth review to look at the types of income that make up their RWISE income assessment.

NOTE: Based on client's last income assessment and current MCHP enrollment. Income may be incomplete or an unreported change.

# What do RWP clients need to do?

## **Please help encourage the clients you serve to:**

- Enroll into Program HH if not already currently eligible
- Update Program HH with changes to employment or insurance since last birthday renewal
- Complete Verification of Employer Insurance (VEI) forms if not submitted for current employment
- Watch for and Open Communications from Program HH and DHS
- Contact their Ryan White Case Managers and Benefits Counselors if they need assistance

# References:

DHS Renew My Coverage website:

<https://mn.gov/dhs/renewmycoverage>

ASPR: Administration for Strategic Preparedness and Response:

<https://aspr.hhs.gov/legal/PHE/Pages/default.aspx>

MN DHS Bulletins:

[Bulletin #20-21-02, DHS Announces Temporary Policy Changes to Minnesota Health Care Programs During the COVID-19 Peacetime Emergency](#)

Program HH Online Applications

<https://edocs.mn.gov/forms/DHS-3539-ENG>



# Provider preparations and practices for ending the PHE?

## Discussion:

How have you been preparing for the ending of the COVID-19 PHE at your agency?

What systems and processes are you using to identify and reach out to clients you serve?

What challenges are you experiencing?

How can Program HH help support your agencies efforts or challenges?

# Thank You!

**Rachel Heule**

*[rachel.heule@state.mn.us](mailto:rachel.heule@state.mn.us)*

651.431.5768

### Proposed Timeline – Final Steps to Centralized Eligibility (CE)

1	<b>Server Move 1</b> <ul style="list-style-type: none"> <li>- Moving all MN HIV data from 3<sup>rd</sup> party hosted server to DHS Enterprise hosted server.</li> </ul>	1/27-1/30	COMPLETE
2	<b>MN Portal Go-Live</b> <ul style="list-style-type: none"> <li>- MN Portal (splash page) links to CAREWare, At A Glance Screen, and link to reset CAREWare password</li> </ul>	Early Summer	In Progress
3	<b>CE Provider Meetings</b> <ul style="list-style-type: none"> <li>- Ryan White Provider Connections Mtg (Part B mandatory, Part A, C, D encouraged/welcomed)</li> </ul>	March/May/June	In Progress
4	<b>CE Community Communications</b> <ul style="list-style-type: none"> <li>- Bulletins/listserv announcements from DHS</li> </ul>	March/May/June	In Progress
5	<b>Server Move 2 (ADAP to MN State Network)</b> <ul style="list-style-type: none"> <li>- Combine data from MDH CAREWare and DHS CAREWare to allow for CE processing</li> </ul>	Early August	In Progress
6	<b>CE Go-Live!</b> <ul style="list-style-type: none"> <li>- At A Glance Screen released: One page of client eligibility and demographic data all in one place. Shows Ryan White eligibility in real time.</li> </ul>	Early August	In Progress
7	<b>Electronic Document Management System (EDMS) for CAREWare</b> <ul style="list-style-type: none"> <li>- Technology allows links in CAREWare to client submitted verifications of Ryan White eligibility</li> </ul>	October	

# Ryan White HIV/AIDS Program: linguistic services policy and procedures

Any Ryan White HIV/AIDS Program (RWHAP) client can receive RWHAP fundable services in their preferred language. The Hennepin County (HC) RWHAP manages the funding for all RWHAP linguistic services in Minnesota, including RWHAP subrecipients contracted through the Minnesota Department of Human Services (DHS). The HC Office of Multicultural Services (OMS) will coordinate interpreter services with any RWHAP subrecipient (<https://bit.ly/HCMulticultural>). Translation services are, also, available through OMS, but any translation services need to be pre-approved by the RWHAP subrecipient contract manager. Interpreter services do *not* require pre-approval.

## Background

The purpose of the interpretation and translation policy and procedures is to ensure that all Ryan White HIV/AIDS Program (RWHAP) Part A, Part B, and rebate funded providers can access existing RWHAP funding for interpretation and translation services. Providers are required to report client-level data to HC RWHAP through an online form developed in Qualtrics.

## Policy

Hennepin County Human Services and Public Health Department (HSPHD) contracts with vendors to provide interpretation and translation services to Ryan White HIV/AIDS Program (RWHAP) funded providers. These vendors have experience in providing culturally and linguistically responsive translation and interpretation services to a wide range of clients and environments. Interpretation and translation services will only be available to agencies receiving RWHAP funds and to clients who meet all eligibility criteria to receive RWHAP funded services. Interpretation and translation services provided to clients who do not meet all RWHAP eligibility criteria are not eligible for reimbursement. Following the interpretation and translation services policy and procedures will ensure timely payment of invoices. Providers that do not follow the requirements outlined in the policy and procedures will be responsible for the interpretation and translation costs incurred.

## Payer of last resort

The Ryan White HIV/AIDS Program (RWHAP) is the payer of last resort. If clients have healthcare coverage, such as Medical Assistance, RWHAP funded providers must make a reasonable effort to have other programs pay for interpretation and translation if they are covered.

If the client is enrolled in one of the Prepaid Medical Assistance insurance plans (PMAP) such as HealthPartners, Medica, Hennepin Health, or UCare and interpreter services are covered through the client's insurance plan, contact the insurance company to follow their procedure for interpretation services.

## Procedures

### Telephone interpretation

If the expected length of call is less than 15 minutes (Somali, Spanish, and Hmong only), start with Hennepin County Interpreter Services at 612-348-9069 to request a spoken language interpreter and say you are a Ryan White HIV/AIDS Program (RWHAP) provider. These HC employees receive training on the RWHAP and HIV services. They have the following interpreters available Monday – Friday excluding county holidays (<https://bit.ly/HCPaidHolidays>).

Language	Available hours
Hmong	7:30 AM – 11:30 AM
Somali	8:00 AM – 4:45 PM
Spanish	8:30 AM – 5:00 PM

### Language Line

If the language for interpretation is not available through Hennepin County, will last longer than 15 minutes, or it is outside business hours, the Language Line is available.

- Contact the Language Line: 888-259-5761
- Give the telephonic interpretation provider the following information
  - Language
  - Department ID: 536099
  - Return phone number

## In-person interpretation

In-person includes in office, in home, or virtual (example: Teams, Zoom) interpretation. Call Hennepin County Interpreter Services at 612-348-9069. You will need to provide the following information:

- Department ID: 536099
- Project: 1008469
- Activity code
  - Before Apr 1, 2022: FY22
  - Apr 1, 2023 – Mar 31, 2024: FY23
- Requester (your agency and your name)
- Date and time of appointment
- Expected duration
- Language
- If it will be an in-person or virtual appointment
- Client's first name and last initial
- If asked, Jonathan Hanft is the Hennepin County contact

## American Sign Language interpretation

For American Sign Language (ASL) interpretation services email [HSPH.ASL.Interpreter@hennepin.us](mailto:HSPH.ASL.Interpreter@hennepin.us) to request an ASL interpreter and say you are a Ryan White HIV/AIDS Program provider. Give the ASL interpretation coordinator the following information:

- Department ID: 536099
- Project ID: 1008469

## Reporting linguistic services usage (Exhibit A)

Exhibit As are collected through an online form developed in Qualtrics. We do *not* accept emails or faxes with this information. For each phone and in-person interpreter service provided, report the information as indicated below by the 5th of the month following which services were provided. County of residence is no longer needed, since there is only one funding source for linguistic services. The following information must be provided:

- Subrecipient name
- Your name and contact information
- Date of service
- CAREWare URN
  - If they are a new client, be sure they are entered in CAREWare before submitting the Exhibit A. If you need assistance entering a new client into CAREWare or looking up a client URN, contact CAREWare help desk for assistance: [health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us)
- Ryan White service(s) provided
- Language
- Length of time (in minutes)

**Submit the Exhibit A here: <https://bit.ly/RWPEXhibitA>**



## Translation of materials

Email the document(s) to be translated to [RyanWhite@hennepin.us](mailto:RyanWhite@hennepin.us) to request document translation services.

## Contact

Ryan White HIV/AIDS Program  
Hennepin County Public Health  
525 Portland Ave, MC L963  
Minneapolis, MN 55415  
[RyanWhite@hennepin.us](mailto:RyanWhite@hennepin.us)  
[Hennepin.us](http://Hennepin.us)

Last updated: April 20, 2023

## Medical Transportation Resource Inventory

Key and Instructions on Page 3

	FY 2023 Budgeted	Quarter 1 Purchases	April #clients	April *Utilization/ Cost	May #clients	May *Utilization/C ost	June #clients	June *Utilization/ Cost	Total *Cost Q1	Average #Clients Q1	Average Cost Q1	Average Cost per Client	Projection for Q2, Q3, Q4	Possible under or over spending	Remaining Units from Q1 purchase	Unaccounted Units
Tokens									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Bus Passes									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Mileage Reim									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Taxi Vouchers									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Ride Shares																
Van Rides									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Parking Validations									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		

	**FY 2023 Budgeted	Quarter 2 Purchases	July #clients	July *Utilization/ Cost	August #clients	August *Utilization/C ost	Sept. #clients	Sept. *Utilization/ Cost	Total *Cost Q1 & Q2	Average# Clients Q1, Q2	Average Cost Q1, Q2	Average Cost per Client	Projection for Q3, Q4	Possible under or over spending	Remaining Units from Q1 & Q2 purchases	Unaccounted Units
Tokens									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Bus Passes									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Mileage Reim									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Taxi Vouchers									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Ride Shares																
Van Rides									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Parking Validations									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		

	**FY 2023 Budgeted	Quarter 3 Purchases	Oct. #clients	Oct. *Utilization/ Cost	Nov. #clients	Nov. *Utilization/C ost	Dec. #clients	Dec. *Utilization/ Cost	Total Cost Q1, Q2, &Q3	Average #Clients Q1-Q3	Average Cost Q1- Q3	Average Cost per Client	Projection for Q4	Possible under or over spending	Remaining Units from Q1, Q2, Q3 purchases	Unaccounted Units
Tokens									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Bus Passes									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Mileage Reim									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Taxi Vouchers									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Ride Shares																
Van Rides									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		
Parking Validations									\$ -	0	\$ -	#DIV/0!	#DIV/0!	#DIV/0!		

	**FY 2023 Budgeted	Quarter 4 Purchases	Jan #clients	Jan *Utilization/ Cost	Feb #clients	Feb *Utilization/C ost	Mar #clients	Mar *Utilization/ Cost	Total Cost Q1,Q2, Q3, & Q4	Average #Clients Q1-Q4	Average Cost Q1- Q4	Average Cost per Client		Under or over spending	Remaining Units from purchases	Unaccounted Units
Tokens									\$ -	0	\$ -	#DIV/0!		\$ -		
Bus Passes									\$ -	0	\$ -	#DIV/0!		\$ -		
Mileage Reim									\$ -	0	\$ -	#DIV/0!		\$ -		
Taxi Vouchers									\$ -	0	\$ -	#DIV/0!		\$ -		
Ride Shares																
Van Rides									\$ -	0	\$ -	#DIV/0!		\$ -		
Parking Validations									\$ -	0	\$ -	#DIV/0!		\$ -		

Key and Instructions
This form should be completed at least monthly
Fields below the yellow columns must be entered by providers. Purchases are bus passes, tokens, taxi vouchers, and parking validations. *Utilization/Cost refers to the dollar amount expended for service units provided to clients for that specific month and not for bulk purchases. **Update budget to account for re-allocations.
Fields below the green columns are self populated.  Please don't not change the formulas in these boxes so that they may calculate properly.
The last two blue columns are for medical transportation services that are purchased in bulk units before disseminating to clients. These include bus passes, tokens, taxi vouchers, and parking validations. Subtract the number of units provided from the sum of units purchased and add the remaining units from previous quarter(s).

Hennepin County Ryan White Program Presents:

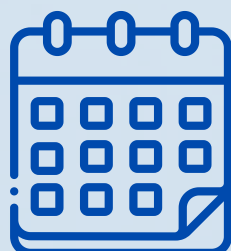
# FUELED UP FRIDAYS

## WEBINAR SERIES

These training workshops build skills and knowledge around culturally-relevant community engagement & empowerment, advocacy, and systemic effects on HIV health and wellness outcomes. Designed for providers, only.



**9 AM - 10:30 AM**  
**Central Time**



**Apr 28 | May 5**  
**May 12 | May 19**  
**June 2**



**Zoom Webinar**

**\$50 GIFT CARD**

Granted to providers who  
complete all sessions

*Government employees are  
not eligible for gift cards.*

**TO REGISTER, VISIT:**

**<https://tinyurl.com/springfridays23>**



**Positively Hennepin**  
HIV: PREVENTABLE. TREATABLE. STOPPABLE.