

The COVID-19 Data Report (CDR) must be submitted online through Qualtrics.

# COVID-19 Data Report (CDR)

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Start of Block: Introduction

## **Ryan White Data Reporting for 2020 Coronavirus Aid, Relief and Economic Security (CARES) Act**

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As part of the CARES Act grant to Part A recipients, the monthly COVID-19 Data Report (CDR) is required for all subrecipients. Hennepin County will submit the CDR on behalf of subrecipients like we do for the Ryan White HIV/AIDS Program Services Report (RSR). Please complete this survey by the 10th of every month.

Health Resources & Services Administration (HRSA) is not asking us to report client-level data. Therefore, you will provide aggregate/summary data to us for the report.

End of Block: Introduction

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**Start of Block: Who are you**

Select the agency you are responding on behalf of.

- African American AIDS Task Force
- Allina - Abbott Northwestern Infectious Disease Clinic
- Children's Hospitals and Clinics of Minnesota
- HealthPartners Institute for Education and Research
- Hennepin County Public Health Clinic (Red Door)
- Minnesota Community Care
- Open Arms of Minnesota
- Pinnacle Services
- Sub-Saharan African Youth and Family Services in Minnesota
- The Aliveness Project

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**About you**

- First name \_\_\_\_\_
- Last name \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_

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What time period are you reporting for?

- January 20, 2020 - July 31, 2020
- August 1 - 31, 2020
- September 1 - 31, 2020
- October 1 - 31, 2020
- November 1 - 30, 2020
- December 1 - 31, 2020
- January 1 - 31, 2021
- Feb 1 - 28, 2021
- Mar 1 - 31, 2021
- Apr 1 - 30, 2021
- May 1 - 31, 2021

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End of Block: Who are you

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**Start of Block: October 2020**

Please indicate if you provided any of these core medical services using telehealth during the time periods below.

Report all service categories that used telehealth during the reporting period **whether or not CARES Act funds** were used for the service.

	Oct 1 - 31, 2020
Outpatient/Ambulatory Health Services	<input type="checkbox"/>
Oral Health Care	<input type="checkbox"/>
Early Intervention Services (EIS)	<input type="checkbox"/>
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	<input type="checkbox"/>
Home Health Care	<input type="checkbox"/>
Home and Community-Based Health Services	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>
Medical Case Management, including Treatment Adherence Services	<input type="checkbox"/>
Substance Abuse Outpatient Care	<input type="checkbox"/>
NONE OF THE ABOVE	<input type="checkbox"/>

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Please indicate if you provided any of these **support services** using telehealth during the time periods below.

Report all service categories that used telehealth during the reporting period **whether or not CARES Act funds** were used for the service.

	Oct 1 - 31, 2020
Non-Medical Case Management Services	<input type="checkbox"/>
Child Care Services	<input type="checkbox"/>
Emergency Financial Assistance	<input type="checkbox"/>
Food Bank/Home Delivered Meals	<input type="checkbox"/>
Health Education/Risk Reduction	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Linguistic Services	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>
Outreach Services	<input type="checkbox"/>
Psychosocial Support Services	<input type="checkbox"/>
Referral for Health Care and Support Services	<input type="checkbox"/>
Rehabilitation Services	<input type="checkbox"/>

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Respite Care	<input type="checkbox"/>
Substance Abuse Services (residential)	<input type="checkbox"/>
Other Professional Services, including Legal Services	<input type="checkbox"/>
NONE OF THE ABOVE	<input type="checkbox"/>

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Page Break

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Is your provider site conducting COVID-19 testing?

Yes

No

*Display This Question:*

*If Is your provider site conducting COVID-19 testing? = Yes*

Since you are conducting testing at your provider site, how many RWHAP-eligible clients and immediate household members were tested for COVID-19 in the reporting period?

	Oct 1 - 31, 2020
Number of people tested	

**Regardless if you tested them**, total number of RWHAP-eligible clients served **in the reporting period** with NEWLY IDENTIFIED COVID-19 (confirmed or presumed positive). This is the number of clients you serve that were diagnosed with COVID-19 during the month.

	Oct 1 - 31, 2020
Number of people	

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**Regardless if you tested them,** total number RWHAP-eligible clients with COVID-19 (confirmed or presumed) served to-date as of date below. This is the cumulative number of clients you serve diagnosed with COVID-19.

	Total as of Oct 31, 2020
Number of people	

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Page Break



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Answer the following questions for the services provided using CARES Act funds for the prevention or treatment of COVID-19:

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Total number of RWHAP-eligible clients and immediate household members receiving CARES Act funded services in the reporting period.

	Oct 1 - 31, 2020
Total number of people who you served with CARES Act funded services	

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Total number of RWHAP-eligible clients and immediate household members receiving **CARES Act funded services** in the reporting period by service.

	Oct 1 - 31, 2020
Retail gift cards	
Cloth masks	
Food: Home-delivered Meals	
Food Shelf	

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That's all. When you click the arrow to advance, your responses will be saved.

End of Block: October 2020

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