

# Ryan White HIV/AIDS Program: FY 2022 contract guide

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

March 7, 2022



## Ryan White HIV/AIDS Program: FY 2022 contract guide

This document describes contractual changes and expectations for subrecipients contracted through Hennepin County's Ryan White HIV/AIDS Program (RWHAP) for fiscal year 2022 (FY 2022).

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

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<https://www.hennepin.us/business/work-with-henn-co/ryan-white-hiv-services>

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# 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:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/2018.01.09\\_approved\\_universal\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/2018.01.09_approved_universal_standards.pdf)

## Eligibility

Eligibility requirements are changing beginning 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/eis\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/eis_standards.pdf)

### Changes for FY 2022 from FY 2021

- Linkage to care within 30 days for out-of-care/previously diagnosed case findings is no longer a performance measure.
- The efficiency measure (number of clients to be served) for early intervention services is defined as the number of newly diagnosed case findings or out-of-care case findings re-linked to care.
  - An out-of-care case finding is only counted towards the efficiency measure if they are linked to care.
  - Newly diagnosed case findings count towards the efficiency measure whether they are linked or not linked. The expectation is 90% of newly diagnosed case findings are linked within 30 days.

### 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 were expanded for FY 2022

- 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="http://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 FY 2022 from FY 2021

- The on-site meal unit rate was increased to \$10.00/meal for FY 2022.

### 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/herr\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/herr_standards.pdf)

## Changes for FY 2022 from FY 2021

- Viral suppression is no longer a performance measure
  - Evaluations in previous years revealed that clients enrolled in health education/risk reduction (HERR) services had lower viral suppression rates. Viral suppression was added as a performance measure as a quality improvement effort to advance more people with HIV along the HIV care continuum. More recent evaluations and knowledge shared by HERR providers found that HERR services may lag in their effect on viral suppression (that is, clients who receive HERR may not have a measurable difference in viral suppression rates until after the service has concluded). This made measurement for providers difficult. While the evaluation of HERR (and all services) will remain part of the system level assessment of the recipient, provider level assessment will not be a contractual performance measure.

## 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/homeandcommunitybasedhealthservicesstandards.pdf>

## Changes for FY 2022 from FY 2021

- 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: permanent co-housing

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 FY 2022 from FY 2021

- This is a new program for FY 2022.

## Performance measures

- Clients to be served; see your contract for the number
- Retention in care: 98%
- Viral suppression: baseline year
  - Viral suppression should be tracked, but there is not a contractual target for FY 2022.

Service name	Service description
Housing-PCH: Client Coordination Session	Any work done with the client in the permanent co-housing program should be entered under this service
Housing-PCH: 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 FY 2022 from FY 2021

- 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 FY 2022 from FY 2021

- 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/final\\_mcm\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/final_mcm_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 word document version of the acuity assessment is available at this link:  
<https://www.hennepin.us/-/media/hennepinus/business/work-with-hennepin-county/ryan-white/medical-case-mgmt-acuity-2021.docx>
- 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 FY 2022 from FY 2021

- The acuity assessment score is now a separate field in CAREWare. Beginning in FY 2022, the number of units provided should always be 1 for the acuity assessment, then enter the acuity assessment score in the separate field.
  - If you have questions on how to enter these scores, contact the CAREWare help desk.

### 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. More information on what qualifies as a high need category can be found in the acuity assessment tool and training linked above.</li> </ul>

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 FY 2022 from FY 2021

- 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 FY 2022 from FY 2021

- 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/mnt\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/mnt_standards.pdf)

## Changes for FY 2022 from FY 2021

- 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/medicaltransportationstandards.pdf>

## Changes for FY 2022 from FY 2021

- 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/3/4/7/5/34759483/2019.05.14\\_mental\\_health\\_standards.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/2019.05.14_mental_health_standards.pdf)

## Changes for FY 2022 from FY 2021

- 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 FY 2022 from FY 2021

- 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 FY 2022 from FY 2021

- No changes

## 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 FY 2022 from FY 2021

- 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 FY 2022 from FY 2021

- Substance abuse: outpatient services are switching from unit rate reimbursement to cost reimbursement in FY 2022.
- Services should continue to be entered as 15-minute units to track client time.

## 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 findings
Who Applied to	Eligible Persons
Time of Measure	Annual
Data Source	CAREWare
Obtained By	Provider
Performance Goal	90%

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<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%