Ryan White Subrecipient Quarterly Report
Quarterly reports are to be submitted electronically on or before the dates noted below. Quarterly reports for Q1, Q2, and Q3 will prompt scheduling a quarterly call with the Hennepin County Ryan White team.

Throughout the report, you will find links to templates, policies, and guidance related to requested information or uploads. All of those materials may be found at the [Hennepin County Ryan White HIV Services webpage](#) by opening "Information for Service Providers."

Section 1: About You

1. Select which quarter and funding source you are reporting on: *[multiple choice, select one]*

   ☐ Quarter 1 due July 20th *[prompts the below options to populate, may select multiple options]*
   - Part A and MAI capturing activities March 1, 2025 – May 31, 2025
   - Part B/Rebate capturing activities April 1, 2025 – June 30, 2025

   ☐ Quarter 2 due October 20th *[prompts the below options to populate, may select multiple options]*
   - Part A and MAI capturing activities June 1, 2025 – August 31, 2025
   - Part B and Rebate capturing activities July 1, 2025 – September 31, 2025

   ☐ Quarter 3 due January 20th *[prompts the below options to populate, may select multiple options]*
   - Part A and MAI capturing activities September 1, 2025 – November 30, 2025
   - Part B/Rebate capturing activities October 1, 2025 – December 31, 2025

   ☐ Quarter 4 due April 20th *[prompts the below options to populate, may select multiple options]*
   - Part A and MAI capturing activities December 1, 2025 – February 28, 2026
   - Part B/Rebate capturing activities January 1, 2026 – March 31, 2026

2. Select which agency you are representing: *[multiple choice, one selection]*
   - Allina – Abbott Northwestern Infectious Disease Clinic
   - Children's Hospitals and Clinics of Minnesota
   - Clare Housing
   - Healthcare for the Homeless
   - HealthPartners Institute for Education and Research
   - Hennepin Healthcare
   - Minnesota Community Care
   - Open Arms of Minnesota
   - Pinnacle Services
   - Red Door Clinic
   - Sub-Saharan African Youth and Family Services of Minnesota
   - The Aliveness Project

- West African HIV/AIDS Taskforce
- Youth and AIDS Project

3. *Full Name of Person Completing Report:* *[Short Answer Field]*
4. *Job Title of Person Completing Report:* *[Short Answer Field]*
5. *Email Address of Person Completing Report:* *[Short Answer Field]*

Section 2: Program Reporting

6. Describe the processes/systems used to track agency progress towards meeting contract performance and efficiency goals.
    [Long answer field]
7. Describe the process/systems for updating CAREWare, including the frequency and staff responsible.
    [Long answer field]
8. Have you made any staffing changes in the last quarter? *[Multiple choice, select one]*
    - Yes
      8a. Describe your staffing changes and the transition plan.
      [Long answer field]
      8b. Confirm that any new staff meet the qualifications for their position as noted in the Service Standards. *[Multiple choice, select one]*
        - Yes
          Upload relevant resumes/licensure to demonstrate that new staff meet qualifications for their position. *[Attachment point]*
        - No
        - N/A
      8c. Confirm that if any departing staff had CAREWare access, you have alerted the CAREWare Help Desk (health.cwpems@state.mn.us) to deactivate their account.
      [Multiple choice, select one]
        - Yes
        - No
        - N/A
    - No
9. Have you made any significant programmatic or service delivery changes in the last Quarter?
    [Multiple choice, select one]
    - Yes
      9a. Describe your programmatic or service delivery changes.
      [Long answer field]
      9b. Confirm that any programmatic or service delivery changes remain consistent with the relevant Service Standards. *[Multiple choice, select one]*
        - Yes
        - No
        - N/A
    - No

10. Do you have any new contractual issues, concerns, and/or challenges this quarter? *[Multiple choice, select one]*
    - Yes

    10a. Describe any contractual issues, concerns and/or challenges this quarter.
    [Long answer field]
    - No

11. Have you had any client/patient grievances relating to Ryan White services this quarter? *[Multiple choice, select one]*
    - Yes

    11a. Confirm that the organization's approved Grievance Policy was/is being followed in response to any client/patient grievances.
    - Yes
    - No

    Describe why the organization's approved Grievance Policy was/is not being followed in response to any client/patient grievances.
    [Long answer field]

    11b. Describe any client grievances relating to Ryan White services, the current status and/or resolution of that grievance.
    [Long answer field]
    - No

Section 3: Services

12. Select the Ryan White Services you are contracted with Hennepin County to provide: *[Multiple Choice, Multiple Selections]*
    - Early Intervention Services

    EIS 1: How many people from the below populations have you served to date in this fiscal year? *[Grid, see below]*

	All Populations	Men of color who have sex with men	Black/African-born	American Indian	People experiencing homelessness	Transgender	People who inject drugs
Number of HIV tests done	☐	☐	☐	☐	☐	☐	☐
Number of newly diagnosed case findings	☐	☐	☐	☐	☐	☐	☐
Number of out of care case findings	☐	☐	☐	☐	☐	☐	☐

   EIS 2: How many people who were newly diagnosed attended an HIV medical appointment within 30 days of diagnosis? *[Grid, see below]*

	Fiscal Year to Date
Number of people newly diagnosed	
★ Number of people who attended an HIV medical appointment within 30 days of their new diagnosis	

   EIS 3: How many out-of-care or previously diagnosed clients were reconnected to care within 30 days of determination? *[Grid, see below]*

	Fiscal Year to Date
Number of out of care case findings	
★ Number of people found out of care who were reconnected to care	

- Early Intervention Services: Data2Care
  D2C1: Have you identified or are you tracking any new trends in the clients who are lost to follow-up, those who are willing to engage in relinkage, those who successfully re-engage in care, etc.?
  [Multiple choice, single selection]
    - Yes
      D2C1a: Please describe: *[long answer field]*
    - No
- Food Shelf
- Food: Home-Delivered Meals
- Food: On-Site meals
- Health Education/Risk Reduction
- Home and Community-Based Health Services
- Housing Services
- Legal Services
  Legal 1: Describe the services provided in this category in the last quarter and how many clients were reached through each different service. *[Long answer field]*
- Medical Case Management (MCM)
  MCM 1: How are you providing clinical supervision for your Medical Case Managers?
  [Multiple choice, single selection]
    - In-house
      - Describe the frequency of in-house clinical supervision for Case Managers. *[Long answer field]*
    - External consultation in a group supervision setting
      - Provide the date this was last provided. *[Date field]*
    - External consultation in a one-to-one setting
      - Provide the date this was last provided. *[Date field]*
  MCM 2: Medical Case Management caseloads are based on program average of 50 cases per funded FTE. Describe how this is implemented/maintained at your organization. *[Long answer field]*
- MCM: Treatment Adherence
- Medical Nutrition Therapy
- Medical Transportation Services
  Medical Transportation 1: Describe how your agency provides Medical Transportation (e.g., Ride share, Public Transit, etc.) and how many clients were served through which types of Medical Transportation. *[Long answer field]*
- Mental Health Services
- Outpatient/Ambulatory Health Services
- Psychosocial Support

PSS 1: Does your agency employ Peer Navigation Staff as described in the PSS Service Standard?

- Yes

  PSS1a. Describe the Peer Navigation position and the individual in the role. *[Long answer field]*

  PSS1b. Please describe any staff or client feedback if available: *[Long answer field]*

  PSS1c. Describe how individuals in the Peer Navigation position receive ongoing training and support in their role: *[Long answer field]*

- No

- Substance Abuse: Outpatient Services

13. Does your agency have a waiting list for any of its Ryan White services? *[Multiple choice, single option]*

    - Yes

    13a. List which service(s) have a waiting list, how many individuals are on the waiting list(s), how long they've been waiting, and the actions the organization is taking to minimize wait times and waiting lists. *[Long answer field]*

    - No

Section 4: Quality Management

14. Describe the processes/systems used to track progress on Quality Improvement goals.
    [Long answer field]

15. Describe how you determine which activities, interventions, and/or quality improvement projects are working and which are not.
    [Long answer field]

16. Describe how performance and quality improvement progress is communicated to the program and agency staff.
    [Long answer field]

17. Describe how performance and quality improvement progress is communicated to program and agency leadership.
    [Long answer field]

18. Describe how performance and quality improvement projects are communicated to clients/patients.
    [Long answer field]

19. Do you need any training or technical assistance to be successful in reaching contract goals?

    - Yes

    19a. Describe any new training or technical assistance needed. *[Long answer field]*

    - No

20. Do you have any additional questions, comments, concerns that you would like to discuss at your next Quarterly Call with Hennepin County Ryan White Program staff?

    - Yes

    20a. Describe questions, comments, concerns that you'd like added to the agenda for your next Quarterly Call. *[Long answer field]*

- No

Section 5: Quality Improvement Goals

Next, you will report on your organizations two (2) Quality Improvement (QI) SMARTIE goals. SMARTIE stands for Strategic, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable.

21. What is your SMARTIE Goal #1?
    [Long answer field]

22. What is the current outcome measure/target for SMARTIE Goal #1?
    [Long answer field]

23. What activity(ies) did you work on this quarter from your Implementation Plan? Describe any other activities that were outside of your Implementation Plan that contributed to or supported this goal, if applicable.
    [Long answer field]

24. What did you learn or observe this quarter after implementing this activity and how will that impact or change your work on this goal moving forward?
    [Long answer field]

25. If you tried something new or had any notable success this quarter on SMARTIE Goal #1, share below. Leave blank if not applicable.
    [Long answer field]

26. Are you on track to meet your SMARTIE Goal #1 by the end of this fiscal year?
    - Yes
    - No
    - We've already met our SMARTIE Goal #1!
    26a. What is your new SMARTIE Goal to replace the one you've met?
    [Long answer field]

27. Do you need any additional support from Hennepin County to meet your SMARTIE Goal #1?
    - Yes
      27a. Describe the support you need from Hennepin County to meet your SMARTIE Goal #1.
      [Long answer field]
    - No

28. What is your SMARTIE Goal #2?
    [Long answer field]

29. What is the current outcome measure/target for SMARTIE Goal #2?

[Long answer field]

30. What activity(ies) did you work on this quarter from your Implementation Plan? Describe any other activities that were outside of your Implementation Plan that contributed to or supported this goal, if applicable.
[Long answer field]

31. What did you learn or observe this quarter after implementing this activity and how will that impact or change your work on this goal moving forward?
[Long answer field]

32. If you tried something new or had any notable success this quarter on SMARTIE Goal #2, share below. Leave blank if not applicable.
[Long answer field]

33. Are you on track to meet your SMARTIE Goal #2 by the end of this fiscal year?
    - Yes
    - No
    - We've already met our SMARTIE Goal #2!
    33a. What is your new SMARTIE Goal to replace the one you've met?
    [Long answer field]

34. Do you need any additional support from Hennepin County to meet your SMARTIE Goal #2?
    - Yes
      34a. Describe the support you need from Hennepin County to meet your SMARTIE Goal #2.
      [Long answer field]
    - No

Section 6: Client/Patient Incentives *[prompt at Quarter 1]*
35. Do you provide any client/patient incentives using Ryan White funding?
    - Yes
      35a. Confirm that you have reviewed and are adhering to the Ryan White Program: Use of Incentives Policy and Procedure.
        - Yes
      35b. Upload the completed Ryan White Program: Participant Incentives Information and Attestation Form.
    - No

Section 7: Service Standard Document Review
[Populates at Q1 based; services displayed below correlate to those selected in Question 12]
Upload the documents as outlined below for review of adherence to individual services standards. Service Standards are linked in the headers for each section.

Only one attachment point will prompt for each request. If your documentation for a prompt is within multiple documents, combine them into one PDF for upload.

Limit documents to agency templates, policies, procedures, etc. **Do not upload any documents that include Client Information/Protected Health Information (PHI).**

Early Intervention Services (EIS)
EIS 1: Upload documentation of a formal and written referral agreement with at least one of each of the following provider types: HIV Medical Care, HIV Testing Site if testing is not offered by EIS provider, Medical Case Management, Mental Health, and Outpatient Substance Abuse Services. (EIS Standard 5)

Food Bank/Home-Delivered Meals (FOOD)
FOOD 1: Upload policies and procedures demonstrating compliance with appropriate regulatory agencies for:
- Food safety, handling, preparation and sanitation
- Purchasing, receiving, sorting, issuing, preparing, and service of safe food and beverage products

FOOD 2: Upload documentation that program evaluation is done annually and includes whether clients report that the food services they receive help them adhere to treatment or that regular meals help them take their medication on schedule and that the meals they eat help make a difference in maintaining good outcomes. (Food Bank/Home Delivered Meals Standard 2.4)

FOOD 3: Upload documentation that whenever possible, the special dietary needs and practices of clients shall be considered in menu planning and food preparation. (Food Bank/Home Delivered Meals, Standard 2.3)

Health Education/Risk Reduction (HERR)
HERR 1: Upload documentation of the Health Education/Risk Reduction curriculum used by the organization to provide information on the following topics (Health Education/Risk Reduction Standard 1):
- Improving health status by providing information on accessing and retaining HIV medical care, medications, adherence, and understanding lab values;
- Information about available Ryan White core medical and support services;
- Education on HIV transmission and how to reduce the risk of transmission, including PrEP and PEP for partners, U=U, and STI prevention; and
- Personal HIV disclosure.

Home & Community Based Health Services (HCB)
HCB1: Upload documentation of an organizational process to ensure that Ryan White clients are not on MA, or if they are on MA, they do not have a disability determination and are not eligible for waivered services for people with disabilities. (Home and Community-Based Health Services Standard 3)

Housing Services

Housing 1: Upload documentation of the organization's compliance with HRSA/HUD requirements for approved housing. (Housing Services Standard 1.1)

Housing 2: Upload documentation of the organization's recipient-approved policy to address waiting lists in conjunction with coordinated assessment. (Housing Services Standard 2.1)

Housing 3: Upload documentation of the organization's process around referral, coordination, and confirmed linkage with medical case management providers for clients experiencing multiple barriers to care. (Housing Services Standard 5.1)

Legal Services

Legal 1: Upload a list of legal services provided by the organization, ensuring that they are limited to those allowable when Ryan White-funded. (Legal Service Standard 1)
- Powers of attorney
- Living wills and/or orders for do not resuscitate
- Access to eligible benefits
- Discrimination
- Breach of confidentiality
- Permanency planning, including wills and custody arrangements for dependents
- Bankruptcy and debt relief
- Immigration and naturalization
- Employment
- Expungement of criminal records

Medical Case Management (MCM)

MCM 1: Upload a template of client consent to receiving MCM services that demonstrates that clients understand what MCM is and their roles and responsibilities as well as those of the case manager. (MCM Service Standard 1.1)

MCM 2: Upload documentation of an organization's process or procedure to ensure that clients are not receiving MCM with another provider. (MCM Service Standard 1.3)

MCM 3: Upload the organization's Individual Service Plan template. (MCM Service Standard 4.1)

Medical Transportation (Med Transpo)

Med Transpo 1: Upload documentation that transportation funds are used for core medical services and Ryan White-fundable supportive services that address barriers to accessing primary care. (Medical Transportation Service Standard 1.4)

Med Transpo 2: Upload documentation that clients are screened for both duplication of services and for eligibility for Metro Transit Limited Mobility Program. (Medical Transportation Service Standard 3)

[Mental Health Services](#) (MHS)

MHS 1: Upload documentation of the organization's process or procedure to ensure that clients of clinical mental health services have a diagnosed mental illness. (Mental Health Service Standard 1)

MHS 2: Upload documentation of the organization's detailed treatment plan based on the diagnosis, client input, and clinician/program staff observations of the client's needs and level of function. (Mental Health Service Standard 2)

[Outpatient/Ambulatory Health Services](#) (OAHS)

OAHS 1: Upload the organization's policy for Rapid ART in order to expedite care and treatment for referral of newly diagnosed and out of care clients. (OAHS Service Standard 3.1)

OAHS 2: Upload any Memorandums of Understanding (MOU) you have with any Ryan White-funded Early Intervention Services (EIS) Providers. (OAHS Service Standard 3.1)

[Psychosocial Support Services](#) (PSS)

PSS 1: Upload documentation of the organization's screening tools. (Psychosocial Support Services Standard 2.1)

PSS 2: Upload documentation of the organization's program resources, such as a referral database, list, or online resources. (Psychosocial Support Services Service Standard 4.2)

[Substance Abuse: Outpatient Care](#) (SAO)

SAO 1: Upload documentation of the organization's process, procedure, and/or forms around conducting comprehensive assessments. (Substance Abuse Service Standard 2)

SAO 2: Upload documentation of a template or process for clients' individual treatment plans that are reviewed and signed by the clients. (Substance Abuse Service Standard 4)

SAO 3: Upload documentation of the organization's process to ensure that clients who are identified in need of treatment receive referral, linkage, and coordination as needed. (Substance Abuse Service Standard 5)

Section 8: Universal Standard Document Review
[Populates at Q1 for all respondents]
Upload the documents as outlined below for review of adherence to program universal standards.

Only one attachment point will prompt for each request. If your documentation for a prompt is within multiple documents, combine them into one PDF for upload.
Limit documents to agency templates, policies, procedures, etc. **Do not upload any documents that include Client Information/Protected Health Information (PHI).**

Universal 1: Upload documentation demonstrating the organization's adherence to **Universal Standard 2 Eligibility** which states that subrecipients must:

- Have a documented policy in place for verifying clients' Ryan White eligibility via the eligibility "At A Glance" screen which is accessed through the MN Portal, screening for the duplication of services, and ensuring Ryan White is the payer of last resort prior to initiating services and periodically as services continue;
- Aid clients in completing new applications and annual renewals, and submitting changes in income, household size, residency, or health insurance status to Ryan White Eligibility Specialists.

Universal 2: From the list below, select the standards that apply to your organization and upload documentation demonstrating the organization's adherence to applicable aspects of **Universal Standard 4 Administration**: *[Multiple choice, multiple selections, see below]*

- Intake and assessment
- Case closure
- Waiting lists
- Caps on charges
- Sliding-fee scale for services provided
- Non-discrimination based on race, creed, color, religion, national origin, immigration status, gender identity, marital status, public assistance status, activity in local commission, disability, sexual orientation, or age.
- Conflict of interest
- Staff confidentiality/privacy policy
- Staff transition/succession planning
- Three (3) documented points of entry as documented through formal written referral agreements (a template for these agreements may be used) - an annual report will be requested for upload at Quarter 4

Universal 3: Upload documentation demonstrating the organization's adherence to **Universal Standard 5 Linkage & Retention** which states that subrecipients must have an intake and six-month review process that documents medical care status for all clients with referrals and follow up on referrals for clients found to be out of care.

Universal 4: Upload documentation that demonstrates adherence to **Universal Standard 10 Cultural Responsiveness: Assessment and Evaluation** which requires that subrecipients implement and execute monitoring and evaluation strategies with self-assessment of cultural responsiveness done every other year.

Section 9: Points of Entry Annual Report
[Populates at Q4 for all subrecipients.]
POE 1: Upload annual Points of Entry Annual Report demonstrating referral relationships with at least three (3) "points of entry" to help identify Eligible Persons with HIV/AIDS and refer them into the health care system or to counseling, testing, and referral.

Section 10: Quarterly Call
[*Populates at Quarter 1, Quarter 2, and Quarter 3*]

Before submitting this report, follow this link [insert link] to schedule your quarterly call at Quarters 1, 2, and 3. *[Not a question, section intro]*

Confirm that you've scheduled your quarterly call per the guidance above. *[Radio button, required to move to next page]*

- I have scheduled my quarterly call.