

# Ryan White HIV/AIDS Program FY 2026 Contract Guide

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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.

Ryan White HIV/AIDS Program

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[Information for Ryan White HIV service providers | Hennepin County](#)



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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 or need support in staff onboarding, reach out to the Ryan White Program Officer, Jeremy Stadelman at [Jeremy.Stadelman@Hennepin.us](mailto:Jeremy.Stadelman@Hennepin.us).

Provider resources including policies, reporting requirements, and onboarding materials can be found on [Information for Ryan White HIV service providers | Hennepin County](#).

## Universal standards

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

[2023 universal standards ce update .pdf](#)

### Eligibility

Ryan White Eligibility will be determined by the Minnesota Department of Human Services through Centralized Eligibility (MNCE). Subrecipients must have a documented policy in place for verifying clients' Ryan White eligibility via the At a Glance screen which is accessed through the MN Portal prior to providing services, maintaining documentation of eligibility verification in client file/visit notes, and supporting clients as needed in submitting relevant information changes and renewals to Ryan White Eligibility Specialists at DHS to maintain eligibility. Refer to [MN Centralized Eligibility Provider User Manual](#).

## 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.
- For EIS services provided prior to a client's eligibility determination, providers may log those

provided services on the first of the month during which they *were determined eligible* when eligibility determination is delayed into the following month.

Service name	Service description
EIS: Case Finding Newly Diagnosed (Clinical)	EIS staff identify and work with a client that is newly diagnosed with HIV in a clinical setting, without previous working with EIS Staff. The service date is the date the case finding was diagnosed with HIV.
EIS: Case Finding Newly Diagnosed (Non-clinical)	EIS staff identify and work with a client that is newly diagnosed with HIV in a non-clinical (community or outreach) setting. The service date is the date the case finding was diagnosed with HIV
EIS: Case Finding Out of Care (Clinical)	EIS staff identify and work with a client that is out of care (has not seen an HIV medical provider in the last 6 months), in a clinical setting. 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.
EIS: Case Finding Out of Care (Non-clinical)	EIS staff identify and work with a client that is out of care (has not seen an HIV medical provider in the last 6 months), in a non-clinical (community or outreach) setting. 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	EIS staff identify and work with a client that is not adhering to their HIV medication regimen (but is currently not out of care), in a non-clinical (community or outreach) setting
EIS: Case Finding not Med Adherent (clinical)	EIS staff identify and work with a client that is not adhering to their HIV medication regimen (but is currently not out of care), in a clinical setting.
EIS: Confirmatory HIV Test	EIS Staff provide a confirmatory HIV test to a client that already has a preliminary positive result from a previous HIV test.
EIS: Health Education	Provides health education (including med education, education on labs, distribution of brochures or HIV education books, etc.) to an EIS client
EIS: Care Coordination	Provides coordination of medically appropriate services, based on a client's needs. (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	Provides a referral for a core medical service, specifically HIV medical appointment without 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	EIS staff identify and work with a client in a clinical setting that is not covered in other EIS CAREWare subservices
EIS: CD4 Count	Provides a CD4 test with a client.
EIS: Viral Load	Provides a Viral Load test with a client.
EIS-D2C: Case Finding (HIV Outbreak)	EIS Data to Care staff identify and work with a who is HIV positive and connected to either of the subclusters of the HIV outbreak in Minnesota
EIS-D2C: Case Finding (Other)	EIS Data to Care staff identify and work with a client that is HIV positive and not does not fit one of the other EIS CAREWare subservices.
EIS-D2C: Health Education	Provides health education (including med education, education on labs, distribution of brochures or HIV education books, etc.) to a client identified in the Data to Care program.
EIS-D2C: Referral to Care	Provides a referral for a core medical service, specifically HIV medical appointment to a client identified in the Data to Care program.
EIS-D2C: HIV Medical Appointment	Entered when an EIS provider receives information from a clinic that a client has attended an HIV medical appointment. Can also be entered if EIS staff escorts a Data to Care client to a HIV medical appointment
EIS-D2C: Case Finding (NIC List)	EIS staff identify and work with a Data to Care client that is HIV positive who was on the Not in Care list provided by MDH.
EIS-D2C: Care Coordination	Provides coordination of medically appropriate services, based on a Data to Care client's needs.

## 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)	Provides groceries directly. Approximately 50 pounds of food Unit rate: \$56.53
Food Shelf (Half)	Provides groceries directly. Approximately 25 pounds of food Unit rate: \$38.44
On-site meal	Provides meals in a centralized location. Unit rate: \$10.00/meal
Home-delivered meal	Provides meals via home delivery or shipment. Unit rate: \$9.65/meal

Food Bank/Home-Delivered meals may be provided with a unit rate as noted in the service description above. Providers invoicing using a Hennepin County-approved unit rate will be required to submit documentation demonstrating that the unit rate only includes costs that are allocable, allowable, and reasonable. This includes noting that the unit rate does not include administrative expenses that exceed 10%.

# 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

- None

## 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	Provides education on risk reduction strategies, health care coverage options, health literacy for an individual or group in a multi-part series.
HERR: Group Education	Provides education on risk reduction strategies, health care coverage options, health literacy, and treatment adherence for a group.
HERR: Individual Education	Provides education on risk reduction strategies, health care coverage options, health literacy for an individual.
HERR: Information Access & Referral	Provides brief information / referral / coordination for core medical services (doctor, medical case manager, clinical mental health provider, pharmacy, nutritional assessment services), or support services (HERR, psychosocial support, EPCEA, benefits counseling and all other referrals)

# 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	Provision of appropriate mental health, developmental and rehabilitative, in a home or community- housing setting.  Must be entered into CAREWare.

# Housing

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing\\_standards\\_1\\_.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/housing_standards_1_.pdf)

## Changes for current fiscal year

- RWHAP funding may be used to pay for a RWHAP client’s security deposit if a RWHAP subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP subrecipient and not to the RWHAP client.
- Re-evaluation of the housing plan is required at least every 6 months with adaptations as necessary.

## Performance measures

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

Service name	Service description
Housing: Client Coordination Session	Any work done with the client in the transitional housing program should be entered under this service. Includes development of an individualized housing plan to guide the client’s linkage to permanent housing. Also includes housing referral services, including assessment, development of a housing plan, search, placement, reassessment, and housing advocacy services.
Housing: Application Fee Expense	Provides one-time payment towards a client’s application fee for a rental property. Payments should be made directly to the landlord or rental company. Provide the amount of the application fee with this service in CAREWare.
Housing: Security Deposit	Provides or recoups one-time payment towards a client’s security deposit. Payments should be made directly to the landlord or rental company. Provide the amount of the security deposit with this service in CAREWare. RWHAP subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP subrecipient and not to the RWHAP client.
Housing: Moving or Bridging Expense	Provides limited time payments towards a client’s moving fees (what is includes) or to pay for the appt and delivery of furniture through Bridging Inc. Payments should be made directly to Bridging or the moving company. Provide the amount of the moving or bridging expense with this service in CAREWare
Housing: Rental Subsidy Expense	Provides ongoing payments to subsidize a client’s rental fees. Payments should be made directly to the landlord or rental company. Provide the amount of the rental subsidy with this service in CAREWare

Housing: Utilities Expense	Provides payments towards a client's utilities (heating, electricity, water, etc.). Payments should be made directly to the utility company. Provide the amount of the utilities expense with this service in CAREWare
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## 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	Legal services provided to or on behalf of a client living with HIV. The legal matters should be related to their HIV status, included assistance with public benefits, interventions needed to ensure benefits, income or tax preparation, permeance planning, or preparation of legal documents. Entered per each encounter.

## 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)
- 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 MCM service standard and acuity assessment can be found under the "Resources" section on the [Information for Ryan White HIV service providers web page](#).

### 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)	Initial assessment of service needs; updates to acuity assessments are completed based on tier. Tier is determined based on this assessment. As noted above, enter 1 as the number of units and the acuity assessment score in the separate field
MCM: Individual Service Plan	Development of a comprehensive, individualized care plan; updates of the care 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

Service name	Service description
MCM: Tier A	A face-to-face or phone interaction with clients who received an acuity assessment score of 7 or more. 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.
MCM: Tier B	A face-to-face or phone interaction with clients who received an acuity assessment score of 6 or less. 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	Outpatient consultations with nurses about relevant medical needs, such as infectious diseases topics and medications.

## Medical case management: adult foster care

This specialized medical case management is not provided this year.

# 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

- Changed to a cost reimbursement type budget rather than unit cost type budget, unless exceptions are made as communicated by your contract manager/program officer.

## 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	A 10-minute consultation with a client that focuses on topics relevant to that client's medication adherence, such as medication and treatment options, prescriptions, side-effects, adherence plans, etc.
MCM-TA: Individual Med Adherence - Routine	A 30-minute consultation with a client that focuses on topics relevant to that client's medication adherence, such as medication and treatment options, prescriptions, side-effects, adherence plans, etc.
MCM-TA: Individual Med Adherence - Comprehensive	A 45-minute consultation with a client that focuses on topics relevant to that client's medication adherence, such as medication and treatment options, prescriptions, side-effects, adherence plans, etc.
MCM-TA: Group Medication Adherence	Any group consultation with two or more clients that focuses on topics relevant to medication adherence, such as medication and treatment options, prescriptions, side-effects, adherence plans, etc.
MCM-TA: Medication Adherence Supplies	The provision of supplies to client's that can help a client adhere to their medication (pill boxes, timers, calendars, etc.)  Enter the amount spent on supplies in CAREWare

Medical Case Management: Treatment Adherence services may be provided using a unit rate in cases where a unit rate is approved by the Contract Manager. Providers invoicing using a Hennepin County-approved unit rate will be required to submit documentation demonstrating that the unit rate only includes costs that are allocable, allowable, and reasonable. This includes noting that the unit rate does not include administrative expenses that exceed 10%.

# 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 nutrition education and/or counseling for a group.
MNT: Individual Nutrition Counseling	15-minute increment(s) providing nutrition education and/or counseling for an individual.
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 / referrals to Food Bank/Home Delivered Meals.

# 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%20transportation%20standards.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)	Provides MetroTransit bus cards directly (\$10 value); enables clients to travel to needed medical or other support services.
Bus Card (not MetroTransit)	Provides bus cards directly (value depends on location/region/transit system); enables clients to travel to needed medical or other support services. Enter the amount of this bus card in CAREWare
Bus Token	Provides a MetroTransit token directly (\$2 value); enables clients to travel to needed medical or other support services.
Parking Voucher	Provides credit for parking (\$8 value); enables clients to travel to needed medical or other support services.
Taxi Voucher	Provides direct payment to taxi service for one-way taxi rides; enables clients to travel to needed medical or other support services.
Provide Ride	Provides ride to client. Reimbursement based on miles driven.

# 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	Provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).
NMCM: Care Coordination	Provides timely and coordinated access and referrals to medically appropriate levels of health and support services, based on client care plans and needs.
NMCM: Psychiatric Social Work	Specialized non-medical case management provided by Health Care for the Homeless for clients experiencing homelessness. Provides services including care counseling and supporting services from a Psychiatric Social Worker or Community Health Worker.

# Outpatient/ambulatory health services

Refer to service standards: [https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/outpatient\\_-\\_ambulatory\\_health\\_services\\_standards\\_1.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/outpatient_-_ambulatory_health_services_standards_1.pdf)

## Changes for current fiscal year

- A reminder final invoices are due by April 30, 2026

## 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	Outpatient Ambulatory Health Service visit with a Ryan White enrolled client, that isn't entered under Co-Insurance, Co-Payments, or Deductible. Enter the reimbursement rate of the service in CAREWare.
OAHS: CD4 Count	An Outpatient Ambulatory Health Service visit where a CD4 is recorded. Enter the reimbursement rate of the service in CAREWare.
OAHS: Viral Load	An Outpatient Ambulatory Health Service visit where a Viral Load is recorded. Enter the reimbursement rate of the service in CAREWare.
OAHS: Pap Smear (cervical or anal)	An Outpatient Ambulatory Health Service visit where client receives a Pap Smear. Enter the reimbursement rate of the service in CAREWare.
OAHS: Other Procedure/Test	An Outpatient Ambulatory Health Service visit where a client receives a procedure or test other than a viral load, cd4, or pap smear. Enter the reimbursement rate of the service in CAREWare.

OAHS: Co-Insurance	Outpatient Ambulatory Health Service visit with a Ryan White enrolled client, where the client has a Co-Insurance fee that will be paid for through Ryan White funding. Enter the co-insurance amount in CAREWare.
OAHS: Co-Payment	Outpatient Ambulatory Health Service visit with a Ryan White enrolled client, where the client has a Co-Pay fee that will be paid for through Ryan White funding. Enter the co-payment amount in CAREWare.
OAHS: Deductible	Outpatient Ambulatory Health Service visit with a Ryan White enrolled client, where the client has a Deductible fee that will be paid for through Ryan White funding. 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	Provides support to a group of clients, aimed to address behavioral and physical health concerns. This can include bereavement counseling, HIV support groups, etc.
PSS: Individual Support	Provides individual support to a client, aimed to address behavioral and physical health concerns. This can include bereavement counseling, 1:1 support, etc.
PSS: MH Screening Tool Administered	PSS staff utilizes a screening tool (in line with service standards) to determine a client's mental health needs.
PSS: MH Clinician Consult	Provides support to a client as a licensed Mental Health professional, or the PSS staff works with a licensed Mental Health professional to offer a consult with a client.
PSS: Linkage to Clinical MH Services	Provides referral / coordination to clinical mental health provider.

# Substance abuse: outpatient

Refer to service standards:

[https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/substance\\_abuse\\_outpatient\\_care\\_standard\\_s.pdf](https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/substance_abuse_outpatient_care_standard_s.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 group substance use treatment to a client with drug or alcohol disorders. Treatment can include harm reduction, behavioral health counseling, medication assisted therapy, etc.
SA: Individual Substance Use Counseling	15-minute increment(s) providing individual substance use treatment to a client with drug or alcohol disorders. Treatment can include harm reduction, behavioral health counseling, medication assisted therapy, etc.
SA: Linkage to SA Treatment	15-minute increment(s) spent with linkage to a substance abuse treatment center or program to a client.
SA: Linkage to Other Services	15-minute increment(s) spent with linkage to other core medical and support services, other than linkage to a Substance abuse treatment program.
SA: Comprehensive Assessment (Rule 25)	15-minute increment(s) spent administering the initial assessment or screening with a client who is need of treatment for drug or alcohol use disorders.
SA: Treatment Aftercare Planning	15-minute increment(s) of care and coordination with a client that has already completed their Substance Use treatment, including providing relapse prevention services.
SA: Treatment Plan	15-minute increment(s) developing the creation of a comprehensive, individualize treatment plan for a client that has already completed the initial assessment for SA services.
SA: Treatment Referral and Coordination	15-minute increment(s) spent on behalf of the client referring client to another Substance Use provider, and coordinate with that provider.

# 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) 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%

## 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%

## 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%